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Original Communications.

A CASE OF OSTEO-MYELITIS OF THE TIBIA, SIMULATING ACUTE RHEUMATISM.

By WILLIAM MURRELL, M.D., F.R.C.P.,

Physician to the Westminster Hospital, Lecturer on Clinical Medicine and Joint Lecturer on the Principles and Practice of Medicine in the Westminster Hospital Medical School.

IN a recent paper (*a*) I mentioned osteo-myelitis as a disease which might be mistaken for acute rheumatism. The following is a case in point :—

A carman, æt. 18, was sent to the Westminster Hospital on December 5th, 1902, with the diagnosis of acute rheumatism. He stated that two days previously he had been driving a van in the pouring rain, and that on reaching home he had suffered from pains in the joints. The pain gradually settled in the left knee, and finding that he was unable to work he sought admission. He had never had rheumatic fever, scarlet fever, gonorrhœa or syphilis, and there was no complaint of sore throat. There was no family history of importance.

On admission, the temperature at noon was 101·8°, and at 4 p.m. 104·2° ; at 8 p.m. 105°. He was sponged, and the temperature fell to 104·4°. There was some tenderness in the shoulders and wrists, but the inflammation was confined almost entirely to the right knee, which was red, swollen and tender. The urine contained a trace of albumin, but no sugar. There was no abnormal sweating, and there were no rigors. The urethra was squeezed, but there was no discharge. On the 6th the lowest temperature was 102·8° and the highest 104°, whilst on the 7th it ranged from 100·8° to 103·6°. On the 8th it was found that the pain and tenderness were not confined to the knee, but extended half-way down the tibia. Pericardial friction over a limited area was detected, both on palpation and auscultation, but there was no effusion. On the 9th the patient had low, muttering delirium, a brown, furred tongue and indications of septic anæmia. The temperature at noon was 102·6°, pulse 120, respirations 30. The following report was received from the clinical laboratory :—The plasma is very yellow, and the red corpuscles lake more readily than natural. Red blood corpuscles, 4,600,000 per cm., leucocytes 12,800. Finely granular oxyphiles 70 per cent., coarsely 2 per cent., hyaline 20 per cent., lymphocytes 8 per cent. The organisms present in the blood were staphylococci.

No other lesion except the acute swelling over the upper end of the right tibia on its inner aspect could be detected. An incision was made over the inner tuberosity of the right tibia and a small quantity of thick pus under the periosteum evacuated. There were little pockets of pus in the subcutaneous tissue. The diaphysis of the tibia, which was bare and soft, was bored into until the cancellous tissue was reached, and a little pus escaped when the cavity of the tibia was scraped out. After the operation the temperature was 101·8°, pulse 120, and respirations 32. The patient passed a restless night and the delirium continued. There was profound anæmia with slight jaundice, the tongue was dry, the pulse 124, rapid, running and irregular. Antistaphylococcic serum was injected without benefit. Later in the day Mr. Walter Spencer amputated through the lower third of the tibia. A culture from the medullary canal of the amputated limb showed staphylococcus aureus. The patient died on the following day, and at the autopsy the periçardium was found to be roughened, and there was turbid fluid in the sac. The lungs showed extensive broncho-pneumonia, breaking down in many places into abscesses. The right pleura was covered with the semi-purulent fibrin. The kidneys showed many yellow, purulent foci scattered throughout the substance.

Cases of acute osteo-myelitis, although they usually come under the care of the surgeon, are of especial interest to the physician from their liability in the early stage to be mistaken for acute rheumatism. The greater intensity of the local symptoms, the involvement of the epiphyses rather than the joints, and the more serious constitutional disturbance are usually sufficiently diagnostic. In this case, on admission, the characteristic signs of osteo-myelitis were absent. The patient was a young man of an age at which acute rheumatism is common. There was a distinct history of exposure to cold and wet, and apparently several of the larger and middle-sized joints were involved. The temperature for the first few days was not unusually high, and there was nothing in the aspect of the patient to excite suspicion. Even when the pain was apparently confined to one joint there was nothing to show that it was not the joint itself, but the neighbouring structures that were involved. There was no swelling, it was true, but there are many cases of acute rheumatism in which this is not a prominent symptom. Possibly an earlier blood-count might have excited suspicion, but this is doubtful, for the value of

(*a*) THE MEDICAL PRESS AND CIRCULAR, June 10th, 1903.

next day erysipelas set in, which carried him off in four days.

My second patient was a lady, æt. 72. Called to her, I found that she had been taken with right hemiplegia and facial paralysis, and a few days afterwards she succumbed to an attack of apoplectic ictus. The history of her case is as follows :—One morning the patient, who generally slept well, awoke after a bad night, disturbed with nightmare ; she complained of a sense of heaviness in the head, vertigo and foggy vision. A few minutes after the nose began to bleed abundantly. The popular methods, which we neglect too often, pinching of the nose, elevating the arms, cold water, &c., were first employed, and with temporary success ; the bleeding ceased at noon, returned slightly at two o'clock, and finally at five. Then happened what so frequently is observed in similar circumstances when night is drawing near : the patient and those about her got frightened, and sent in haste for a doctor. At six o'clock a young practitioner was called in, and, entreated by the patient and the persons present, who showed him the basin half filled with blood, he proceeded to pass a soft catheter through the nose, and plugged the anterior and posterior orifices. He operated with dexterity and without causing much suffering to the patient, and took his departure, leaving everyone satisfied and tranquil in mind. He returned the next day, found matters going on well, and did not disturb the plugs. Nevertheless, different signs ought to have awakened his attention. The patient had been constipated for two or three days, and the urine had fallen considerably below the normal. Called for epistaxis, he thought only of the one object, and was contented with his success. The following day, however, apoplectic ictus set in, and the patient succumbed two days afterwards.

I did not relate you this history simply to interest you in a pathological drama ; it is one example out of many. One of my colleagues told me some time ago that when he was house surgeon at the Salpêtrière, he had frequently been called to plug for epistaxis in aged persons. One day Cazalis, in whose ward he was, asked him if it had ever occurred to him to inquire what had become of those he had plugged. The idea was new to my friend, and he made some inquiries. To his great astonishment, he found that several of those patients had died one or two days after he had treated them, and the autopsy revealed cerebral hæmorrhage !

Nasal hæmorrhage opening the vessels of the pituitary lowers the threatening arterial hypertension, relieving frequently those vessels of quite other importance—those of the brain. Consequently, when you are put in presence of an epistaxis, endeavour to remain calm, although solicited on all sides, and do not commit the fault of operating without having sufficiently examined your patient.

There exist for moderate epistaxis a number of simple means that can be tried in the first instance ; they will not always arrest the hæmorrhage completely, but therein lies frequently the safety of the patient. Never begin your treatment in any case by plugging the anterior and posterior orifices. In young persons with healthy arteries you might follow this treatment, no doubt, almost without hesitation, but in aged persons do not forget that this operation is a treatment of necessity and never of choice. *Primum non nocere* is the old adage, and I wish you to bear in mind two things : plugging the nasal fossæ in aged persons is dangerous, and perchloride of iron should never be used.

You have at your disposition a quantity of innocent methods : elevation of the arms, application of cold water, keys down the back, which produce a reflex spasm. These means succeed sometimes. After you may try small plugs steeped in a solution of antipyrine, oxygen water, irrigations with hot water ; they will be sufficient to at least moderate the hæmorrhage, if not arresting it completely ; it is better in any case that the vessels open in the pituitary membrane than in the brain.

To resume, resist the first movement to institute a symptomatic medication without having studied the general condition of the patient. Try dry cupping in the lumbar region, purgatives, mustard foot baths, applications of hot water to the abdomen, and only resort to plugging when you cannot do otherwise.

ANTI-TUBERCULOUS DISPENSARIES:

AN ACCOUNT OF THE WORK DONE, PREVENTIVE AND CURATIVE, BY ANTI-TUBERCLE DISPENSARIES. (a)

By DR. LEON BONNET,
Of Paris.

THE first of the anti-tuberculous hospitals or dispensaries opened under this name was that of Dr. Léon Bonnet, in January, 1900, at 28, rue St. Lazare, in Paris. They are intended to bring to thousands of the poor gratuitous use of scientific and new methods of treatment of diseases, especially of those which are contagious, avoidable, and curable, notably pulmonary tuberculosis. In the month of April, 1900, the *Echo du Public* and the *Revue des Découvertes modernes, et de leurs Applications aux Sciences médicales*, published accounts of their foundation under the presidency of Dr. Bonnet. In the month of July of the same year Dr. Malvoz, of Liège, installed in his laboratory a similar dispensary. The year following, in the month of February, 1901, Dr. Calmette organised in the hall of the Pasteur Institute, of Lille, a dispensary for indigent tuberculous patients, under the name of "Dispensary for the Cure of Lung Diseases." He also proposed a commission for the consideration of the best means for combating the evil. The anti-tuberculous dispensary was removed from the rue St. Lazare to 115, rue Marcadet, Montmartre, in the beginning of the year 1901, when it was formally opened by Professor Brouardel on its completion on May 6th, 1901. The dispensary Emile-Roux, of Lille, was not opened until December, 1901. Immediately after the Congress in London—which approved of the idea of the anti-tuberculous dispensaries—at the instance of the President and the Mayor of Montmartre, and through the influence of M. Waldeck-Rousseau, at that time President of the Ministry at the First Assembly, also of the promoters of the anti-tuberculous dispensaries, the great work was initiated in Paris, in France, and abroad in support of the creation of these dispensaries of education concerning, and relief from, tuberculous disease — the disease of ignorance and

(a) A Paper read at the International Medical Congress, Madrid.

misery. The cities of Nantes, Nancy, Reims, Dijon, Limoges, Roubaix and others sent their approval of and adherence to the scheme to the committee of management, who soon afterwards opened seven new dispensaries, one each at Vaugirard, Grenelle, Plaisance, or Gobellins, Ménilmontant, Buttes-Chaumont and at Batignolles respectively, the unhealthiest districts in Paris. The most distinguished members of the medical profession, scientists, politicians, literary men, including such as MM. Berthelot, Bouchond-Chantemosse, Duplay, Grancher, Guyon, Herard, Roussel; MM. Charles Dupuy, Etienne, Flourens, Guillain, Ribot, Seigfried, ex-Ministers; MM. Paul Deschanel, Laredan, Sully-Prudhomme, of the French Academy; came forward to assist the work. The Consul-General of the Seine and the Municipal Consul of Paris publicly declared their approval. MM. Etienne, Vice-President of the Chamber of Deputies, Alexander Bérard, Under-Secretary of State, Chaumié, Minister of Public Instruction, came forward some months after with their support, when M. Waldeck-Rousseau had visited and inaugurated the new establishments. Conferences were held between MM. Charrin, of the College of France, and Laborde, of the Academy of Medicine, at which they formulated an excellent scheme for the struggle with tuberculous disease. The principle announced was the education and assistance of the poor threatened with or already suffering from tuberculous disease. The medical superintendent is entrusted with the establishment of an economical and serviceable dispensary. He takes cognisance of their efficient working as an educational centre, a prevention of disease station, a curative dispensary, but also as an alimentary, instructional and supply station. He plays no unimportant part in the war against this modern plague. The committee of management has decided against buildings except such as are absolutely necessary, and have decided on erecting isolated pavilions surrounded by gardens. The anti-tuberculous dispensaries formed on the type of the Paris ones contain a room for registration of patients, one for the distribution of food and medicine, a dressing room, a consultation room, and one for laryngoscopic examination and for radiography; also a laboratory, a special ward for cases of advanced phthisis, and, lastly, a great hall in which respiratory gymnastics are practised daily in a specially purified atmosphere. Besides these, there is a lecture hall, a day room, and a lounge. The primary intention of these dispensaries is the provision of medicinal and dietetic treatment for sufferers from tuberculous disease in its early stages, when it is practically non-contagious and curable. The hours for gratuitous consultation are from 7 p.m. to 10 p.m., a time most convenient for the poor who are engaged during the day. After a consultation with the physician, the patient, with his fellows, rest themselves in the grand lecture hall, where a lecture is delivered on tuberculosis and alcoholism. This rest in the hall of the institution is a beneficial change from the insanitary and small rooms of the poor, and is appreciated and taken advantage of by the working classes. Those attending the dispensaries are urged to make known the advantages of the institution, and to bring those of their friends who are suffering from the disease, or are supposed to be suffering from it, that they may be examined. The patients who came during the first year to the Montmartre dispensary numbered over 2,000, of whom fully one-third were free of tuberculosis. Assistance in the dispensaries is limited to a full dietary of horse flesh, which is said to be of especial value in tubercle, and such medicines and antiseptics as may be prescribed. The distribution of relief in the form of money, clothes, and so forth, together with useful literature and the inspection of the premises during the absence of the workers at their employment, is divided among the many charitable associations of the city. The disinfection and cleansing of the dwellings is carried out by the municipal authorities, and in every case the work must be done with a thoroughness and regularity that satisfies the anti-tuberculous authorities. Each dispensary costs from 4,000 to 5,000 francs, and the annual expenses, including rent, fire, medicines, and salaries, absorb another 5,000 francs. The medical services are gratuitous. The dietetic expenses vary with the resources, but they average from 10,000 to 12,000 kilogs. of meat for the year. The amount given to each patient varies from 750 grammes to 1 kilog. daily. This calculation is based on the consumption in the Montmartre dispensary during the first year, under the care of Dr. Léon Bonnet. To sum up practical results: each dispensary gives advice and medicine every evening to patients, whose average number each year is 2,000, and, secondly, fully 120 patients a year are discharged cured. The committee of management of the anti-tuberculous dispensaries present these their results, obtained during a period of three years in the nine dispensaries they founded. The title "Anti-tuberculous Dispensary for the Prevention and Cure of Pulmonary Tubercle" is placed on the front of each dispensary, which announcement alone is no inconsiderable aid in the contest with the disease. All the new dispensaries opened are adopting the same title, for it is felt that a variety of names would be attended with marked disadvantage. The anti-tuberculous dispensaries are in no way inimical to the interests of the members of the medical profession who practise in the districts in which they are established. They educate the people of the district to see the value of trained medical advice, and the necessity of consulting a physician in the early stages of disease. Printed in large letters over the door of each dispensary is the statement: "This establishment is reserved for the use of the poor and necessitous exclusively," and all others who apply are turned away. An anti-tuberculous dispensary, to do good work, should be situated in a populous quarter and in a district where the tuberculous mortality is high. The dispensary of the rue St. Lazare, situated in a rich quarter of the city, has few clients, and does not, from its position, effect the same amount of good it would if more favourably situated. The evening meetings produce most gratifying results, both from a hygienic and moral standpoint. When the dispensary is in the vicinity of a large railway station, many come from the suburbs which are not yet provided with dispensaries, and carry back with them the principles of hygiene, and particularly those bearing on tuberculous disease. The anti-tuberculous dispensary is intended to carry out two great and parallel functions: the lessening of the risk of contagion and the improving of the chance of cure. Most interesting results have been obtained

by the systematic employment of raw horse flesh as a food. The value of this meat was first recognised by Fürster, in 1865, who recommended it as the most efficient medication; indeed, he considered it almost as a specific for tuberculous disease if taken in sufficient amount, from 750 grammes to 1 kilog. each day. After three years Dr. Léon Bonnet, in the dispensary of the Rue St. Lazare and in the other dispensaries, decided on the adoption of the raw flesh of the horse as a diet most suitable for the tuberculous. It appears that this flesh is more wholesome than that of oxen or sheep, more nutritious and richer in minerals, and when eaten raw the great advantage it has over other meat is that the patient incurs no risk of tænia. The statistics published at the end of the first year of its use in the dispensary of Montmartre, by Dr. Madeleine, chief of the clinic, shows that this food is nourishing and enables the body to resist the tubercle bacillus. It was found that after some weeks' feeding on the uncooked food a general improvement was most noticeable, the stethoscopic signs evidenced arrest of the disease, the appetite improved, the weight increased, and the strength increased. Finally, the poor workman came in time to recognise the truth of the teaching in the dispensaries, and its effects were demonstrable in the habitations and food he selected. The committee of management of the dispensaries put forward the opinion that physicians in every country should make a trial in cases of tubercle of the lung—the disease of the unfortunate poor—of raw or macerated horse or mule flesh in large amount.

[Geoffrey Saint-Hilaire, in 1856, published his letters on the value of horse flesh as a food, and two years afterwards Munaret (1858) published a pamphlet on the same subject. The earliest of the modern writers on the subject is, we think, Kreutzer, 1847.—TRANSLATOR.]

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, June 28th, 1903.

CHLORIDE OF SODIUM AND CARDIAC DISEASE.

AT the Medical Society, M. Merklen spoke on the retention of chloride of sodium in cardiac œdema, and for that reason advocated the milk *régime*, that liquid containing but a feeble quantity of chlorides. The *rôle* of chloride of sodium in dropsies was, besides, demonstrated by the large quantity of the salt contained in the œdema liquid. In one case of asystolic disease with considerable œdema, which rest and lactic diet rapidly diminished, he found by analysis that the first day of the treatment the patient emitted five quarts of urine and twenty grammes of chlorides, and the following day six quarts and thirty grammes of chloride of sodium. Consequently, there was retention of chlorides in cardiac patients as well as retention of water when the urinary secretion became insufficient by reason of renal stasis or intercurrent nephritis.

That retention might be the cause and effect of dropsy, which resulted not only from stasis and hypertension in the capillaries, but, above all, from the rupture of the osmotic equilibrium between the blood and the interstitial plasma of the tissues.

Chloride of sodium being the most abundant of the substances dissolved, in the blood, and playing a principal *rôle* in the maintenance of the osmotic equilibrium of the humours, it was that salt which most rapidly would be thrown into the cellular tissue with the water necessary to re-establish the equilibrium between the blood and the lymph. If his idea was correct, it was easy to understand the *rôle* of alimentary *régime*, on the apparition, aggravation, persistence, or disappearance of the œdema of cardiac patients, according to whether it is rich or poor in chloride of sodium, and also naturally whether the urinary elimination was or was not sufficient,

M. Achard said that he observed several cases demonstrating the *rôle* of chloride of sodium in cardiac œdema. He had seen one case, notably, where the malady became aggravated after the ingestion or subcutaneous injection of ten grammes of the salt.

M. Widal came to the same conclusions, but thought that the phenomena were still more marked in acute nephritis. Patients of that class were very sensitive to an excess of chlorides, as the œdema returned and disappeared according to the increase or suppression of chlorides in the diet. He had observed a child with Bright's disease in whom the administration of theobromine increased the urinary excretion without diminishing the ascites. Analysis of the urine showed that in spite of the polyuria, the elimination of the chlorides was insufficient.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, June 27th, 1903.

AT the Society für Innere Medizin, Hr. Heller reported a case of septic endocarditis complicated with gonorrhœa. When we come across a case of endocarditis along with gonorrhœa we are at once inclined to assume it to be a case of gonorrhœal endocarditis, mixed infection being relegated to the background. The case showed, however, that such did occur. A man, æt. 47, had had gonorrhœa in his youth, which was followed by a stricture of the urethra. In August last he sought advice for a gonorrhœa, and in the discharges both gonococci and staphylococci were found. At the end of the month there were both urethrocystitis and prostatitis. A sound was not passed as it was feared that the gonococci might, in consequence, find entrance into the blood. Salicylic acid was given. On August 28th a purpura exanthema appeared, in which there were small efflorescences in patches around the dilated vessels, which were joined together by hæmorrhage. On the 28th he appeared quite bright, but on the 31st collapsed, and the speaker found all the signs of a left hemiplegia; the lower part of the face was also paralysed and there was complete unconsciousness. Endocarditis had therefore developed, giving rise to embolism and secondary hæmorrhage into the vein. Death took place in a few days. An autopsy could not be obtained, but a portion of the skin efflorescence was taken for examination. They were especially found at the extremities and under the nails. The efflorescence was seen to be caused by capillary embolism. These lay in aggregations, were not intracellular, were stainable by Gram's method, and did not contain gonococci; a pyæmic dermatitis had developed along with a gonorrhœa. The invasion by the staphylococci had been rendered possible by the softening of the mucous membrane by the gonococci. He only related the case to show that not all cases of endocarditis in gonorrheal cases were themselves gonorrhœal.

Hr. v. Lyden remarked that the absence of joint symptoms pointed to a non-gonorrhœal cause for the endocarditis.

At the Surgical Congress Hr. Kraske, Freiburg, spoke on

TRENDELENBERG'S POSITION AND ITS DANGERS.

Everyone, he said, recognised the advantages of the position introduced by Trendelenberg. He had employed it many times and could no longer dispense with the advantages afforded by it. He would not discredit it, therefore, when he mentioned certain disadvantages and dangers that might, under certain circumstances, be brought about by it. He would, on the contrary, increase its value by rendering clear the circumstances under which dangers might arise, when it might be dispensed with, or, at any rate, the needful precautions that might be taken. Individual communications had appeared concerning injury sustained by the use of the position, as, for instance, paralysis of the peroneal nerve, and emphysema of connective tissue of the abdominal parietes. In the latter case it was assumed that more air entered the abdominal cavity, and that it was forced into the connective tissue by vomiting. Neither of the cases need be considered, as they were not of importance and could easily be avoided. The changes in the circulation associated with the position were of more importance. He could not free himself from the anxiety that this circulation might set up disturbances in the heart and lungs. Two experiences lent support to this. They were that of a man, æt. 40, and one, æt. 50, in whom the high operation had been performed, one for calculus and one for recurrent papillary growth in the bladder. Both patients had cardiac disturbance from endocarditis, the cause of which was considered to be the severe cystitis. In both the operation was free from difficulty, but immediately after the operation the cardiac condition became suddenly worse. Both patients died, one on the second, the other on the fifth day after the operation. Ether was the anæsthetic employed. He thought the result was due to acute dilatation of the cardiac walls brought about by the position. He then had two further experiences. He did the high operation in a healthy, but corpulent man. The operation was easy and occupied only twenty-five minutes. After the operation the patient seemed quite well, with no vomiting after the anæsthetic, but the next day he complained of fulness of the abdomen, and no flatus passed. There was tenderness over the parts, but no fever. The next three days the symptoms got worse, and he felt certain there was some hindrance to the bowel function. He thought of operation, when a sudden change took place. A considerable quantity of flatus was passed, then a stool, and the patient recovered. A second almost similar case occurred this year, but in the vomit blood appeared, and, later on, pure blood. The abdomen was not tender, the pulse was accelerated. An abdominal incision was made. The whole omentum was glued into a great lump and lay below the liver, and the transverse colon was twisted on its axis. Things were straightened out and flatus and fæces passed before the dressing was completed. The patient died, however, soon after the operation. The mechanism of the case he explained as follows:—Through the high pelvic position the heavy omentum found its way under the liver and caused tension of the transverse colon. In the horizontal position the omentum was retained in position. Schauta had observed a similar case of tension after the high pelvic position. From these occurrences he drew the teaching that after the high pelvic position, the patient should be brought back to the horizontal one, and the operator should satisfy himself that the omentum and intestines were right before the abdominal wound was closed.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, June 27th, 1903.

LEPRA MIXTA.

NEUMANN showed a man at the Gesellschaft, æt. 41, who had been brought to him from Sofia with lepra mixta. On both hands were red-brown infiltrations about the size of beans, which had partially broken down. The lower extremities were affected in a similar manner, and around the affected parts the sensibility was partially lost, as well as the temperature sensation. Both nervi brachiales were greatly thickened. The patient had never during his lifetime been out of Bulgaria, so that the case may be designated autochthonic, or produced in the country where it is not epidemic.

CYSTOTOMY.

Oesterreicher brought forward a man, æt. 30, on whom he had operated for stone in the bladder by performing perineal cystotomy, as he calls it, according to Frank's method. He contends that this is the best method for removing calculi, as it affords better drainage and less risk to the patient, who recovers within eight or ten days after the operation.

HERNIA AND PARAFFIN INJECTIONS.

Escherich exhibited several children on whom he had operated for hernia by the injection of paraffin. After replacing the protruding bowel he injected 1 to 5 c.c. of paraffin, whose melting point was 38° C., or 92·4° F., into the sac by means of a curved needle on the syringe. Immediately after the paraffin is injected ice is applied to harden the fluid paraffin in the sac, which at once forms a firm barrier against further protrusion of the bowel with the assistance of a strip of plaster.

Weil thought there was some objection to be raised against the ice application, and had used methyl chloride for this purpose with perfect success..

MAXILLARY CYSTS AND IODOFORM.

Ernst demonstrated from two cases which he brought forward the great advantages to be obtained by plugging the cavity with Mosetig's iodoform mixture, with which he has had the best results.

Chiari said that this method was rationally the best that could be adopted for chronic cerebral and maxillary cavities.

Weiser thought the dentist obtained equally good results from Partsch's method of removing a part of the cyst wall and allowing the cystic epithelium to be brought into close contact with the mouth, thus inducing shrinking and final closure of the cavity. Weiser asked if Mosetig's bone-plugging mass could be injected through a narrow bony fistula in sufficient quantity to fill a large cyst following an alveolar abscess.

Mosetig replied by saying that the abscess would require previous preparation by washing, cleansing, &c., before finally closing with the stopping mass. He had now practised this method in 150 cases, with the best results. He related two cases of tuberculous origin which he had treated with the stopping material with the utmost satisfaction, as the post-mortem in subsequent years proved the results to be perfect. After death the abscess seemed to be healed, while in the posterior mediastinum and parts of the sternal bones the cheesy, scrofulous matter could be scooped out. In connection with the pleura and pericardium, a mass of tuberculous matter weighing 200 grammes was removed. After this experience he had since applied the treatment in two other females of a similar nature by injecting the mass into these tuberculous sacs in the chest and

sternum, and found that after fourteeen days the fever suddenly subsided and the patient became well.

Ernst thought that Partsch's method had serious objections, as food got into the cavity and decomposed, leading often to fatal results..

Continental Notes.

[FROM OUR OWN CORRESPONDENT.]

EMS.

AT this time, when so many new mineral-water resorts are being vigorously pushed forward, it is perhaps well to halt a little "at the parting of the roads" to see if there is any cause why the older spas should be cast aside for newer places. Among the older Continental health stations, Ems has many claims to favourable remembrance for "auld acquaintance' sake." Its hotels are excellent, and have long been adapted to our British prejudices and preferences. Among them is that old English house the "Hôtel Angleterre," in a choice position, immediately opposite the Royal Baths and near the inhaling establishment. Also another popular hotel, "Four Seasons and Europe," having not only direct covered communication with the Royal Springs and drinking arcades, but its own thermal saline springs, baths, and *indoor* inhalation institution. There are a variety of other good hotels and pensions—the "Continental," "Roemerbad-Kurhaus," "Königliches-Kurhaus," "Four Towers," "Darmstadenhof," "Schloss Balmoral," "Métropôle," "Russie," "London," "Bristol," &c., &c., giving visitors an abundant choice in their selection of a domicile during their stay at Ems.

Agreeably located on the Lahn, with wooded hills on three sides sheltering it from cold winds, and enjoying a drier climate than many other spas, Ems offers a pleasant sojourn to the delicate and the rest-seeker apart from its waters. Here is a summer theatre, concerts thrice daily by a talented German philharmonic orchestra, casino and reading salons, balls, boat races, tennis and croquet matches, hunting and, what is seldom found abroad at fashionable resorts, good fishing. Pike, roach, chub, &c., abound in the river Lahn; trout are found in places within an hour's drive, and at St. Goarshausen on the Rhine are salmon.

Ems is well situated for excursions to the Rhine and Moselle valleys; while that of the Lahn is in itself, particularly in its upper reaches, rich in lovely nooks and corners. A mountain railway runs up to the Hohenmalberg climatic resort.

The Ems mineral waters have long held high rank for the treatment of asthma and lung difficulties, catarrhal affections of many kinds (nose, throat, larynx, windpipe, stomach, intestines), gout, rheumatism, feminine disorders, nervous diseases, &c. The season is from April to October, May, June and September being the chief "English" months.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—I.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

PESSIMISM in regard to the arrest of pulmonary tuberculosis has passed, and ignorance as to the most effective means for securing the arrest of the disease is passing. For a long time pioneers have taught the necessity for a rational application of natural agencies in the treatment of consumption; but it is only within the last few years that the brilliant results which have followed the systematic employment of so-called "open-air" methods have convinced the profession of the scientific value of hygienic treatment and converted the public to an enthusiastic adoption of a course almost entirely at variance with that hitherto generally followed.

The upspringing of sanatoria for consumption in all civilised countries affords ample evidence of the firm belief in the efficacy of a hygienic life in arresting the morbid processes underlying pulmonary tuberculosis.

The general principles of the hygienic treatment of consumption are now more or less clearly recognised, but there exists very wide diversity of opinion and divergence in practice as to the manner in which such may be best applied to secure most speedily and effectively the restoration of the tuberculous individual.

It is now generally admitted that institutional treatment affords the most trustworthy means for securing those conditions of environment and developing those states of tissue activity which are essential for arrest of the disease and necessary for the upbuilding of the protective powers of natural cell resistance to invasion by the tubercle bacillus.

Sanatoria undoubtedly offer the most efficient and effectual means at present available for combating what has up to comparatively recent years been considered an almost hopeless affection. And such establishments not only offer facilities for a segregation of cases which uncontrolled may prove detrimental to those living in association with them, but provide at the same time ample opportunities for securing physiological conditions making for natural arrest, and a sound education as to those details which are all-important if relapse is to be avoided and a useful life maintained.

The essential elements in the hygienic treatment of consumption are constant exposure to fresh air, free access to sunlight, regulated rest and controlled exercise, abundant and good feeding, compliance with all hygienic requirements, and effective nursing with a constant and strict medical supervision.

It is only by a rigorous and disciplined conduct of such measures that the tuberculous patient can be protected from fresh invasion by the tubercle bacillus, establish processes of repair and develop vigorous powers of tissue resistance.

All sorts and conditions of so-called sanatoria are rapidly springing up in this country, and much difficulty is being experienced by practitioners in obtaining trustworthy and unprejudiced particulars concerning the various institutions or ascertaining the relative advantages of the different sanatoria now professing to provide efficient treatment for the consumptive.

It must be admitted that to some extent sanatorium treatment is still in an experimental stage; that is to say, while there is no doubt as to the general advantage of open-air methods over previous procedures, there is wide difference of opinion and practice, not only regarding the construction and management of sanatoria, but also in the manner of the application of various details of the hygienic life.

In some respects this variation in conduct and procedure is to be regretted, but, rightly viewed, it is seen to be an unavoidable and, indeed, necessary feature in the establishment of a new system of treatment. It is, however, very necessary that every sanatorium should be conducted on rational lines, directed by scientific principles, and freely open at all times for inspection. It is also much to be desired that means should be found, even though it might necessitate the establishment of another society, whereby those responsible for the management of sanatoria, and those engaged in clinical investigation and scientific research at such institutions, should have more ample opportunities for comparison of methods and co-operation in accurate study. At present, in only too many instances from the lack of adequate scientific combination, much time and energy is being lost and good work dissipated.

In order to provide trustworthy information for the practitioner and encourage a more effective combination among those scientific workers engaged in sanatorium practice, the Editors of THE MEDICAL PRESS AND CIRCULAR have arranged for a special series of articles

dealing with the more important sanatoria in the United Kingdom, and based on a careful and unprejudiced inspection and thorough study of the work of each institution.

The Operating Theatres.

KING'S COLLEGE HOSPITAL.

OPERATION FOR A STRANGULATED FEMORAL HERNIA REDUCED *en Masse*.—Mr. PEYTON BEALE operated on a case exhibiting the following symptoms:—A woman, æt. about 60, had been admitted complaining of colicky pains in the abdomen and fæcal vomiting of three days duration. The patient had been under Mr. Beale's care in the out-patient department with a double inguinal hernia, for which she had been provided with a very efficient truss. The patient's abdomen was very carefully examined and appeared quite normal when under the influence of an anæsthetic; the inguinal, obturator and femoral regions were also examined, but no hernia could be detected. As the fæcal vomiting still persisted, the abdomen was opened in the middle line. On introducing the hand and exploring the cavity, nothing abnormal was found until the hand reached the left side of the pelvis; here there was a solid-feeling, globular mass as large as a cricket-ball, in the situation of the femoral ring and projecting into the pelvis; intestine could be felt passing into it, and on further examination two pieces of intestine were discovered. Gentle traction was made on these, and after a few minutes a loop of intestine was withdrawn and exposed to view through the abdominal wound; this was so badly strangulated in two situations that it was left outside the abdomen, the remainder of the abdominal wall being closed. Mr. Beale said that he believed the case to be one of strangulated femoral hernia which had been reduced *en masse*, but there was no history of a femoral hernia or of its reduction to be obtained from the patient, who was suffering from bronchitis and emphysema, and was in an extremely bad condition to undergo operation.

GREAT NORTHERN HOSPITAL.

LAMINECTOMY.—Mr. PEYTON BEALE operated on a woman, æt. about 50, who had been admitted into a medical ward with the following history:—About four years ago she experienced an aching pain over the fourth and sixth dorsal spines; the pain was described as of a gnawing character and came on chiefly at night. After some months it shifted its position to the region of the left scapula, and had been present in the two situations on and off until the present time. About six months ago the patient noticed a sensation of weariness in both legs, which soon developed into definite pain of the nature of cramp and also of a stabbing character; these pains had been steadily getting worse up to the present time. About three months ago similar pain, together with tingling sensations and girdle pain, occurred in the abdomen and back generally, and with this there was very marked impairment of function in all muscles of the trunk and lower limbs. The patient's family history was briefly that several near relatives were mentally deficient, one being insane, and others, including one of the patient's daughters, were very markedly hysterical. The case had been generally considered to be one of hysteria, and had been treated on this assumption. Condition on admission: There was general impairment of sensibility of the whole surface below the area supplied by the third dorsal nerves, but the woman complained of frequent burning and tingling sensations in different positions, and at different times. As regards the muscles, they reacted well, but slowly, to the faradic current and were all well developed, exhibiting no sign of degeneration; ankle-clonus was present, but not continuously. Incontinence of urine occurred for several days at a time and then passed off. The patient appeared to be in an hysterical condition, but at the same time there was obvious impairment in the action of all the muscles below the neck. All usual treatment, including battery large doses of iodides, counter-irritation to the spine, &c., had been adopted. At this time Dr. Beevor was asked to see the case, and he gave it as his opinion that there was some source of irritation to the cord, together with probable pressure at the level of the fourth dorsal, vertebra, and he advised that an operation should be performed without delay. The following operation was therefore carried out:—An incision about five inches in length, with its centre at the fourth dorsal spine, having been made, the muscles attached to the spinous processes were dissected off and held outwards by means of retractors; the spinous process of the fourth dorsal was then cut away, and the laminæ of the same vertebræ were removed by bone-cutting forceps; there was considerable hæmorrhage from the muscles, but this ceased in a few minutes and allowed a good view of the dura mater of the cord; this was of a purplish colour and very elastic to the touch, strongly suggesting that it was distended with fluid. On being punctured with a scalpel, clear fluid spurted out to a height of three inches. This fluid was allowed to escape gradually, and it was estimated that about four ounces came away between this time and the completion of the operation. The dura mater was then opened freely along the middle line, and the spinal cord, normal in appearance, was exposed to view; the pia mater seemed normal, but a good deal of blood oozed up from around the cord, suggesting rupture of congested capillaries, owing to relief of the pressure of the fluid. On passing a probe upwards in the arachnoid space, the tip of a polypoid gelatinous tumour presented itself at the upper end of the incision in the dura mater; this was pulled down with a pair of sinus forceps, and as it was found impossible to place a ligature round its pedicle it was torn away in pieces and kept for microscopical examination; it had all the appearance of a glioma, and was estimated to be about the size of a large pea and seemed to be growing from the arachnoid membrane. The spinal muscles were then sutured, a half-inch drainage-tube, leading down to the incised dura mater, being inserted at the lower angle of the wound; the orifice of the tube was sutured to the skin and the skin edges united elsewhere by a continuous suture; the wound was dressed in the ordinary way.

Remarks on this case will be published in a future number.

Trinity College, Dublin.

THE following candidates passed the examinations for the diploma in Public Health, Trinity Term, Part I.—William F. Erskine, James H. Douglass, Thomas W. G. Kelly. Part II.—Thomas G. Moorhead, George Raymond, Walter C. Oram, Robert G. H. Tate, Thomas W. G. Kelly, Thomas F. Telford.

Royal College of Surgeons, Ireland.

MR. F. R. G. PAKENHAM, L.D.S., has been elected an Examiner in Dental Surgery and Pathology.

THE death is announced of Professor Karl Gussenbauer, Rector of the University of Vienna, at the age of 61. Professor Gussenbauer was a pupil of the late Professor Billroth, and was himself a bold and successful surgeon. He was the successor of Billroth in the chair of surgery at Vienna. The cause of death was cardiac disease.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 1, 1903.

CRIME A MENTAL ABERRATION.

THE most casual study of the sad heroes of the *causes célèbres* which have of late figured in the annals of crime convinces one of the fact that these individuals are physiologically abnormal. The total absence of morality, their indifference to the most elementary principles of right and wrong, and their calmness under circumstances which would, in the ordinary individual, imply extreme mental anguish, constitute so many proofs of abnormality, and of the absence of what psychologists call the moral sense. In the case of Dougal, whose hideous crime has excited and fed the morbid curiosity of the community at large for many weeks past, there is a long and consistent history of criminal instincts culminating in his detention as a criminal lunatic. It is one of the strange features of the trial that no plea of insanity was set up, in spite of this episode in his life history. The physiognomy of the murderer, his restless eyes and his apparent unconsciousness of the gravity of his plight made up a picture with which one is familiar in asylums for the insane. The very heinousness of his crime and the recklessness with which he proceeded to garner the fruit of his deed stamp him as morally irresponsible. If we mention these circumstances it is assuredly not with the object of saving the neck of such a human monster, but merely to emphasise the view which is gradually gaining ground among the thinking portion of the population that crime, at any rate in its more salient aspects, is but the manifestation of latent insanity. In spite of all the efforts of trained judicial minds to formulate a definition of insanity, none has been, or probably ever will be, devised to cover the whole ground. Insanity, considered in its widest application, may be taken to indicate a condition of mind or, if preferred, a cerebral conformation in which the normal equilibrium of the intellectual functions does not obtain. In these unbalanced minds all notions of right and wrong are blurred or absent. Judgment of a sort may be present, but it lacks the necessary elements for its exercise, and the results are proportionally abnormal. The sense of individual responsibility is a very variable quantity, and it varies even in the same individual at different hours of the day and night, and as the result of what he has eaten or drunk. Criminals may be divided roughly into two classes—first, the criminal from birth, one in whom no training can eradicate the criminal instincts which are as normal to him as the sense of duty is to another; and, secondly, the great mass of potential criminals whose moral texture is so loose as to be subject to ephemeral influences of intrinsic or extraneous origin, whether for good or evil. Punishment may be deterrent in respect of the latter; it is useless for the former. The great problem of the future is the prophylaxis and the treatment of crime. Already in respect of inebriety the physician has been invited to step in and assist the magistrate in its repression, thereby implying the recognition of the view long held by physicians that proneness to intemperance is a form of irresponsibility calling for treatment rather than punishment. For the protection of society it may be necessary to place such individuals under restraint, but it is important to our own moral evolution that this should be done, not with the idea of revenge nor even for the sake of the hypothetical deterrent effect of punishment, but merely as a means of protection and possibly of treatment. Our penal code has lost much of its former brutality, and we are beginning to take a wider and more scientific view of the etiology of moral delinquency. We do not make a crime of epilepsy or other diseases of the nervous system, yet in the majority of great criminals the close relationship between unstable mentality and physiological abnormality is very obvious; indeed, Lombroso, the celebrated Italian criminologist, points to unmistakable anatomical features which underlie and explain the functional aberration.

THE LOCAL GOVERNMENT BOARD AND THE POOR-LAW MEDICAL SERVICE.

AN important letter appears in the columns of a daily contemporary from the pen of a member of a well-known Irish family, in which the writer directs the attention of the public to the resolutions recently adopted at the meeting of the Irish Medical Association held at Enniskillen. Mr. Walter Kavanagh, the writer of the letter, takes a broad and sensible view of the present position of the Poor-law Medical Service, although, as perhaps was unavoidable in the case of a layman, he falls into a couple of errors. The main points of Mr. Kavanagh's letter may be summarised as follows:—The members of the Irish Medical Association have refused to allow their members to accept a dispensary at a lower salary than £200 per annum, or a workhouse at a lower salary than £150, or the two combined at less than £300. At

present, in consequence of this action, Boards of Guardians are unable to find medical men to fill vacancies, and have to engage temporary officers at salaries varying from £4 4s. to even £10 10s. per week. In the meantime, the Local Government Board refuse to interfere to effect a settlement, and when the Guardians wish to raise a salary will not sanction their action. Mr. Kavanagh considers that the present relation between Boards of Guardians and their officers is impossible, that the life of a medical officer who receives a salary of less than £150 a year is not such as should be forced upon an educated man, that the Irish Medical Association are to blame for issuing a hard and fast demand for a minimum salary, and that the Local Government Board are to blame for not coming forward as arbitrators. It is unnecessary to discuss the position of a medical officer in a wild country district with a small salary and but little private practice. Whatever be the outcome of the present *impasse*, the days in which Guardians obtained medical men for such districts at the present salaries are gone. There are undoubtedly a few favoured places in which the medical officer with no official salary is better off than his *confrère* in another district with an official salary of £200 or even of £300 per annum, but such districts are too few to be made into a special class, even if there is any legitimate reason for so doing. It should be clearly laid down that the official salary which is offered to a Poor-law medical officer must not be affected by the prospects of private practice or by any other special circumstances of a district, other than by the amount of Poor-law work to be done. If the private practice of a district is to be taken into consideration at all, it should be as a reason for promotion from one district to another, and the medical officer who did his work best, and who showed ability, should have the prospect of promotion to a better district if he desired to change. The present contention of Poor-law medical officers is that their work is worth a certain minimum salary, and that that salary must be paid if the Poor-law Medical Service is to continue. Mr. Kavanagh falls into an error in considering the action of the Irish Medical Association as unnecessary, and as one that could be avoided by discussion with each Board of Guardians. We fear that no facts, however presented, can have a beneficial effect on the salaries of medical officers, unless they are at the same time accompanied by actions. Why should Guardians on whom rates directly fall be more altruistic than the Local Government Board? A few years ago the then President asked how his Board could shut its eyes to the fact that when a vacancy occurred it was immediately filled, and regretted his inability to interfere. Now, the present head of the Board is compelled to open his eyes to the fact that vacancies cannot be filled, and yet, "as at present advised," he is not prepared to recommend the appointment of a Commission to investigate the working of the Poor-law system. There is nothing to be gained by attempts to transfer the responsibility for the present situation to the medical officers. The Local Government Board must accept that responsibility, or its task-masters, the Treasury. We understand that the Board as a whole is not so opposed to doing justice to the medical officers as its actions would lead one to suppose, but that it really desires to effect reform if the stern controlling hand of the Treasury permitted it to do so. However that may be, someone has to bear the expenses of the present situation, expenses which are rapidly becoming greater than those of a properly-managed service would be. We cannot too strongly re-echo Mr. Kavanagh's hope that the Local Government Board will bestir itself and take up its proper position in such matters—that of guide and arbitrator.

THE PHYSIOLOGICAL STATUS OF THE LARGE INTESTINE.

THE large intestine, including the cæcum and the vermiform appendix, is regarded by some authorities as a superfluous organ in the human organism, one, indeed, which might be discarded to our advantage. It plays no useful part in digestion, and its powers of absorption are insignificant. Experience, indeed, has proved that it may be removed or short-circuited without any appreciable effect on the general health and nutrition. The large intestine is, as a rule, better developed in herbivorous than in flesh-eating animals, a circumstance which is, no doubt, explained by the fact that among the micro-organisms which abound in its contents there are some which secrete a ferment capable of digesting cellulose. It is a noteworthy fact that the large intestine only attains full development in mammals, animals which, for the most part, are of active habits. With most of them rapidity of locomotion is indispensable to the capture of prey and escape from swift-footed enemies; consequently, any delay for the purpose of evacuating the intestines would be inimical to their interests. The large intestine, therefore, serves the purpose of a reservoir akin to the function discharged by the urinary bladder. Birds, which are under no obligation to stop their flight in order to eject the fæces, are not provided with a large intestine any more than are reptiles, the amphibia, and other cold-blooded animals which consume a comparatively small quantity of food and are not addicted to active exercise. According to Professor Metchnikoff (*a*) the large intestine is included in the category of vestigial remains, the persistence of which is fraught with danger to the human organism. In it accumulate the undigested remains of the food which undergo decomposition, with the formation of products very detrimental to the organism if absorbed, as is so often the case in presence of constipation. It is the seat of various serious diseases, more particularly of dysentery, which is the bane of Europeans in the tropics. It is, moreover, the seat of predilection of cancer, nearly 90 per cent. of the cases of intestinal cancer affecting the large intestine. Originally, no doubt, the anatomical arrangement of the alimentary

(*a*) "Etudes sur la Nature Humaine," 1903.

canal was indispensable for the complete digestion of the coarse food which was all that primitive man could obtain. Now, however, that evolution has led man to cultivate the more digestible vegetables and to cook his meat, sundry parts have become superfluous and even disadvantageous, and among them the large intestine. For instance, man is constrained to admit a certain proportion of indigestible substances in his food, otherwise the large intestine, never very active, would lack the necessary stimulus to void its contents. The large intestine then stands convicted of serving as a receptacle for decomposing organic detritus, which, by undergoing decomposition, may prove a source of danger to the economy. It is therefore condemned—by Professor Metchnikoff—to disappear in the course of ages, in deference to new and altered requirements. This is a novel point of view which physiologists will do well to bear in mind when discussing the functions of this canal, of which the face is the upper and expanded aperture. We would, however, venture to point out that even in civilised life it is often an advantage to be able to accumulate the fæces pending a convenient opportunity of disposing thereof. On the whole, therefore, we are unable to convict Nature of "disharmony" on this count.

Notes on Current Topics.

The Use of Chloroform in the Preparation of Vaccine.

THE importance of ensuring the complete sterility of lymph so far as all forms of extraneous bacteria are concerned has now been fully recognised, with the result that accidents leading to the contamination of the supply are very few indeed. So far, the use of glycerine with this object has been attended with success, and is in every way efficacious, though it is not, perhaps, quite so rapid in its action as the manufacturers of lymph would wish. If glycerine be added to lymph in the proper proportion, the extraneous bacteria are eliminated in the course of some weeks, while the specific germ of vaccine remains unaffected. In a recent communication to the Royal Society, Dr. Alan Green brings to notice a new method whereby the same result can be obtained in the space of from one to six hours. This method consists in the addition to the lymph of a saturated solution of chloroform in sterilised water instead of glycerine. By adopting this method, according to Dr. Green, extraneous organisms can be so rapidly eliminated that the vaccine can be distributed for use within a few hours of the time it is taken from the calf, and it also possesses a higher vaccination value than does vaccine which has been kept for several weeks. A further report of this process will appear in the report of the medical officer of the Local Government Board for England. The recent outbreaks of small-pox have called attention to the importance of maintaining a proper supply of suitable lymph and to the working of the various institutions which supply it. In a coming number we intend to lay before our readers an account of the preparation of lymph at the Local Government Board Vaccine Institute, near Dublin, which is presided over by Dr. Knox Denham.

The Etiology of Sleeping Sickness.

WHAT is likely to prove a valuable addition to our knowledge of the pathology of the obscure disease of Uganda—sleeping sickness—has been contributed to a contemporary by Dr. Castellani, of Florence. That gentleman, while in Uganda, examined carefully the cerebro-spinal fluid from a case of sleeping sickness, and, in the course of his examination under the microscope, found a living trypanosoma, almost if not quite identical with that found in the blood in trypanosoma fever. He then examined a series of thirty-four cases, and found trypanosomes in twenty, and also found them in the blood in a few cases. Further, in 80 per cent. of those cases in which the trypanosoma was found, at the post-mortem examination he was able to grow from the blood of the heart and the liquid removed from the lateral ventricles a particular variety of streptococcus which he had himself already described on a previous occasion. Influenced by these results, Dr. Castellani makes the feasible suggestion that sleeping sickness is due to the species of trypanosoma which he had found in the cerebro-spinal fluid, and that in the last stages of the disease there is a concomitant streptococcus infection. Considerable support has been lent to Dr. Castellani's views by the further results obtained by Colonel Bruce, R.A.M.C., who continued Dr. Castellani's investigations, and who has informed the Royal Society that he has found the trypanosoma in the cerebro-spinal fluid in every one of thirty-eight cases of sleeping sickness which he had examined since the departure of Dr. Castellani, and that he had also found it in the blood in twelve out of thirteen cases. These results promise to furnish an important clue to the etiology of this hitherto puzzling disease.

The Fecundity of the Anglo-Saxon.

MUCH discussion has recently occurred, especially in American journals, concerning the causes determining the very conspicuous fall in the birth-rate, and the growing evidences of racial decline. Some superficial observers have sought to blame educational systems, but Dr. George J. Engelmann wisely, we think, condemns many of these suggestions as altogether groundless, the chief causes of the low fecundity of many Anglo-Saxons, in his opinion, being their assumption of a false social position, the struggle for the attainment of luxury, and the wilful limitation or prevention of conception. It is well to remember that history repeats itself. Juvenal long since well said: "Few children are born in the gilded bed to the wealthy dame, so many artifices has she, and so many drugs, to render women sterile and destroy life within the womb." It is certainly necessary that the matter should be faced in a spirit of fairness, and that the spread of "educa-

cation" *per se* should not be falsely blamed for a low fecundity which is really due to a deliberate and voluntary avoidance of childbearing on the part of a steadily increasing number of married couples. Medical men have not only opportunities for observing the truth, but also of rectifying many misconceptions, and after the discovery of a truth the next best thing is the exposure of an error.

Diastolic Murmurs without Organic Valve Lesions.

DR. RICHARD CABET and Dr. Edwin Locke, of Boston, summarise the conditions in which diastolic murmurs are heard during life, and yet where post-mortem no valve lesions are found, as follows:—(1) In dilatation of the aorta, especially of the ring of insertion of the valves; (2) in adherent pleura and pericardium, such murmurs being influenced by respiration and position, and are, therefore, of a nature of "cardiac pulmonary murmurs"; (3) in grave anæmic states, when the red cells are reduced to or below 1,000,000 per cm., such murmurs not being due to the diastolic accentuation of a venous hum. These observers, while not considering it as wholly satisfactory, are inclined to adopt the theory of Sahli as best explaining the cases not due to aortic dilatation, which is that the murmurs are produced in some way owing to the great tenuity of the blood. Temporary dilatation of the aortic ring caused through strain is chiefly dependent upon intra-cardiac pressure, and ceases when this is lessened, but if the condition become permanent it is difficult to imagine that the valves can still retain the normal outlines. A new position of any organ constantly assumed tends naturally to become fixed.

Eserine in Post-Operative Meteorism.

ABDOMINAL distension accompanied by flatulence occurring after operations is not an uncommon complication, though it is one which is very unpleasant to the patient and sometimes causes the surgeon grave anxiety. The atony of the intestinal walls leads in such cases to undue accumulation of flatus, which rolls about from one part of the canal to another, giving rise to most uncomfortable sensations. Acute pain is also experienced from distension of the intestines, due, in all probability, to pressure upon the sympathetic nerves. Various means have been devised for the relief of the over-loaded bowels, some of which aim directly at encouraging peristalsis, such as the traditional turpentine stupe or hot flannels. At other times, small doses of the essential oils administered by the mouth succeed more or less by their carminative action in getting rid of flatus. If it is clear that the atony is chiefly of the large gut, the long rectal tube may often be employed with advantage. The use of eserine in these circumstances was first suggested by van Noorden, in 1861, and in the following year a paper on the subject was communicated to the Congress of International Medicine at Rome by Roncagliolo, of Genoa. Dr. Ludwig Moskowicz, of Vienna, in a recent review of a series of cases of "pseudo-ileus," treated by hypodermic injections of eserine salicylate, believes that it is a valuable drug for this condition. It has no bad effects upon other organs, and in two instances it appeared to have a life-saving influence. The blood pressure is raised after the injection of one milligramme, so that it acts as a cardiac stimulant. This latter property increases its value, as a certain amount of heart-weakness is often seen, together with post-operative meteorism.

The Use of Rubber Tissue in Surgery.

How to prevent the natural repair of living tissue frequently absorbs as much of the surgeon's attention as the art of healing up the breaches thereof. The little sinus is mercilessly probed and its orifice enlarged if need be, in spite of Nature's persistent efforts to shut off all communication with the exterior. The process of granulation is checked or prevented altogether by actual caustics or by the intervention of a foreign substance, such as a strip of gauze. Loss of continuity, a state generally regarded as abnormal, may sometimes prove of greatest benefit, and the less must therefore suffer for the greater. In that most intractable complaint, trigeminal neuralgia, the best results have been obtained by the interception or interruption of the nerve-channels conducting the painful impulses by resection of the Gasserian ganglion. Dr. Robert Abbe, of New York, believes that this operation may certainly be most successful, but that its beneficial results are seldom permanent. He has therefore tried the effect of interposing a small piece of sterilised rubber tissue between the ganglion and the severed ends of the second and third branches of the nerve involved. The whole operation is therefore subdural, and consequently infinitely safer and preferable. Dr. Abbe has had many patients under his care in whom this operation has been performed, and who have passed the three-year limit without any recurrence of the pain. He accordingly concludes that the complete removal of the ganglion is unnecessary, as by the introduction of the rubber tissue union of the nerve is rendered impossible, and, moreover, the risks from hæmorrhage, a not uncommon event in the more severe procedure, are to a great extent obviated. This harmless, non-conducting barrier may prove of service in other painful forms of neuralgia, as, for instance, in sciatica.

Sponge Diver's Disease.

IN certain parts of the world where sponges grow at a moderate depth men specially trained for the purpose dive to the bottom of the sea and tear the sponges from their attachment. In so doing serious injury is sometimes inflicted by an *actinium*, of the family of *actinides*, which inhabits the stem, more particularly of sponges growing in the midst of sea-weeds or on mud. The skin of this parasite secretes a viscid substance possessed of virulently irritating properties. When this comes into contact with the human body it gives rise to symptoms the gravity of which varies

in proportion to the area affected, and the virulence is apparently greatly influenced by the season of year. Almost immediately the victim experiences intense itching followed by a sensation of burning, starting at the point of contact, but soon spreading over the surface of the body. The neighbouring skin becomes of a dark red hue and ultimately almost black, and later the skin sloughs more or less extensively, leaving a deep suppurating cavity which takes long to heal. Severe constitutional symptoms accompany the local manifestations, and in some cases multiple abscesses form around the seat of infection. One attack does not confer immunity, and so grave are the consequences that of late the employment of naked divers has been to a great extent abandoned in favour of the use of a proper outfit.

Medical Excursion on the Continent.

THE fifth *voyage d'études médicales*, organised by Dr. Carron de la Carrière, is announced to start on September 10th, and it will cover the watering-places of the south-east of France. Starting from Salies-du-Salat, the members will be conducted to Ax-les-Thermes, a charming station at the foot of the Pyrenees, at an elevation of 2,300 feet, to Ussat, Mont Louis (5,000 feet), Amélie-les-Bains, Banyuls-sur-Mer, Montmirail, and Mont Pilat (3,800 feet). It would be difficult to choose a more interesting and picturesque itinerary, or a more economical and useful way of spending a holiday on the Continent. The cost of the entire trip, inclusive of travelling and hotel expenses from start to finish, is 350 francs (£14), and foreign visitors are accorded a reduction of 50 per cent. on the railway fares from the French frontier to Lyons, whence the start will be made. Professor Landouzy will, as hitherto, take charge of the scientific department, and will briefly describe the attributes and therapeutical indications of the various waters. It is satisfactory to note that the foreign contingent tends to increase in numbers year by year, showing that the exceptional opportunities which these trips afford to become acquainted with the best-known watering-places and health resorts of France are appreciated. Detailed information can be obtained from Dr. Carron de la Carrière, 2, rue Lincoln, Paris, to whom applications to participate therein must be sent at latest by August 25th.

Veterinary Surgeons as Medical Men.

A CURIOUS case came before the Court for Crown Cases Reserved in Dublin recently for the purpose of hearing arguments on a case which raised the question as to whether veterinary surgeons are liable to be called upon to serve on juries. A Mr. Charles Allen, a veterinary surgeon, appealed against an order made against him for payment of a fine of £2 for his non-attendance as a juror at the Commission Court in February last. Mr. Allen occupies a high position in his profession, and the case was apparently brought forward as a test one. Mr. Allen's counsel argued that the petitioner should be exempt from serving on a jury, inasmuch as he came within the description of persons exempted in Section 20 of the Juries Procedure (Ireland) Act, 39 and 40 Victoria, chapter 78, and in the schedule annexed thereto, as being a "licensed medical practitioner"; and further that he should be exempted as a professional man, as the Royal Charter of the Royal College of Veterinary Surgeons dated March, 1844, declared him to be. The Court decided by a majority that Mr. Allen was entitled to exemption. In the report of the proceedings before us, the reason for their decision is not given. We fancy that they can hardly have accepted counsel's ingenious plea that a veterinary surgeon is a "registered medical practitioner." It is true that some references were made in the case to the law of juries, as described in Mr. Pickwick, but as judgment was not given in a Pickwickian manner we presume that a decision that a horse is a man was not given. At the risk of being considered "matter of fact," we should like to point out that the expression "registered medical practitioner" means "any person for the time being registered under the Medical Acts," and that the expression "Medical Acts" means "the Medical Act, 1858, and any Acts amending the same" passed before the passing of the Act of 1886. At the same time we approve the principle of exempting a veterinary surgeon, *qud* a veterinary surgeon, from serving on juries.

The Vivisection Debate.

THE only satisfactory feature in the debate on vivisection which took place last week in Parliament was the very temperate speech of Sir Michael Foster in defence of the law as it stands. We have nothing but contempt for the members of Parliament who wantonly hurl derogatory epithets at investigators whose only aim in life is to add to the means available for the relief of human suffering and the prolongation of life. Their arguments are so obviously insincere and their logic so faulty that one lacks the patience to refute the venerable libels of which they so complacently make themselves the mouthpieces. These debaters swallow the camel and strain at the gnat. They lie low when it is a question of prohibiting certain legalised forms of cruelty to animals. They utter no shrill cry when Bill Sikes drowns his superfluous puppies; but as soon as an investigator of light and learning seeks to elucidate a moot point in the phenomena of death by drowning by the sacrifice of a casual mongrel they rend the skies with their foolish clamour. They ignorantly or wilfully overlook the great fact that Nature, sooner or later, kills off these self-same animals by injury or disease without regard to their feelings, so that the vivisectionist, after all, merely forestalls Nature's inevitable climax. The allegation that such men are moved by sheer pleasure in inflicting pain is simply revolting, and is an insult to the intelligence of the public. Fortunately, in Sir Michael Foster and Sir Walter Foster we possess members of Parliament equal to the task of reducing the allegations to their proper position, but such debates are calculated to discourage the earnest seeker after truth.

"Truth" and the Drouet Institute.

Our contemporary *Truth* continues to demonstrate to the reading world the miserable imposture of the pretended cure for deafness exploited by this notorious concern. To borrow a French saying, it is like whipping a dead donkey to point out the absurdity and disingenuousness of the pretensions advanced by those who run this business on the most unscrupulous business principles. Yet our contemporary is doing good service because, even at the present time, when most respectable journals refuse their advertisements, the institute continues to inveigle a large number of persons afflicted with hardness of hearing. We fear the success of ear quacks is largely due to the fact that the majority of cases of deafness are not amenable to medical or surgical treatment, not that this infers any reproach to aural practitioners, but the fact remains that the anatomical conditions, as a rule, are such as to preclude useful intervention. Consequently, every dishonest quack who will claim to effect what the honest practitioner admits to be impossible is sure of a harvest of sufferers, hope springing eternal in the human breast. The regrettable feature is that *soi disant* respectable journals continue to lend the aid of their advertisement columns to a concern which has over and over again been shown to be a delusion and a snare, and so long as they are willing to sacrifice their morality the institute will flourish.

Honorary Degrees.

No exception can be taken to the honorary degrees which were conferred last Presentation Day on their Royal Highnesses the Prince and Princess of Wales, Lord Kelvin and Lord Lister. Socially and scientifically more honour was conferred on the University by their acceptance than upon the recipients by their selection. So far all is well, but we cordially echo the desire expressed by the Chancellor that the prerogative of conferring honorary degrees is one to be strictly and parsimoniously exercised in future; in other words, that it is not to be regarded as an annual function. Obviously there is little to fear in this direction from those to whose charge the conduct of this great University has been entrusted; but we have on more than one occasion found it necessary to protest against the too generous distribution of such distinctions by certain Universities, a practice which is calculated to bring them into contempt as marks of intellectual merit.

Alleged Assault by a House Surgeon.

A curious charge of assault brought against Dr. John Knox, jun., house surgeon of the Birkenhead Borough Hospital, by the father of a youthful patient, was heard last week in the local police court. It appears that the lad, six years of age, was suffering from an abscess of the jaw which required to be syringed, a procedure which was resisted by the patient, and it was asserted that the house surgeon lost his temper and struck the child before handing him back to his parents. The lad bore the marks of contusions on the face which, the evidence went to show, were due to slipping of the gag during the efforts to insert it in the mouth. The evidence of Dr. Pierce, a neighbouring practitioner, was that the contusions appeared to have been caused by a blow, and the Bench adopted his view and inflicted a small fine. The case is a most painful one, and assuredly a medical officer who so far forgets himself as to strike a patient would merit condign punishment. So far as an opinion can be formed from the full report in the *Liverpool Mercury*—a very trustworthy organ—the evidence was anything but conclusive, and certainly nothing but the most unequivocal evidence would justify a decision fraught with such serious consequences to the accused. We can only hope that the decision was erroneous, but unfortunately no appeal is possible on the question of fact.

Queen's College, Cork, and the Royal University of Ireland.

The Triennial Visitation of the Queen's College, Cork, by Lord Justice Holmes and the Presidents of the Royal Colleges of Physicians and Surgeons enabled the Professors of the College to draw public attention to the extremely creditable manner in which Cork students have passed the examinations of the Royal University of Ireland. It appears that since the foundation of the Royal University 18·18 per cent. of the students who have obtained degrees have come from Cork, while of the students who obtained honours 29·5 per cent. came from Cork. In other words, although Cork students formed but one-fifth of the whole number of students, they formed almost a third of those to whom honours were awarded. This is all the more a matter for congratulation when we learn that at the time this report was written not a single one of the clinical examiners of the University were connected with Cork College—a fact that speaks well both for the knowledge possessed by the students and for the impartiality of the examiners. We think that we are right in our recollection that at the last examination the only student who obtained first-class honours at the final examination came from Cork College. We cordially congratulate the Professors of the College on the success of their teaching.

Carbonic Oxide Poisoning.

From a medico-legal point of view it is often of extreme importance to be able to obtain chemical proof of the presence of carbonic oxide in the blood. The classic test is by spectroscopic examination, which gives, or is supposed to give, the typical bands of carbo-hæmoglobin. In practice, however, this test often fails, and several striking examples of such failure were recently brought before the French Biological Society by Dr. L. Garnier, of Nancy. Four men were asphyxiated by carbonic oxide, the intoxication proving fatal in three. In only one of the four was it possible to demonstrate the presence of the persistent bands of oxycarbo-hæmoglobin. The absence of these bands, therefore, cannot be accepted as conclusive evidence that death was

not due to this cause, and the fact that they were not demonstrable even in the fatal cases confirms Marcacci's view that carbonic oxide kills not only by fixing the hæmoglobin, but also by provoking reflex paralysis of the cardiac and respiratory functions with consequent fatal syncope.

The Hygiene of Holidays.

THE holidays are upon us. The coming of summer in all its ancient glory and rich in its vitalising heat arouses longings in the city dweller for the coolness of the mountains or the refreshing breezes of the sea, and oftentimes, under the almost irresistible desire for a return to the country impulse is allowed to override reason in the selection of what custom and fashion now term a "health resort." It is needless to add that many such stations are oftentimes selected with such a lack of hygienic forethought and absence of all medical advice that it is hardly to be wondered at that those seeking rest and recuperation frequently not only gain no benefit, but are precipitated into such morbid conditions as they are endeavouring to avoid. It is remarkable how neglectful most thoughtful men are in the haphazard way in which they select, or sometimes allow to be selected for them by ignorant friends, holiday resorts, the chief end and aim of which should be the recreation of mind and body, and the rehabilitation of all the powers of resistance of the body against the insidious and ever-prevalent attacks of pathogenic influences. Every medical man can from his own personal experience adduce numerous examples where a reckless and altogether unreasonable impetuosity in the conduct of holiday life has awakened long slumbering mischief, broken down compensatory powers, opened channels for unprotected attack, deranged Nature's shielding mechanisms, and in many instances actually initiated disease processes which neither science nor art could subsequently arrest. The clear lesson is that, in the selection of a holiday resort and in the conduct of a holiday, hygienic principles should be allowed directing force. We are strongly of opinion that medical men, and particularly those who are still privileged to fulfil the honourable duties of a "family practitioner," might exercise a wide beneficial influence if they were more frequently consulted as to the manner and method of holiday-taking.

Suggested Walking Race for Nurses.

THE craze for long-distance walking races is producing results of a quaint nature that must afford a good deal of amusement to the sporting gentlemen of the London Stock Exchange who were the pioneers of this entrancing form of recreation. The enterprising spirit of the modern business man has been fiercely stimulated by this species of bastard athletics, in which there clearly lurks a rich mine of potential advertisement. This view of the matter has been evidently recognised by the Eastham Ferry Pleasure Gardens and Hotel Company, Limited, who have sent a circular letter to the secretaries of the Liverpool hospitals, inviting nurses at those institutions to a "circular" walk of about five miles. Admission to the amusements, together with an invitation to free refreshments, was at the same time extended to all nurses in uniform, whether competitors or not. In certain quarters this circular has been, not unnaturally, regarded as an insult to the nursing profession. From an abstract point of view there is nothing, so far as we can see, that makes it more derogatory for nurses to walk over a given course than for a bevy of stockbrokers. At the same time, we feel that nurses would be better advised to keep aloof from such public exhibitions, nor do we feel the slightest doubt that abstention will be their absolute and immediate reply to the Eastham directors. It is to be hoped that a due sense of the fitness of things will keep nurses, just as it would naturally keep the clergy, medical men, Army and Navy officers, and barristers out of these much-advertised competitions.

Hampstead Heath and London's Health.

HAMPSTEAD HEATH is the most beautiful of London's health resorts. It affords refreshment for the body and invigoration for the mind, and its associations are rich in material for the energising of life's best emotions. We, therefore, strongly support Mrs. Barnett, of Toynbee Hall, in her public-spirited action in endeavouring to keep back the invading builder, and hope means will be speedily secured whereby the eighty acres of fields sloping away from the north-west corner of the Heath may be retained for the public service for ever. The wealth of London depends upon the health of London, and every effort which more firmly provides for the maintenance of the latter must necessarily add to the value of the former.

IT is said that good private nurses are much needed in Upper India, especially in the Punjab, and we understand a movement is on foot to provide, on the co-operative principle, for this need.

PERSONAL.

DR. A. STANLEY GREEN has been appointed medical officer of the Lincoln General Dispensary.

DR. ROBERT LYALL has been appointed Deputy-Coroner for North-East London.

DR. A. G. HAYDON, President of the Brussels Medical Graduates' Association, will preside at the annual dinner to be given on the 7th inst.. at the Trocadero Restaurant.

LORD LISTER has been invested with the honorary degree of Doctor of Science of the University of London in recognition of his epoch-marking discoveries on the means of procuring asepsis of wounds.

DR. LORENZ, of Vienna, who is still pursuing his highly remunerative globe-trotting, was entertained the other evening at dinner by sundry senators and members of the Canadian Legislature.

MR. GRAVILLE KYLE, F.R.S., has been appointed full surgeon to the Bristol General Hospital *vice* Mr.

Barclay, deceased; and Mr. E. W. A. Groves has been elected Assistant-Surgeon to that Institution.

DR. N. J. HOBART, of Cork, who has retired from practice after a professional career of fifty-seven years, has been elected an honorary life member of the Cork Medical and Surgical Society.

DR. ANTHONY ROCHE, Professor of Medical Jurisprudence in the Catholic University School of Medicine, has been appointed to deliver a course of lectures on hygiene and public health at Maynooth College.

DR. SARAH BROIDO has been appointed medical officer to a steamer plying between Marseilles and Algiers, this being the first instance in which a woman doctor has gained a footing in the maritime service.

THE Local Government Board has refused to sanction the dismissal of Dr. Reed, the Public Analyst for Islington, on the mere ground of his refusal to modify his fees for the examination of articles of food.

DR. A. FRANCIS DIXON, Professor of Anatomy at the University College of South Wales and Monmouthshire, has been selected to succeed Professor Cunningham in the Chair of Anatomy in Trinity College, Dublin.

DR. A. FRANCIS DIXON has been presented with sundry tokens of affection and esteem by the students of University College, Cardiff, on the occasion of his leaving for Dublin University.

IT is stated that Sir Frederick Treves, F.R.C.S., has decided to retire from practice at the end of next month, a decision which, in view of his comparative youth, is certain to cause surprise not unmixed with regret.

DR. JOHN ROBERTSON has been selected from numerous candidates by the Health Committee of the Birmingham Corporation to succeed Dr. Hill as Medical Officer of Health for that city. Dr. Robertson is only forty years of age.

SIR FREDERICK WILLS, BART., M.P., will open the splendid library which he has given to the Medical School of Guy's Hospital on the 3rd inst. He will afterwards distribute the medals and prizes to the successful students.

THE Hon. G. Hepburne Scott, M.A., M.D.Cambridge, has been awarded the Raymond Horton-Smith prize for 1903 for his thesis, his subject being "A Contribution, Based on Clinical Observation, to the Classification of the various Cells found in the Blood in Health and Disease."

SIR WILLIAM TURNER, M.D., F.R.S., has presented to the University of Edinburgh, for the use of his successors in the Chair of Anatomy and of the students in the anatomical department, a large stock of drawings, diagrams, and anatomical preparations, together with several microscopes and other instruments, and a number of books.

BIRTHDAY HONOURS.

THE list of birthday honours comprises four knighthoods conferred on medical men, *viz.*, Mr. A. D. Fripp, Dr. Stephen Mackenzie, Dr. P. Heron Watson, and Dr. E. C. Perry. There are two K.C.B.'s: Surgeon-General Colvin Colvin-Smith, late of the Indian Medical Service; and Surgeon-Major-General J. B. C. Reade, late of the Army Medical Staff; two C.B.'s: Surgeon-General G. J. H. Evatt, A.M.S., and Surgeon-General Adan Scott Reid, I.M.S. Dr. Patrick Manson has been made K.C.M.G., and Dr. Allen Hastings Hanley, of South Nigeria, has been appointed C.M.G.

Special Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

[FROM OUR OWN CORRESPONDENTS.]

SCOTLAND.

KNIGHTHOOD FOR DR. PATRICK HERON WATSON.—Scarcely any name is better known throughout the length and breadth of Scotland than that of Patrick Heron Watson, and its appearance in the Birthday Honours list will be hailed with pleasure by a wide circle of lay and professional friends. Dr. Watson, like many other distinguished Scotsmen, is a son of the manse, his father having been parish minister of Burntisland, where Dr. Watson was born seventy-one years ago. He graduated in medicine when just twenty-one, and his professional career was virtually begun soon after, when, the Crimean War having but recently broken out, he joined the Army Medical Service as staff assistant-surgeon, afterwards becoming assistant-surgeon in the Royal Artillery. For his services in the war he received the Turkish, Crimean, and Sardinian medals, and on reaching home settled in Edinburgh to practise and teach surgery. He soon became assistant, and then full surgeon to the Infirmary, his term of office in the latter capacity expiring about twenty years ago, when he became, what he still is, a consulting surgeon to the institution. His hospital work, however, has by no means ceased with his withdrawal from the acting staff of the infirmary, and, though he no longer teaches, he still remains in active charge of the surgical wards in Chalmer's Hospital. He also examines in surgery for the College of Surgeons. Dr. Watson has held numerous and important public and medical appointments. He is a member of the General Medical Council, and represents the University General Council on the University Court; he is one of the Curators of Patronage of the University appointed by the Court; he was honorary surgeon to the late Queen in Scotland, and subsequently to King Edward; and was a member of the recent Universities Commission. Dr. Watson's reputation as a surgeon was built up while he was in active practice, not only of surgery, but of medicine; he belongs to the older school of surgeons who, holding surgical hospital appointments, are yet able to practise as physicians. He was renowned for his brilliancy and boldness as an operator, and was the first to perform many of the major operations, among which excision of the larynx may be specially mentioned. He has written treatises on excision of the knee-joint and on venereal diseases, as well as other surgical topics.

HOSPITAL ACCOMMODATION AT PERTH.—As a result of a recent outbreak of scarlet fever, the Local Government Board had to investigate, through their medical officer, the whole question of hospital accommodation in Perth, and have just forwarded their inspector's report, with their comments, to the Perth Town Council. The present arrangement is that the Perth Royal Infirmary agrees to reserve twenty beds for scarlet and twenty for other fevers (excluding small-pox) for the city, the charge being £1 per week per patient. While this arrangement is satisfactory under normal conditions, it occasionally proves insufficient; and, as for small-pox, the present accommodation is unsuitable as regards site, though the buildings are adequate. After full consideration, the Directors of the Infirmary are advised to exclude infectious diseases altogether, and the local authority is recommended to build and manage a hospital for itself.

BEQUESTS TO SCOTTISH MEDICAL CHARITIES.—Dame Anne Dawson Brodie, whose personal estate amounted to over £150,000, has left, subject to certain life-rents, a sum of about £120,000 to charities such as the trustees may select. The institutions which she recommends as deserving are the Falkirk Cottage Hospital, the Royal Infirmary, the Sick Children's Hospital, and the Longmore Hospital for Incurables.

MEETING OF THE NEUROLOGICAL SOCIETY.—This

society met in Edinburgh on June 27th, when there was a large attendance of members from London and other parts of England. The proceedings included a demonstration of physiological and pathological specimens in the University Physiological Department from 10 to 11.30, and an exhibition of clinical cases in the Infirmary from 12 to 1.30. The members dined together in the evening.

BELFAST.

THE ULSTER MEDICAL SOCIETY.—The annual meeting of the Ulster Medical Society was held in the Medical Institute, Belfast, on Thursday evening, June 25th, Dr. John Campbell, President, in the chair. The annual report was read by the hon. secretary, Dr. Houston. It stated that since the last annual meeting the society had been reorganized according to the new rules adopted at that meeting. Sixty new members had been elected, seven had resigned, and four had died. Through the medium of Sir Wm. Whitla, a handsome clock had been placed in the Lecture Hall of the Institute in memory of Dr. Dunlop. The total membership of the society has now reached to 209, this phenomenal increase being due to the opening of the Medical Institute and appreciation by the profession in Ulster of Sir Wm. Whitla's generous gift. The financial statement showed that the hon. treasurer began the year with a balance of £93, received £356, expended £271, and concluded the year with a balance of £178. The Institute has only been open six months, however, so that this year's accounts can hardly be taken as showing the normal expenditure of the society. The office bearers for 1903-4 were then elected, and are as follows, including the president, elected last year for two years, and the trustees, who are permanent members of Council :—President : Dr. John Campbell. Vice - Presidents : Drs. Gardner Robb and W. D. Donnan (Holywood). Hon. Treasurer : Dr. W. B. McQuilty. Pathological Secretary : Professor Lorrain Smith. Hon. Librarian : Dr. R. R. Leathem. Hon. Secretary : Dr. Thos. Houston. Council : Drs. Morrow, J. B. Moore, Professor Byers, Colville, Killen and Gaussen, with the trustees—Drs. Nelson, Campbell, Prof. Lindsay, Dempsey, McCaw, A. B. Mitchell, and Cecil Shaw.

LODGING HOUSE, NURSERY, AND MEDICAL ATTENDANCE.—A new lodging house for men and a day nursery, erected in Matilda Street, were opened by Lady Henderson on Thursday, June 25th. The need of model lodging houses in the city has been strongly emphasized by a murder which took place a few days ago in a common lodging house in Belfast, in one room of which three families lived, the room being only 17 ft. by 12 ft. The need of day nurseries in a manufacturing town where many poor women have to work in factories and warehouses is obvious to all, and to none more than to the members of the medical profession, who see a fearful amount of disease in children due to neglect, as well as accidents due to want of care. A large open-air recreation ground has been wisely and generously provided beside the new building, which will be an immense advantage to the children. It was stated at the opening ceremony that the committee have made arrangements for the visit of some well-known medical practitioner once a week, thus providing medical attendance both for the children and their mothers. No doubt the committee is actuated by the best intentions in making these arrangements—but he will be a rash man who will undertake the medical treatment of infants on the strength of a weekly visit.

Correspondence.

CHLOROSIS, COMPRESSION, AND GASTRIC ULCER.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The perusal of the remarks of Dr. W. Williams on chlorosis in THE MEDICAL PRESS AND CIRCULAR of June 24th, induces me to offer a few observations bearing on the subject of gastric compression as a cause of severe dyspepsia and gastric ulcer.

Among my patients at Victoria Park Chest Hospital, I have met with cases of severe, painful and obstinate dyspepsia among gardeners. On inquiry as to habits I found that these men were often engaged after a full meal in work that involved a good deal of stooping and consequent compression of the digestive organs. Till this practice was abandoned all medicines proved useless.

In one case that was brought to my notice by Dr. Wilton (formerly of Sutton), a gardener came to the surgery in the morning complaining of various dyspeptic symptoms. He got some medicine, and went off to his day's work. In the evening he had a good deal of pain, suddenly fell into a state of collapse and died.

The post-mortem examination showed a very large ulcer perforating the stomach with an aperture through which I could pass my two fingers.

For young women, loose clothing and at first a milk diet are two points most properly insisted on by the author of the paper, as well as the administration of iron in one of its mildest forms.

Some months ago I had an opportunity of seeing how well this method answered in a most severe case of chlorosis that I sent to the Chichester Infirmary under the care of Dr. E. H. Buckell. Recently I hear that this patient has had a relapse on returning to London, and is thought now to have gastric ulcer.

I am, Sir, yours truly,
JOHN C. THOROWGOOD, M.A., F.R.C.P.,
Consulting Physician to Victoria Park Chest Hospital.

Bognor, June, 1903.

CANCER AND SMOKE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In connection with the great liability of chimney-sweeps to cancer, it would be interesting to know whether so-called "cancer-houses," &c., bear any relationship to smoky chimneys, the downdraught of which causes the air of apartments to be contaminated with smoke and sooty particles both in winter and summer. Similarly, the question would arise whether the increase of cancer in modern times could be connected with the growth of population, consequent extension of metropolitan areas, and resulting frequency of fogs saturated with smoke from densely packed houses,

I am, Sir, yours truly,
GORDON HOLMES, M.D.

Obituary.

WILLIAM CADGE, F.R.C.S.ENG., J.P.

THE death is announced, at the advanced age of eighty-one, of Mr. William Cadge, who for many years was the best known, indeed the foremost, of provincial surgeons.

We cannot do better than reproduce the obituary notice prematurely published by the *Times* some years ago in error :—

"'Cadge of Norwich' has been a household word in the counties of Norfolk and Suffolk for nearly half a century, and no surgeon has been held in higher estimation than he since the death of 'old Crosse' of Norwich. Mr. Cadge, who came of a well-known yeoman family in Norfolk, served his articles in the Norfolk and Norwich Hospital, and then went up to University College Hospital, when Robert Liston was at the height of his reputation as an operating surgeon. Mr. Cadge passed the College of Surgeons in 1845, and then became Liston's private assistant, and remained with him till his death in 1847, when Mr. Cadge contributed an account of his last illness and of the post-mortem examination to the *Lancet*. He then became demonstrator of anatomy in University College, and assisted Morton in producing his anatomical plates. In 1848 he became Fellow of the College of Surgeons by examination, and in 1850 he was

appointed assistant surgeon of University College Hospital in succession to Mr. Erichsen, who had been promoted to the post of surgeon. This appointment, however, Mr. Cadge did not hold long, for two years later, a vacancy occurring at the Norfolk and Norwich Hospital, he returned to his old home and began practice in Norwich. There he carried on for many years a most successful practice, being called in consultation all over the Eastern Counties. As an operator, and particularly in the operations for stone in the bladder, Mr. Cadge soon earned a reputation; and the museum at the Norwich Hospital gives abundant evidence of his skill in this department. Mr. Cadge married the sister of the late Sir Richard Quain, but had no family, and his wife has been dead for many years. He took an active interest in municipal matters, and served the office of Sheriff of Norwich with success. He was a liberal supporter of his hospital, having on two occasions presented the charity with the munificent donation of £10,000. When he retired from the active duties of the staff he was elected consulting surgeon with the right, which he occasionally exercised, to occupy a few beds with his patients. Mr. Cadge was elected a member of the Council of the College of Surgeons of England in 1880, and held office for sixteen years, and was Hunterian Professor of Surgery in 1886, when he lectured on lithotomy and lithotrity, giving the results of his large experience."

Mr. Cadge was a munificent benefactor of the hospital and other local charities, and had been on the Commission of the Peace since 1875.

Medical News.

The New Daneswood Consumptive Sanatorium.

ON Thursday last this sanatorium, which is beautifully situated at Daneswood, in the Apsley district of Bedfordshire, and some two miles from the Woburn Sands Railway Station, was formally opened. It has been given, fully equipped and completed, together with the freehold of the land, by Mr. H. L. Bischoffsheim. The sanatorium has been specially erected for the gratuitous treatment of the Jewish poor, to meet the difficulty of providing for them an institution where their customs and religious principles will be respected. A special train took a party to the opening ceremony. This included, among others Mr. and Mrs. Bischoffsheim, Sir Maurice and Lady Fitzgerald, the Countess of Desart, Sir Douglas Powell, M.D., Sir Felix Semon, M.D., Dr. and Mrs. Macnaughton-Jones, Mr. Herring, Mrs. Goldschmidt, and Mrs. Headley. The sanatorium is beautifully situated over four hundred feet above the sea level, on a well-wooded hill, and is surrounded by pines. The building, which is constructed to accommodate twenty-two patients (fourteen male and eight female), with the necessary rooms for a complete staff, has been completed after careful consideration of every modern requirement for the open-air treatment, and no necessary detail has been omitted either in the structure itself or the fittings. All the rooms used by the patients, the corridors and verandah, have floors of polished teak. The ceilings and walls are painted, and every angle in the building, vertical and horizontal, has been curved, while the walls of all bathrooms and lavatories, the dadoes to corridors, the kitchen, larders, &c., are lined with glass wall tiles. The fixed baths are of white glazed porcelain, forming part of the room structure, and there are marble facings where the baths are placed. The sewage is dealt with at its outfall, over 300 yards from the institution, by a septic tank, which has been constructed by the Septic Tank Syndicate of Engineers. Two wells, 164 ft. and 70 ft. deep respectively, yield 800 gallons of excellent water per day, and provision is made by underground tanks for the reception and storage to 10,000 gallons of rain water, and all the services are so arranged that this water can be separately used from or with the well water when necessary. The building is lighted throughout with electricity, and electricity has also been used for power purposes. A hundred feet away from the main structure is a building containing boiler, engine, and accumulator houses, with wet and dry laundries, store, and disinfection rooms. Here 500 lbs. of water per hour can be evaporated, and steam supplied for the engine, the laundry, and the disinfector. The steam is also used for the drying room, and a flue is carried under ground to a shaft in the main building, the draught being assisted by an electrical blower fitted in the engine room. The wells are fitted with three throw pumps, driven by electric motors, supplied with automatic stopping gear and electric water level alarms. In this detached building everything needful is provided for lighting and heating the sanatorium in winter, as also for laundry and disinfection purposes. The steam steriliser carrying the heat to 269°. It is also proposed to have a dry steriliser for sterilising special articles, The whole of this building is lined with glazed tiles from floor to ceiling.

A feature in the internal details of the sanatorium specially worth noting is that all pains have been taken to reduce the dust trouble to the lowest minimum. The wardrobes in the patient's bedrooms are construcstructed to be taken quickly apart, so that the wall behind and the floor under each can be exposed and easily cleansed.

On the south side of the sanatorium an outlying verandah of sufficient size to accommodate the whole number of patients has been erected. The entire installation reflects the greatest credit on the firms engaged on the work. The builders (Messrs. Foster and Dickson, of Rugby), the sanitary engineers (Messrs. Dent and Hellyer, of London), the electrical engineers (Messrs. Baily, Grundy and Company, Cambridge), and the laundry engineers (Messrs. Tullis, Limited, of Glasgow), while the whole arrangements have been designed and supervised by the architect, Mr. Richard Phillips, of London.

In this munificent gift to the Jewish community, Mr. Bischoffsheim has set an example which might worthily be followed by others who are richly endowed with this world's goods, not only by the foundation of sanatoria for consumptives, but of those for the treatment of other forms of disease, which are equally needed. The local physician to the sanatorium is Dr. Wright Grant, and the consulting physician is Dr. Horton Smith.

The Gordon Fund.—The Attempted Blackmailing Case.

WE wish to direct our readers' attention to the fund which has been instituted to help to defray the heavy legal expenses to which Dr. Alexander Gordon was put by the recent scandalous case of blackmailing. The Crown do not so far appear to have taken any steps to punish the guilty party, and it is for the medical profession to show that they are determined to stand by a professional brother in such a case. We have so far received the following subscriptions:—F. T. Heuston, F.R.C.S., £5 5s.; Trevor N. Smith, F.R.C.S., £1 1s.; R. W. Harley, M.D., £2 2s.; W. J. Thompson, M.D., £1 1s.; James Little, M.D., £5 5s.; R. J. Wayland, F.R.C.S., £2 2s.; Andrew Horne, F.R.C.P., £3 3s; Sir John Moore, M.D., £1 1s. We shall be glad to receive and acknowledge further subscriptions.

Central Midwives Board.

A MEETING of the Central Midwives Board was held at the Privy Council Office, Whitehall, on Thursday, June 25th, Dr. Champneys in the chair. when a letter was read from Dr. Kaye, County Medical Officer for the West Riding, on behalf of a conference of county medical officers lately held, suggesting that the Board should receive a deputation from the Conference to hear the suggestions of the latter with regard to the administration of the Act in county areas. The proposal was favourably received by the Board and the secretary was instructed to arrange a meeting in London at an early date. The draft form of the Midwives' Roll was approved, and the Board decided that the certificate should in each case show on the face of it the qualification in respect of which it was granted. The appropriate forms were approved and adopted.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

SANITATION AND RELIGION.

The eleventh Annual Meeting of the Church Sanitary Association was held on Wednesday at the Church House, Westminster. In the unavoidable absence of Dr. W. Collingridge, Medical Officer of Health for the City of London, the Rev. F. Lawrence, Vicar of Westow, presided. Dr. Schofield moved the following resolution, which was carried unanimously:—"That parents, preachers, and teachers in all parts of the Empire are urged to inculcate systematically the Christian obligation of endeavouring to secure for all, pure air, fresh water, abundant light, and wholesome surroundings." Mr. Northcroft, the secretary of the Garden Cities Association moved, and Mr. Saxon Snell seconded, the resolution:—"That this meeting desires to give expression to the conviction that there is imperative need of fresh legislation in respect of the better housing of the working classes and better sanitation generally." The resolution, which was supported by Dr. Waldo, Coroner for the City of London, Dr. Hooker, and Mr. Arlidge, secretary of the Housing of the Poor Association, was carried unanimously.

L. M. G.—We shall be pleased to receive subscriptions for the purpose mentioned if a proper committee be formed, and the matter placed on a business basis.

DR. T. W.—It would be more satisfactory to both parties if you referred the question to an expert. There can be no arbitrary standard for the valuation, the value of practices varying according to circumstances. With regard to the other points, these are "cut and dried," and afford safeguards alike to the vendor and purchaser.

DR. JOSIAH HENLEY.—Your foreign diploma does not confer the right to practise in this country: that is to say, it does not convey the status of a registered medical practitioner. It is not for us to advise you how to evade the law, nor would you be wise to attempt it.

M.R.C.S.—Your letter is crowded out "at press," and will appear in our next.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, JULY 1ST.

OBSTETRICAL SOCIETY OF LONDON (20, Hanover Square, W.).—8 p.m. Specimens will be shown by Dr. R. Andrews, Lieut.-Col. Sturmer, and others. Short Communication:—Mr. H. J. Curtis (introduced by Dr. H. R. Spencer): Extirpation of Uterus and Vagina in a Child, aged 12 months, for "Grape-like" Sarcoma of the Cervix, Fungating into, and Infiltrating the Walls of, the Vagina (with specimen). Discussion on Ophthalmia Neonatorum (opened by Dr. S. Stephenson, introduced by Dr. Griffith).

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies Street, W.C.).—4 p.m. Mr. J. Smith: Clinique. (Surgical.) 5.15 p.m. Mr. J. Berry: Hare-lip and Cleft-palate.

THURSDAY, JULY 2ND.

NORTH-EAST LONDON CLINICAL SOCIETY (Tottenham Hospital, N.).—4 p.m. General Meeting.

ROENTGEN SOCIETY (20, Hanover Square, W.).—Annual General Meeting. Annual Report and Balance Sheet. Election of Officers for the ensuing year.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies Street, W.C.).—4 p.m. Mr. Hutchinson: Clinique. (Surgical.) 5.15 p.m. Mr. J. Hutchinson, jun.: Diseases of the Tongue.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7, Fitzroy Square, W.),—4 p.m. Dr. T. D. Lister: Phthisis in Relation to Life Assurance. (Post-Graduate Course.)

FRIDAY, JULY 3RD.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY (Society's Rooms, West London Hospital).—8.30 p.m. Address:—Mr. R. Lloyd (President): The Administration of Anæsthetics in Rectal Diseases. 9 p.m. Annual General Meeting. Presentation of Annual Report and Election of Officers for ensuing session.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM (11, Chandos Street, Cavendish Square, W.).—8 p.m. Card Specimens will be shown by Mr. W. C. Rockliffe, Mr. J. H. Parsons, and Dr. L. Buchanan. 8.30 p.m. Papers:—Dr. L. Buchanan: Keratitis, with Special Reference to the part played by the Corneal Cells.—Mr. W. H. H. Jessop: Cases of Proptosis.—Mr. C. W. Dean: Primary Papilloma of the Cornea.—Mr. S. Snell and Mr. E. T. Collins: Three Cases of Plexiform Neuroma of Temporal Region, Orbit, Eyelids, and Eyeball, with Histological Examination. 10 p.m. Annual General Meeting.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies Street, W.C.).—4 p.m. Mr. R. Lake: Clinique. (Ear.) 5.15 p.m. Dr. A. Whitfield: Eczema.

SATURDAY JULY 4TH.

PATHOLOGICAL SOCIETY OF LONDON (Pathological Laboratory, South Parks Road, Oxford).—4 p.m. to 6 p.m. Communications will be made by Dr. Beddard, Dr. Pembrey, Dr. Spriggs, Dr. Dreyer (Copenhagen), Dr. Haldane, Dr. Ritchie, and Dr. Muir.

Appointments.

Guthrie, R. L., M.A., M.D.Edin., Barrister-at-law, Deputy-Coroner for the North-Eastern District of the County of London.

Hargreaves, J. A., M.B., M.S.Aberd., Medical Officer of Health of Wetherby, Yorks.

Parker, Herbert George, L.R.C.P., F.R.C.S.Edin., Honorary Ophthalmic Surgeon to the Bolton Schools and Workshops for the Blind, and Examiner for the St. John Ambulance Association.

Richardson, Catherine Mary, M.B., Ch.B.Edin., House Surgeon to the Derbyshire Hospital for Sick Children, Derby.

Roche, Antony, M.R.C.P., L.R.C.S.Irel., Professor of Public Health, Catholic University Medical School, Lecturer on Public Health to Maynooth College.

Rudd, W. A., M.D.Durh., M.R.C.S.Eng., L.R.C.P.Lond., Divisional Surgeon to Metropolitan Police at Acton, W.

Serpell, H. Hamilton, M.R.C.S., L.R.C.P.Lond., Assistant House Surgeon to the South Devon and East Cornwall Hospital at Plymouth.

Sunderland, Septimus, M.D.Brux., M.R.C.P.Lond., Obstetric Physician to the French Hospital, Shaftesbury Avenue.

Vacancies.

Ballinasloe Union.—Medical Officer for Killaan Dispensary District Salary £120 per annum, with registration and vaccination fees &c. Applications to R. J. Gill, Clerk of Union. (See advt.)

Borough Hospital, Birkenhead.—Junior Male House Surgeon. Salary £80 per annum, with board and washing. Applications to the Hon. Secretary.

Brecknock County and Borough Infirmary.—Resident House Surgeon. Salary £120 per annum, with furnished apartments, board, attendance, fire and gas. Applications immediately to W. Powell Price, Secretary, 6, The Bulwark, Brecon, South Wales.

Carmarthenshire Infirmary.—Resident Medical Officer. Salary £110 per annum, with furnished apartments, board, attendance, fire, gas and washing. Applications to Howell Howell, Secretary.

Croydon Asylum and Mental Hospital.—Senior Assistant Medical Officer. Salary £200 per annum, with board, lodging and washing. Applications to the Medical Superintendent, Croydon Mental Hospital, Warlingham, Surrey.

Liverpool Dispensaries.—Assistant Surgeon. Salary £100 per annum, with board and apartments. Applications to Sam B. Leicester, Secretary, 56, Vauxhall Road, Liverpool.

London County Council.—Visiting Dentist to Industrial Schools.—Salary £135 per annum. Applications to G. L. Gomme, Clerk of the Council, Spring Gardens, S.W.

London County Council.—Woman Inspector under the Infant Life Protection Act. Salary £100 per annum. Applications to G. L. Gomme, Clerk of the Council, County Hall, Spring Gardens.

New High Level Bridge, Newcastle-on-Tyne.—Medical Officer. Salary about £200 a year. Applications to Cleveland Bridge and Engineering Co., Ltd., Gateshead-on-Tyne.

The Royal Hospital for Children and Women, Waterloo Bridge Road, S.E.—Dispenser. Salary £104 per annum. Applications to the Secretary.

Trinity College, Dublin.—Professorship of Chemistry. Applications to Benjamin Williamson, Registrar. (See advt.)

University of London.—Academic Registrar. Salary £600 per annum. Applications to Arthur W. Rücker, Principal, University of London, South Kensington, S.W.

University of London.—Secretary to the University Extension Registrar. Salary £250 per annum. Applications to Arthur W. Rücker, Principal, University of London, South Kensington, S.W.

Urban District Council of Withington.—Baguley Sanatorium. Resident Medical Officer. Salary £250 per annum, with board, residence, &c. Applications to Albert Roberts, Clerk to the Council, Town Hall, West Didsbury, near Manchester.

York Dispensary.—Resident Medical Officer. Salary £120 a year, with board, lodging and attendance. Applications immediately to W. Draper, Esq., De Grey House, York.

Births.

COLBECK.—On June 28th, at 55, Upper Berkeley Street, London, the wife of E. H Colbeck, M.D., of a daughter.

RUST.—On June 28th, at 30, St. Mary's Road, Higher Crumpsall, Manchester, the wife of John Rust, M.R.C.S., L.R.C.P., of a daughter.

KNOX.—On June 24th, the wife of John E. Knox, M.B., of Redlands, East Molesey, of a son.

Marriages.

CARRUTHERS—MASSEY.—On June 25th, at Christ Church, Llanfairfechan, John Carruthers, M.D., of Rock Ferry, to Bessie Gertrude, youngest daughter of Mrs. Massey and the late C. W. Massey, of The Woodlands, Rock Ferry, Cheshire.

DEAN—YATES.—On June 27th, at St. George's, Hanover Square, London, Henry Percy Dean, M.S., M.B.Lond., F.R.C.S., of 69, Harley Street, London, only son of Henry Dean, Esq., 4, Rosary Gardens, South Kensington, to Nellie Cousins, eldest daughter of the late Sydney Yates, Esq., of Dulwich.

WAY—TURNBULL.—On June 25th, at Christ Church, Westminster, Montague Way, L.R.C.P.Lond., M.R.C.S.Eng., of Kenilworth Lodge, Southsea, to Mary, youngest daughter of the late Thomas T. Turnbull, of St. Giles, Dorset, and of Mrs. Turnbull, of Streatham Hill, S.W.

WORTHINGTON—LE BLOND.—On June 24th, at St Jude's, South Kensington, George Vigers Worthington, M.A., M.B., B.C.Camb., of Newent, Gloucestershire, eldest son of James Copland Worthington, Esq., of Lowestoft, to Evelyn Maud Mary, only daughter of Francis Aubrey Le Blond, late of Norbiton, Surrey, and Mrs. Le Blond, of 8, York Mansions, S.W.

Deaths.

CADGE.—On June 25th, at Lowestoft, William Cadge, F.R.C.S.Eng. L.S.A., Consulting Surgeon to the Norfolk and Norwich Hospital in the 81st year of his age.

COSENS.—On June 28th, at Brockenhurst, Charles Henry Cosens, M.R.C.S., L.R.C.P., of Oxford Terrace, Hyde Park, London, son of the late F. W. Cosens, in his 45th year.

WOODMAN.—On June 28th, at his residence, 2, Chichester Place, Southernhay, Exeter, John Woodman, M.D., F.R.C.S., in his 67th year.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVII. WEDNESDAY, JULY 8, 1903. No. 2.

The Cavendish Lecture
ON
DISEASE OF THE ASCENDING AORTA.

BY T. CLIFFORD ALLBUTT, M.D., LL.D., F.R.S., F.R.C.P.,
Regius Professor of Physic in the University of Cambridge.

(ABSTRACT.)

IN a little tract of the brain, one so small that an infant might grasp it, lies the engine of all that makes life worth living; and but a few inches below it, where brain and spine unite, is a still smaller tract, where lies the knot of life itself. The upper tract has its times of energy and of repose, by sleep its ravelled sleave is knitted up; but the knot of life itself knows no pause, no quiescence; let its vigilance be at fault for a few seconds, and the busy frame it governs will drop into silence. Save as a lesson in physiology these are strange parts of us; yet there is another unsleeping minister of life, our familiar, of whose pulses Harvey was rapt into saying that they "are of the spirit of the blood acting superiorly to the powers of the elements . . . . and that the soul in this spirit and blood is identical with the essence of the stars." When the pulses of this instrument beat in harmony we feel within us that all is well; when they are jangled and out of tune we are dismayed. Often when in the still night I hear, as I lie, the calm and continual rhythm of my familiar spirit ever winnowing boon from bane, I am lost in wonder at the long procession of these notes of human time, at this perpetual beat of the manifold tides of life.

Tireless, as it seems, tireless and everlasting, yet it will cease; nay, when youth is past, in every beat there may be an irreparable wound. Hour after hour the blood leaps against the vault of its conduit, straining the bonds of it, searching its strength, testing its elasticity. Nevertheless, the endurance of the arch of the aorta under the incessant lashing of the blood for three-quarters of a century is astonishing in some old persons in whom a constant immunity from toxic influences has coincided with some inherited tenacity of structure. We expect, however, to find in the aorta of persons after the age of fifty, and usually we do find, no inconspicuous signs of these years of stress. And, again, as we should expect, it is in the arch of the aorta more than in any other arterial tract that these signs of injury prevail; and prevail more densely and widely in persons whose lives had been spent in strenuous muscular labour.

Such being the conditions under which the work of heart and aorta are performed, the stress upon the first or curved portion of the great vessel being thus heavy and perpetual, while we admire its tenacity we shall presume that, whatever the injurious influences to which it may be obnoxious, stress must enter for more or for less into the sum of the lesions, and into the election of their seat or seats of greatest severity.

With aortic disease beyond the thorax we are not concerned. In that part which does concern us we find the effects of mechanical stress upon a vessel reduced in tissue resistance, it may be, by alcohol and attacked by syphilis, and to this stress we shall attribute the pouching of the arch and so much of the intensification of the subinflammatory lesions as may be due to the incessant agitation of an afflicted organ which needed rest, but to which rest was forbidden. For this reason disease of the aorta has always an additional if an incalculable element of gravity; and experience suggests to us that no lesion, however slight and intimate, can be wholly repaired. Arteritis is a proliferative rather than an exudative inflammation, and one tending to degeneration; by fibroid growth and condensation a patch of disease may, in favourable cases, undergo a slow compensation, and become a patch of repair; in some such way the damaged wall may resist destruction for an indefinite time; but *restitutio ad integrum*, or even practical efficiency on the computation of an uninjured life, is contrary to experience.

Syphilis, however, is but one poison out of many by which the integrity of the arch of the aorta may be imperilled. It is ascertained that the aorta enjoys no complete immunity from the attacks of the ubiquitous bacterium, although of the kinds and degree of its liability we are still in much ignorance. We may anticipate that the self-purifying virtues of the blood and the scour of the aortic stream give the aorta considerable advantages against microbic invasion; and that, if infection of it occur, it will occur under conditions of high blood impurity and high microbic virulence. A circulating poison, whether inorganic such as lead, evil humour such as gout, or virus such as that of syphilis, apt to enter into chemical relations with the wall of the vessel would seem to be fraught with a greater peril to it than the microbe which would be chased along swifter currents to settle in regions of sluggish irritation.

Disease of the aorta has not only a certain independence of disease of the heart, but also of the aortic valve itself. When we speak of diseases of the "aortic area," we mean, no doubt, something wider than the arch of the aorta; we include the mouths of the coronary arteries, the valve, the base of the heart, and the large anterior limb of the mitral valve; the smaller limb being related rather to the auricular side of the heart. We observe that the larger mitral limb is often associated in disease with the aortic valve, whereby it comes about that mitral disease may follow aortic disease; nevertheless, when we consider the aortic area within itself, we shall see that disease of the base of the aorta may not invade the valve, or involves it gradually and secondarily, and from above. Clinically, moreover, disease of the arch of the aorta forms a chapter apart from that of the heart, as we shall presently see more at length.

Acute aortitis is not always the perilous disease we are disposed to assume it to be be. It is one of my purposes to emphasise the duty of careful heed to the state of the vessel in diseases wherein aortitis may enter and depart unawares. That acute aortitis is apt to arise in the course of infectious diseases, even in the course of the milder exanthems, rests upon a

collection of facts now large enough to carry conviction. Curiosities in this kind now appear to be no accidents, but integral, if not common, terms of our series; terms which range in significance from transient disorders to terrible and even mortal calamities.

Of acute aortitis as a function of microbes, known or assumed, in the infections, my own experience is narrow and occasional; but that such an effect occurs is beyond reasonable doubt. If we may trust the records of clinical observers of repute, acute aortitis is more frequent in the exanthems than we are wont to suppose. The affection is often mild in degree, transient in time, and so secret in its approaches, that for the most part it is revealed only to him who is on the watch for it. In some cases it seems to determine a fatal issue, but as it usually appears in hæmorrhagic cases, or cases otherwise of gravity, the effects of the aortitis cannot often be estimated precisely. In favourable cases of variolous aortitis all evidences disappear in a few weeks.

It is remarkable that in an infection so trivial as measles the intercurrence of acute aortitis of a mild and transient kind is by no means rare, if we may judge by the testimony of physicians so well known and careful as Sansom and Samuel West. In scarlet fever, again, we have the authority of Landouzy and Sireday to testify to its occurrence, and this the more commonly perhaps for the well-known co-operation with scarlet-fever of a process very like acute rheumatism, not only in its arthritic, but also in its endocardial manifestations.

Acute rheumatism prevails no doubt rather in the mitral area; but of its power to attack the aortic area, and the aorta itself, we are all well aware. If in acute rheumatism aortitis is for the most part an extension from the heart, it is not always so. I have seen a few cases in which it seemed to have an independent seat in the aorta, and others in which it was an extension of pericarditis.

From acute rheumatism we pass easily to the more malignant forms of cardiac inflammation, and here again we find the aorta by no means outside the sphere of the virus. Among others, the well-known case of perforative aortitis of Oliver and Woodhead the B. anthracis was detected in the parts diseased. These perforating cases, in which the disease penetrates rather than diffuses itself, are not very rare; though we have in few of them the bacteriological evidence of Oliver and Woodhead. Perforation may make its way into pericardium, pulmonary artery, or auricle, as records in my possession have proved. It seems probable that some peculiar cases of aneurysm may take rise in such a process. Suppurative aortitis seems to be rare, or is apt to be overlooked after death, as it does not break into the channel of the vessel. The pus lies in foci in the adventitia, and in the substance of the middle coat; it is a periarterial affair, and usually but a small and secondary item in some much more extensive pyæmia, as, for example, in some recorded cases of puerperal fever. But inner aortitis, of the kind which occupies our attention is not uncommon in septic maladies.

The occurrence of aortitis in typhoid fever might appear more frequent were it more diligently sought for, for in this malady, as Louis first pointed out, aortitis presents itself in its benignant and transitory form. In typhoid we look for the specific arteritis rather in the peripheral arteries; but Potain has published two definite cases of typhoid aortitis, and not a few more are on record. Gilbert and Lion have produced typhoid aortitis experimentally. The episode, for it is rarely much more, occurs during the later weeks of the fever, or even during early convalescence, when it is very likely to escape observation.

The supervision of aortitis in the course of influenza, or during convalescence, has been so well and recently described by Dr. Sansom, that I may not detain you on this section of the subject. Of aortitis following diphtheria again many instances are on record. That aortitis may arise in pneumonia, not as a direct extension of this disease, but as a several function of the pneumococcus, seems probable from certain observed cases, which, however, are not important enough to demand more than an allusion at present.

Malarious aortitis, which attacks the arch especially, does not rest upon the well known testimony of Lancereaux alone; Hervé has published three cases, and Sansom, adding the weight of his authority to theirs, has recorded such a case in a lady in whom gout, rheumatism, syphilis and other known causes could be excluded. Nevertheless, as this form of aortitis is not always benignant or transitory, but, as Sansom points out, is apt to linger for years and to leave permanent lesion of vessel or valve behind it, we may, I think, congratulate ourselves on its apparent infrequency.

Tuberculosis of the aorta has been studied by Flexner, Blumer and others. Tubercle, only too common in small arteries, and in those of the brain, lung, or kidney, is rare in the large; and especially rare in the aorta, where its presence is rather curious than important. Its patches are distinguished from syphilitic patches by their greater propensity to caseation. The epithelium long remains intact. Blumer readily demonstrated the specific bacillus in both his cases.

Syphilitic aortitis I have left to the last as being the most important of all the forms of aortitis. Indeed, it is now so well known that I may spare you any long account of it. General syphilitic arterio-sclerosis I can set aside, as lying outside of my subject, although germane to it. Syphilitic aortitis, I now admit, is not necessarily associated with the general arteritis, though in the large majority of cases the aortic and the general disease occur together. Our attention is at present directed to acute aortitis, but the inflammation in spyhilis is usually chronic; for instance, the virus was recognised by Hodgson as a cause of his cases of aortic dilatation, and as an element in the formation of the aneurysm it is too well known to need emphasis. But some cases of syphilitic aortitis are of rapid course, and may do grievous damage before the later phases of extensive chronic disease and dilatation are established. It is to Mr. Welch, of Lee, formerly a Professor of Pathology at Netley, that we owe our best essay on this subject. Mr. Welch reported 117 cases of fibroid aortitis, and of these 46 per cent. had a record of syphilis. Again, of a series of 56 cases of fatal syphilis 34 presented aortic lesions, mostly severe. In syphilis the aortic disease is usually of the tertiary period; *i.e.*, it arises from the third to the tenth year of the disease, or even much later. A few present the appearance of gumma, but the majority have no such characteristic appearance; they are circumscribed, cicatricial, and warty. In persons of and after middle life, as Welch pointed out, we have no means of clear distinction—in many cases, at any rate—between syphilitic and atheromatous disease. If extensive, it is apt to produce Hodgson's dilatation; if circumscribed and penetrative, aneurysm. Mr. Welch's opinion was withstood at the Royal Medical and Chirurgical Society, and it must be gratifying to him now to see it generally accepted. Mercury and the iodides mitigate and sometimes cause the disease; it is as important in certain cases of aortitis to give the patient the chance of them, as it is in certain cases of cerebral disease.

That in some cases of aortitis we have to deal with mixed infections is probable; but we have little definite information on this point.

Of acute aortitis as a result of lead or other mineral or vegetable poisons, I have no notes; nor can I profitably discuss some obscure cases in which muscular stress may have set up a primary aortitis in a vessel otherwise sound. That such stresses do much to co-operate with more insiduous causes of aortitis—acute or chronic—I have already said; but I can call to mind only one case in which mechanical stress seemed clearly to have originated the mischief.

On the experimental side of the subject definite results are difficult to attain; experiment on the generation of aortitis by bacterial agency is obviously intricate and in its results equivocal. Nevertheless some instructive work has been done. The pneumococcus, the B. coli, Eberth's bacillus and other

organisms have been inoculated upon the aorta in animals with no inconsiderable success; a success now sufficient to indicate to us that such microbes are capable of engendering acute aortitis if circumstances be favourable to their implantation. The case of the horse poisoned by diphtheritic toxin seems to prove moreover, that toxins of bacterial origin may suffice to produce this inflammation in the absence of the microbe itself. I have already suggested that it may be more easy for toxins than for bacteria to fasten upon the aorta.

As we pass from acute to chronic aortitis, we pass from obscurity and incertitude into a field of knowledge on which I cannot pretend to lecture such an audience as this. On the other hand, disease of the ascending aorta, as distinguished from diffuse atheroma or arterio-sclerosis, receives less attention than is due to it; it may occur alone or nearly alone, and if its symptoms are often ambiguous or equivocal it is quite capable of compassing the patient's death; so that we shall do well to suspect it and to interrogate the signs of it more warily. On two recent occasions I ventured, and ventured with justice, as it proved, to persist in a diagnosis of atheroma of the ascending aorta against the judgment of colleagues who did not so much deny as ignore its existence. Disease of the ascending aorta without aneurysm is far more common in middle life, in early life and even in youthful life, than we are wont to realise; and is for the most part insidious. Of the signs and symptoms by which it is to be known I shall speak presently; when the patches are small and few the evidence, if any, may be wholly indirect. The name atheroma is conveniently restricted to the decaying—the necrotic—phases of inflammatory or reparative processes indicated by the name aortitis. When inflammation or, in the particular case, repair, is predominant, we speak of the process as aortitis; when degeneration prevails we speak of it as atheroma. Again, I would urge that in the course of chronic aortitis and atheroma—as in the course perhaps of all chronic madadies—tides of acute activity may, and, often do, take place; and thus the uniform course of the patient's symptoms is disturbed by vacillations, exacerbations, or even notable alterations of character. Thus symptoms of angina pectoris may quickly manifest themselves in a patient in whom the physician had recognised at worst a more gradual and a less dreadful mode of decline.

On the causes of chronic aortitis and atheroma of the ascending aorta I will be reticent, almost silent; this chapter has been too pompously written already for my competition. I will not trot out even my own jade—arterial hyperpiesis—very far; for we are all agreed that the higher the blood pressure the more the arch of the aorta will suffer, and that the aorta and the first portion of the ascending limb of the arch are the first and chief seat of atheroma because they bear the first and chief brunt of the cardiac systole. Perhaps in every case of static hypertrophy of the heart the aorta undergoes some atheroma. The vessel suffers from the impact geometrically more and more as the blood pressure rises, and as the vessel itself, with the advance of age, loses its resilience. If resilience fail, normal and indeed subnormal blood pressures become relatively excessive; expansion becomes thumping, the machine is self-strained, and, as this and that part of the vessel yield unequally, stresses become unequal. Again, as a pipe becomes more rigid its movement is more abrupt; especially at a bend, such as the aortic arch, which at each beat is hammered tangentially forward as a whole. Dilatation in such a state of the vessel brings some compensation with it in the reduction of velocity. Yet, how damaging the heavy pulses often are when it is protected by aortic stenosis of the so-called pure kind—the kind in which a big heart and a cartilaginous aortic ring exist without disease above or below the ring; in these cases the aorta even in old age is often neither degraded nor deformed. Where, as in Hodgson's disease, the heart is powerful, the aortic orifice open, and the vessel itself depraved, we see degradation and deformation carried to the extreme verge of survival.

Aneurysm of the aorta is so large and pre-eminent a part of aortic disease that I must omit it from this address; but I cannot omit altogether those aneurysms, too small for direct observation, which are apt to form about the root of the vessel, and are usually due to aortitis. In this area recesses of various sorts are commonly found after death, especially in or near the sinuses of Valsalva: some of these are too shallow to contain clot, others retain clots of nominal substance, other pouches again are narrow-mouthed and aneurysmal in the saccular sense, and tend to rupture into the pericardium or to compress the base of the heart. These aneurysms, not to be detected during life, unless it be by the X-rays, occasionally give rise to signs of aortic disease and to symptoms of angina pectoris Moreover, like gumma and other lesions of this part, they are apt to retard the pulse rate, a phenomenon not altogether dependent upon interference with the coronary circulation, on which vital matter I cannot touch in this lecture. Of other elements in the causation of chronic aortitis I may touch so far upon gout as to say that chemical research fails to discover urate of soda in the aorta of gouty bodies, and that experimental injections of uric acid have no effect upon the aorta; therefore to attribute the disease to silting up of the vasa vasis by uratic crystals must share the fate of many another ingenious suggestion. Concerning the poison of lead, I may say, that in such cases aortic disease may occur without renal disease.

Many authors have called attention to the association of chronic disease in the aortic area—be it atheromatous, aneurysmal or valvular, with tabes dorsalis and with general paralysis of the insane. The factor of syphilis counts for much, no doubt, in this experience; and in yet more cases we may find a general arterio-sclerosis with less eminent aortic disease, and may have, moreover, to discriminate between the symptoms of aortic disease itself, cardiac discomfiture under general arterial disease, and tabetic crises.

Time will not permit me to trouble you with the histology of aortitis or atheroma, nor indeed is it needful. By the aid of many observers, French, German English, and American, the subject has been minutely investigated and is fairly well known. The gelatinous patch is characteristic of acute aortitis, as for example in infectious varieties. Gelatinous patches in the neighbourhood of atheroma indicate acute phases in the course of a chronic process.

(To be continued.)

SOME REMARKS ON CORSETS.

By W. E. FOTHERGILL, M.A., B.Sc., M.D.,
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THE MEDICAL PRESS AND CIRCULAR for June 24th, 1903, contains a most interesting article entitled "Some Remarks on Chlorosis," by Dr. William Williams. The author asks why chlorosis is a disease of young females; why the general condition as regards flesh is not materially affected as well as that of the blood; and why they recover so quickly on the adoption of loose clothing, low diet, and mild purgatives? His answer begins as follows:—

"Taking the above questions in the order they come, the only answer forthcoming to the first is, that women are clothed differently to men, and that young women or girls, not having become as yet accustomed to tight lacing, continue to suffer until their shapes are permanently altered, and the abdominal organs have become acclimatised to the change of locality. Most girls fill out rapidly on the advent of puberty, and such subjects would suffer most from a corset fixed in size, to say nothing of the fact that stoutishly inclined young women would be just the ones to entertain

most anxiety about the size of their waists, and to take most pains with them. As to the general condition in regard to flesh being unaffected, or not so much so, and the rapidity with which recovery takes place, the explanation, I think, must be that the altered state of the blood cannot have been of very long duration."

I have read the above with peculiar pleasure, because I believe Dr. Williams to be perfectly right. Some time ago my own observations led me to write in a similar sense. Thus I find, on page 491 of my "Manual of Midwifery" (*a*): "Many cases of toxæmia can be directly traced to the use of the corset. The injury to the liver is often caused by tight lacing before pregnancy. . . . Some forms of anæmia are closely related to hepatic toxæmia. They resist all treatment until the liver is relieved from pressure by loosening the corset, when the addition of calomel to the ordinary treatment is quickly followed by success. Anæmia of this kind is a frequent forerunner of toxæmic troubles during pregnancy."

I have by me some manuscript on a cognate subject, hitherto unpublished, part of which I may offer in support of the conclusion briefly expressed by myself in the above lines, and worked out by Dr. Williams in his recent paper. My notes are as follows :—

"Innumerable women doubtless alter the outward conformation of their bodies, and also the shape, size, and arrangement of their livers and other viscera, without causing any derangement of health which can be directly traced to tight lacing. In any variation from health, however, the habit goes against the patient, aggravates alimentary, respiratory and circulatory disturbances, and often prevents complete restoration. In short, the fashion weakens the strong, and may cause positive disease in the weak. Take, for example, the common form of anæmia known as chlorosis. As to sex, this condition is practically confined to females. As to age, it is commonest in the decade following puberty. It occurs mainly in young women and girls who live by bodily work, and accordingly have, as a rule, good muscular development. Again, chlorotic women are well nourished in general. They belong to a class which feeds well, though not always judiciously, and if starved it is not by want of food, but by inability to digest it—by the dyspepsia which is secondary to the anæmia. The condition is not hereditary. What is the prime factor in its causation ? I have made a habit of measuring the waists of anæmic patients, who appear very often as out-patients at hospitals for women. Two measurements are taken, one over the corset, one after it has been removed. The result of prolonged observation shows that the waists of young women of the working classes *measure on an average three inches more without the corset than with it.* The patients are never conscious of any compression, and firmly believe that their clothes are loose. If, however, they are kept in bed for two or three weeks, the waist measurement increases, and the pressure of the corset is plainly felt for a few days after ordinary clothing is resumed. I believe the sequence of events to be as follows : — The 'grown-up' corset is adopted at the age of puberty, when the girl is thin and undeveloped. During the years that follow the chest and the pelvis enlarge, but the waist is not allowed to increase proportionately. Many a big young woman will state with pride that her waist measurement has not increased since she was a girl. It has not had the opportunity of doing so ! Now, the working classes tend, by breeding and occupation, to be more thickset than the middle and upper classes. Their daily labour tends to develop the chest and cover it with muscle. Their waists should be larger in proportion ; but the working girl thinks even more of a slim waist than does her more highly educated sister. When it is further considered that in matters of food, attention to the action of the bowels, fresh air, and bathing, the more intelligent portion of the population is more careful than the lower, the occurrence of chlorosis as a disease of the working classes is very largely explained. Compression of the liver, stomach and intestines causes constipation and dyspepsia ; these are increased by indoor life in house or workshop, and a state of toxæmia is set up by the retention of morbid products, which in turn causes a condition of anæmia or chlorosis. Many of the cases will not yield to the administration of iron, even if the liver be attacked with calomel and the bone marrow stimulated with arsenic at the same time. A fortnight in bed works wonders in these cases, probably because putting the patient to bed is the only way in which she can be made to take off her corsets. It is these patients who, when they marry and become pregnant, suffer more than others from the series of troubles which depend primarily on inefficient action of the liver and intestines, and which are now frequently grouped together under the name "hepatic toxæmia." During pregnancy, indeed, the corset is seen at its worst. By preserving "a waist" as long as possible in gestation many women keep down the growing uterus, thereby distending and weakening the muscles of the lower abdominal wall, and altering the relations of the contained viscera. In this way the recti become permanently separated, and all chance of regaining the figure after parturition is lost. Again, the use of the corset during the later weeks of the puerperium, when the uterus is still large and more movable than usual, is a fertile cause of prolapse and retroversion with pelvic gestation."

The above quotation may convey the idea that I was at the time of writing opposed to the use of corsets in general. This was by no means the case, and as a good deal of nonsense on the subject still appears from time to time in the daily papers, and even in the medical journals, I need offer no apology for summarising the facts of the case before concluding these remarks.

A great many dress reformers have written against the use of the corset, holding that any use of this article is abuse, and that it should be discarded altogether. Their arguments have convinced but few, and their example has not been followed even by these. For they have not gone to the root of the matter, and have not realised that in the modern dress of woman the corset is an essential factor. From the point of view of dress, the human body consists of three portions. There is an upper part with bony walls—the chest ; a lower part with bony walls—the pelvis ; and a middle part with soft anterior and lateral walls between the two. Consider the dress of a labouring man ! He wears a coat and waistcoat which he removes when at work. His trousers are supported by a belt so as to leave his

(*a*) Clay, Edinburgh. Second Edition, 1900.

shoulders free from weight. Where is the belt fastened? It does not encircle the waist or soft-walled middle portion of the body below the ribs and above the iliac crests. If worn there tight enough to support the heavy trousers it would press uncomfortably on the abdominal viscera. It is therefore worn over the bony pelvis, whose walls protect from its pressure the organs within. The navvy's leather belt is worn low, passing below the anterior superior iliac spines on either side, much in the position of a hernia truss. In this position a belt passes over hardly any muscle, and impedes no movement, nor does it compress any internal organs. The same region is chosen for the support of the skirts or trousers worn by women in many Oriental countries. Thus the Moorish dancer wears a short jacket covering the shoulders and chest, and a divided skirt whose band rests on the hips below the iliac crests, the middle soft part of the body between thorax and pelvis being left uncovered or protected by a soft garment which exercises no pressure on the waist. Thus the Oriental woman and the western labouring man support their lower garments in the same way, namely, on the hip bones. The ordinary civilised man who does not work hard transmits the weight of his lower garments by braces to his shoulders. But what is the course adopted by the civilised woman? She wears heavy skirts whose weight is supported by bands round her waist—that soft portion of the body which is protected by no bony walls. How is it possible to wear round this portion of the body bands which support the weight of numerous and often heavy garments? The answer is, By means of the corset. This garment forms a bridge connecting the firm chest wall with the firm pelvis—an artificial completion of the bony wall which Nature has left incomplete in the middle portion of the body. The use of the corset is to transmit the pressure of the skirt-bands to the hips and the ribs, and so to protect from their pressure the organs in the region of the waist. The conclusion is that so long as skirt-bands are fastened round the waist, corsets should be worn. They should be stiffer than usually made if they are effectively to protect the soft middle portion of the body from the pressure of the waist-band. The front should be quite straight, and the waist measurement should be at least as large as the wearer's waist measured over a single soft garment. During pregnancy this measurement should be gradually increased as the uterus grows and rises. It is clear that so long as women hang their skirts round their waists they must have corsets to protect their waists from their skirts. This is the use of the article; its abuse consists in employing it as a means of compressing that which it was meant to protect from compression, namely, the soft middle portion of the body. That this misuse or abuse of the garment is still very common no one will deny.

It must be allowed, however, that fashion in corsets has of late made a move in the right direction, which, it is to be hoped, will be permanent. The modern article with straight, stiff front is certainly much better than its predecessor which had a pronounced curve in the midriff, and lessened the waist by pushing out the abdomen.

DR. J. C. MARTIN, F.R.S., Professor of Physiology in the University of Melbourne, has been appointed Director of the Jenner Institute of Preventive Medicine.

STRABISMUS CONVERGENS AND ITS TREATMENT.

By J. B. STORY, B.Ch., F.R.C.S.,
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OUR first real knowledge of the cause or causes of this affection we owe to Donders, whose book on the "Accommodation and Refraction of the Eye" appeared in an English translation (by our late fellow-townsman, Dr. Moore) in 1864. Donders laid down that hypermetropia is the cause of converging strabismus, and its action is aided by the following conditions:—(1) Circumstances diminishing the value of binocular vision, such as defective sight in one eye from any cause; and (2) circumstances rendering convergence easier, such as peculiar structure or innervation of the muscles, or an abnormally large angle. In the higher degrees of hypermetropia strabismus is not so frequent as in the lower degrees, because difficulty of obtaining an accurately focused image in either eye enhances the value of the probably more imperfect image obtained by binocular fixation.

This theory of Donders, after some forty years, still holds the field, expressed nowadays, of course, in terms somewhat different from those used by Donders, but essentially the same theory.

For instance, Hansen Grut, who made strabismus the subject of his Bowman Lecture to the Ophthalmological Society in 1890, regards strabismus convergens as due to an abnormal innervation of the internal recti. (Strabismus divergens, on the contrary, he regards as due to a relaxation of convergence innervation permitting the eye to assume its position of rest.)

Hansen Grut lays great stress upon HABIT, which he considers as an unconscious innervation, which in time produces a new functional position of rest.

In investigating the subject of strabismus in general, he starts from the anatomical position of rest. This, he states, is divergent; for

(1) In regarding distant objects, if one eye be occluded it much more frequently diverges than converges, though it remains more frequently parallel than either divergent or convergent.

(2) Divergence is more common in deep sleep and profound narcosis than any other position.

(3) After death and before rigor mortis divergence is the rule.

(4) The orbital cavities diverge.

(5) A blind eye as a rule diverges.

He regards, therefore, much of the parallelism found in testing as the expression of a functional and not of an anatomical position of rest, a portion of the convergence, namely, from the divergent anatomical position of rest to parallelism, being latent, just as some hypermetropia is commonly also latent.

In convergent strabismus, then, the HABIT of convergence leads to the withdrawal of a large portion of the amplitude of convergence from the voluntary control of the individual, or, in other words, the constant habit of convergence displaces the functional position of rest more and more inwards.

As proof that strabismus convergens is an innervation Grut adduces the occasional disappearance of it under chloroform, and the constant

parallelism or divergence observed under chloroform the moment the internal rectus is divided, while convergence returns on recovery of consciousness. No such phenomenon is observed in operating on external strabismus. He also states that after tenotomy of the internal rectus, when some convergence still is left, the secondary angle of squint becomes greater than the primary, the latter now lessened by the operation. This can only be accounted for by assuming that the strabismus is an innervation.

Other views than these are held by some ophthalmologists. According to Schweigger, the essential cause of squint is not to be found in anomalies of refraction, but in an elastic shortening of the muscles, with insufficiency of their antagonists.

Alfred Graefe also believes there is a state of passive anatomical shortening of the muscle, but he thinks this is consecutive to the squint. All these theories which assume a shortening of the muscle from any anatomical condition are objected to by Hansen Grut, for the following reasons :—

(1) The assumed anatomical shortening has never been demonstrated.

(2) It is not in accordance with the fundamental laws of squinting, inasmuch as the limitation of movement of the squinting eye in the direction opposite to that of the squint is always considerably less than the angle of squint.

(3) It is not in accordance with the temporary cessation of squint in narcosis, &c.

(4) The spontaneous disappearance of squint renders it improbable.

Schneller again finds the essential cause of squint in an abnormal relation between the adductors and abductors. To this Grut replies the abnormality is the result and not the cause of the squint.

In his Bowman Lecture on the "Etiology and Educative Treatment of Convergent Strabismus" Priestley Smith takes up the same position as Hansen Grut. His conclusions are :—

(1) That strabismus convergens is a disease of innervation, the visual centres failing to control the act of convergence, which consequently becomes degraded or purposeless; the act is excessive because uncontrolled.

(2) Failure of control depends on faulty development of visual apparatus, peripheral or central.

(3) Hypermetropia predisposes.

(4) The disorder is confirmed by suppression of retinal impressions in squinting eye.

The one essential cause of squint, then, is a defective development of the fusion faculty, and without the fusion faculty binocular vision is impossible.

The faculty of binocular vision may exist without being perfect. There are found, according to Worth, three different grades of the faculty existent. (1) Simultaneous macular perception. (2) True fusion with some amplitude. (3) The sense of perspective. It is generally allowed that the power of fusion is not congenital, but is a function acquired after birth by experience. The ocular movements of the new-born infant cannot be described as anything else than purposeless, and even the power of macular perception is probably imperfectly developed at birth.

It is only by use (the habit of Hansen Grut) that the child develops the functions of its retina and its central visual apparatus, with the various centres connected with the eyes both sensory and motor. At birth the visual apparatus, both peripheral and central, is even anatomically an imperfect structure. Very probably, of the various ocular functions that of fusion is the last to be fully developed. According to Worth its full development is reached normally before the end of the sixth year of life.

Before adopting treatment of any kind, the following points should be accurately noted :—

(1) The kind of strabismus.

(2) Unilateral or alternating.

(3) Continuous or periodic, and, if continuous, whether constant in amount or varying.

(4) Duration and mode of onset.

(5) Physical condition of each eye.

(6) Functional condition of each eye, *viz.*, vision, field of vision, refraction, fixation power of crooked eye, binocular vision ; *i.e.*, if diplopia exists, or is to be elicited by prisms, coloured glasses, or fusion tubes, &c., determine the suppression area.

(7) Degree of strabismus, by which I mean the angular measurement of the deviation, for no approximation to accuracy can be made by linear measurement. There are several methods of measuring the angle of squint, subjectively by observation of double images when this is possible, or objectively by the arc of the perimeter, or by Wecker and Masselon's "keratoscope," or by the simple tape measure proposed by Priestley Smith. The latter method can only apply when the primary and secondary angles of squint are equal in amount, but as this is substantially true of the ordinary cases of convergent strabismus, the method for practical purposes is sufficiently accurate. For perfect accuracy in all methods of objective measurement the value of the angle α, or rather of the angle γ, or better still , should be ascertained. The angle should be determined for near objects as well as for objects at a distance, which require parallelism of the visual lines.

(8) The power of the muscles, *viz.*, their lateral excursions, should be noted, also by angular measurement, and

(9) The possible excursions of the punctum proximum of convergence. (Knapp lays down that after an operation for convergent strabismus the punctum proximum of convergence should not be further from the eye than 5 cm., otherwise divergence may arise later.

As strabismus convergens is an affection of early childhood, and as the younger the child is when brought for treatment the better the ultimate result, it is probable that many of the patients will be too young to admit of examination into all these points. We must be content to determine as many of them as the age and intelligence of the patient allows.

The measures adopted for the cure of strabismus are of three kinds. (1) Optical ; *viz.*, correcting whatever errors of refraction exist. (2) Operative, either tenotomy or advancement of the insertion of a tendon, or both combined, or tenectomy, or folding of a tendon on itself, or partial tenotomy, or advancement or division of the capsule of Teneon. (3) Orthoptic or, as Priestley Smith prefers to term it, educative.

There is no need to dwell on the optical treatment. No rational man neglects to correct any anomalies of refraction present in cases of squint.

(2) Operations, in my opinion, should only be undertaken when optical and educative treat-

ment has failed, and the decision upon this point must be left to the discretion of the medical man in charge of the case. Great difference of opinion exists among ophthalmic surgeons as to what operations should be done in strabismus cases, whether one or both eyes should be operated on, and whether advancement should be the rule or the exception; and also as to what particular method of "advancement" should be performed. There is so much to be said on these points that I shall not attempt to enter upon the arguments in support of the various opinions, as it would unduly lengthen this communication.

From what has been stated, it is evident that as the cause of strabismus convergens is a defective fusion faculty the cure of strabismus must consist in establishing or re-establishing a fusion faculty. Without this faculty a permanent cure cannot be guaranteed, but the eyes will sooner or later assume their anatomical or functional position of rest. The earlier the treatment is begun the better. No infant is too young to be treated, and it is only in the first years of life that we can expect to develop the fusion faculty. If children are left untreated—it is not uncommon till they are supposed to be old enough to be proper subjects for an operation, at the age of six or so—all hopes of obtaining fusion are destroyed, and a permanent cure of the squint cannot be depended upon.

If the deviating eye has not the power of fixation, *i.e.*, central fixation, our first effort must be directed to this point, and we must endeavour to make the child use this eye to the exclusion of the other. This we do by covering the straight eye for a certain period of the day for as long a time as possible, so that the child has to pay attention to the visual sensations of the defective eye. In children whose power of fixation is absent at the first visit, it will often be found that the power is present after this treatment has been adopted for some weeks. The treatment can be assisted by instilling atropine into the straight eye, to lessen the optical value of that eye and thereby increase, if possible, the value of the crooked eye. In cases where there is good fixation in the crooked eye we often have the satisfaction of being told after some time that the bad eye is straight, but that the cast has gone into the good eye. This is a proof that good vision can be obtained in the squinting eye. Occasionally, we find that atropine in the good eye cures the squint at once, and the cure is usually then permanent if correcting glasses are fitted before the mydriasis has passed off.

If a cure has not been obtained by the above measures, atropine should be put into both eyes, and correcting glasses ordered. The glasses should be worn constantly, and, if necessary, the atropine should be continued for months before recourse is had to operative measures, and meanwhile the power of binocular vision should be developed by stereoscopic exercises. The great difficulty in these exercises is the habit of suppression of the vision of the squinting eye. This may be got over by making the illumination of the picture exhibited to that eye more intense than that shown to the other eye. We can usually effect this by some little adjustment in any stereoscope, but what is probably the most perfect instrument for educative treatment is the amblyoscope of Worth. It is, however, not an instrument which can be given to patients for home use, and I have no personal experience of it.

The next difficulty is that the angle of deviation is usually so great that no ordinary stereoscope brings the images anywhere near the two maculæ. This is overcome by stereoscopes such as Hallwach's which can be set at any angle from 0° to 50°. It is the best stereoscope that I am acquainted with for this purpose, and its cost is so little that it is within the means of the majority of those who would take the trouble to employ it—12s. 6d.

The fusion tubes of Priestley Smith, and the heteroscope of the same author, have not very great educative value, but are most useful for ascertaining if simultaneous macular perception is present. When we have found by means of the latter instrument what angle is necessary, we try to elicit fusion of some of the pictures made for that purpose in Hallwach's stereoscope.

As a sample of "orthoptic" treatment, I may cite the case of Miss E. L., æt. 4, who came to me in April, 1902, with history of convergent strabismus of right eye for one year. Angle, 14 degrees; V. less that $\frac{6}{60}$, but large letters can be made out. Left V. $\frac{5}{10}$; right, H. 5; left, H. 3, by erect image. Atropine for four days brought the eyes nearly straight, and she was ordered to use the drops every second day. Three weeks later the squint had returned, and I tried atropine in the left (good) eye only every night, and had this good eye bandaged for some time every day, so as to force the crooked eye to act. After one month of this treatment the eyes were perfectly straight, and the child could fix well with the right eye, and see with it, but imperfectly, and I observed that she projected towards the temporal side. Atropine was constantly used in the left eye only till October, the eyes remaining straight all the time, though I observed that on fixing very near objects the left (good) eye tended to converge. The bandage, too, was used daily. Vision of right rose to $\frac{5}{5}$, that of the left being the same as before (under atropine). In October I ordered + 5 right, and +4 D left, and gave up the atropine. Six weeks later the eyes were straight with the glasses, and without mydriatic. In May, 1903, eyes quite straight with the glasses, and fusion with heterescope from parallelism to 15 degrees convergence. By stereoscope excellent simultaneous macular perception, but no definite sense of perspective. Stereoscopic exercises are to be used at home, and I expect in this case to develop full binocular vision.

CASE II.—Miss E. J., æt. 3½, seen in October, 1902, with left internal periodic strabismus of one year's duration. Angle about 16° H. 2 D or 3. Atropine in good eye resulted in a temporary cure, and good fixation was obtained in the left eye. After atropine was abandoned the squint returned, the right eye now converging periodically. Fusion with heteroscope from parallelism to 15° convergence, but with excentric not central fixation. Atropine in both eyes now put them quite straight, and simultaneous macular perception was proved to exist. The case is still under observation, and I expect a perfect cure.

Miss A. A., æt. 11, in 1901. An alternating convergent squint of 18° with good vision in both eyes. I had seen this child some five years before, but have lost my notes. Glasses to correct her hypermetropia (of only 3 D) cured the

squint, I believe permanently. In May, 1903, the eyes were straight with the glasses, and the girl possessed perfect binocular vision with true sense of perspective.

THE TREATMENT OF RABIES BY THE METHOD OF HOYGES:

STATISTICS OF THE INSTITUTE OF ALPHONSUS XIII. (a)

By DRS. MURILLO and J. LEAVADOR,
Of Madrid.

THE labours of many students of bacteriology are beginning to throw some light, even though it be a flickering and not brilliant one, on the question of rabies. And in proportion to the increase of our knowledge of the disease, so increases our admiration for the marvellous intuition of Pasteur, whose colossal personality stands out separate from and overshadowing his contemporaries. His scientific fellow-workers were too near to him to form a true estimate of his works; to them the picture he drew appeared confused and indistinct; but when viewed at a proper distance, it charms by its beauty and perfection. The scientific world in 1885 looked on Pasteur's theories as containing absurd, daring, and unpardonable therapeutic suggestions—theories that to-day are considered to embody great truths of permanent value, theories that have created general admiration for their boldness and originality. In his studies, Pasteur followed the path that led to success in the discovery of the value of inoculation against cholera in fowl, and carbuncle and erysipelas in pigs. Knowing that the inoculation of attenuated virus immunised against natural virus, he set himself to devise some method by which he could produce an artificial virus of a standardised virulence. Quickly he found by experiment that it was possible to increase the potency of the natural virus to its most lethal power by a series of injections practised uninterruptedly on rabbits. He thus obtained the toxin of maximum lethal power—his highest standard. In like manner he found that by drying the spinal cords of rabbits that died of rabies and injecting this from monkey to monkey, he could lessen the toxic effect of the virus until it almost disappeared. This greatly attenuated toxin, or virus, was his zero point of standardisation. When he procured his toxin he divided it into doses, which he preserved from change by keeping them in hermetically-sealed glass tubes. The virus of maximum intensity was that which killed in seven days, and the virus of least intensity which he used did not kill before twenty days. In this graduated scale of virulence he had ready to hand a toxin from the weakest to the most active, by which, commencing with the less toxic and gradually going to that of greatest toxicity, he, by hypodermic injections, conferred immunity on the human being from rabies. Such is the method of Pasteur, admirable in its precision and forethought, a system for immunisation against a disease of the nature of which we were completely in the dark—a disease of which he knew not the cause, neither did he ever discover it, nor did he know aught of its nature. Two things guided him in his studies, both of which were intimately bound together. First, the fact that the nervous system is markedly the site, indeed, almost exclusively so, of the pathological lesion of rabies; and the conviction that subdural, intra-cranial injections produced the disease at will, and of a typical and constant character. Pasteur thus found that whatever was the source of the disease he had succeeded in cultivating and controlling it. Under his hands its virulence was strong or weak. He exalted or attenuated at pleasure the pathogenic power of the bacteria. He and Hoyges now determined that whatever cause diminished the virulence of the toxin, the difference produced by attenuation was one of degree, not of quality; the properties of the micro-organisms were unchanged, their numbers were lessened, that is to say, the lethal serum represents the maximum amount of the pathogenic material in a definite volume, and desiccation of the spinal cord of the rabbit does no more than lessen the quantity of the pathogenic substance in the given volume without changing its virulence. Thus, a spinal cord, desiccated for two, three, four, five, to twenty days, loses successively increasing quantities of its virulent power. The same effect may be produced by the gradual prolongation of the period of incubation in the animals submitted to experimentation, corresponding to the effects produced by increasing the time of drying the spinal cords, which, on the fourteenth day, are found to have lost all their toxic properties, and if injected into the cerebral meninges produce no effect, not even an unpleasant symptom. The attenuated virus, the product of a long incubation period, is found to have no toxic properties, and in proportion to the period of incubation so is the toxic power of the virus. So also is the virulence restored by a succession of subdural, intracranial injections in the rabbit until the lethal properties of the virus attain a power of causing death in seven days. This attenuation from the mildest form of toxin to the most fatal was considered by Pasteur as an evidence of how readily the poison of hydrophobia may be produced. Given a quantity of attenuated toxin, by progressive diminution or increased by graduated series, it should produce its effects in seven or twenty days in proportion to its standardised strength; this result is obtained as well by graduated incubation periods as by the attenuation or exaltation process. The facts that poisons introduced into the nervous system have a definite period of incubation, on the expiration of which the earliest symptoms commence to show themselves, and that identical toxins vary in their intensity in different individuals, show how much the individual reacts on the toxin. Where the incubation period is long in natural rabies we have a sufficiently long interval in which to introduce the anti-rabitic virus and to immunise the patient. R. Krauss and B. Kreissel have established the fact that (1) in normal serum no rabitic matter exists; (2) that the substances are found on the twentieth or twenty-second day of the treatment; and (3) that in some individuals neither before nor after do anti-rabitic bodies appear in the blood.

To make the steps of the development of the disease more intelligible we give the classification of its stages according to Hoyges: (1) The migratory period, which extends from the time on which the patient was bitten to the infection of the nervous centres; (2) the incubation period, which extends from the time of the infection of the nerves centres to the first manifestation of symptoms of the disease; and (3) the terminal period, from the appearance of paralysis until death. The modifying influence of the individual on the rabitic poison offers an explanation of some of the many anomalous cases which occur. In some we find the animal refractory to immunisation, in others there is extreme susceptibility to the poison, and in others immunity is produced between the fourteenth and twentieth day—the extreme limit of time for the manifestation of symptoms in the human being. And, finally, in the analogy between the rabitic virus and the virus used for other morbid states we see sound reasons for producing immunisation gently and gradually, lest serious results might follow. Careful consideration of the micro-organisms of these toxin bodies clearly shows that they must be used with the utmost exactness, more so than we are in the habit of bestowing on other remedies. These difficulties in the practical use of anti-rabitic toxin make it all the more acceptable to us that Señor Cajal has decided to establish a department of the Institute of Alphonsus XIII., for the treatment of rabies by the method of Hoyges, which is based on the attenuation of the rabitic serum by dilution. Hoyges' method has the advantage over that of Pasteur of simplicity and

(a) A Paper read before the International Medical Congress at Madrid.

accuracy. It is sufficient to say, in illustration of the simplicity of the method, that by care, fourteen spinal cords of rabbits can be dried at an equal temperature, and to an equal extent. To obtain standardised virus, one or two rabbits were trepanned daily, and fresh spinal cords obtained, which he weighed with accuracy. From these he produced the mother liquor used in the preparation of the solutions without other care than the precautions necessary to ensure asepsis. Although the rabbits bought for experimentation are full grown, they are far from being of the same weight, and their spinal cords differ in weight and thickness. This difference necessitates the cord being exposed for a greater or lesser time, according to its size, lest the thinner spinal cords in drying should become more desiccated than those which were thicker and so have their virus too much attenuated. A thick cord would be less attenuated in fourteen days than a thin one in ten days. The dilutions are made by weight and measure, and the attenuations obtained are mathematically correct. By this method a regular supply of the toxin is provided, and it can be produced in greater or lesser quantities as the demand warrants. The care with which asepsis is secured is shown by the fact that in many thousands of cases of the hypodermic injection we have not had a single case of abscess.

We submit to the judgment of our medical brethren the statistics of the first hundred cases treated in the anti-rabitic department of the Institute of Alphonsus XIII. The statistics show 102 cases, but two of these patients who were suffering from a mild type of the disease left Madrid soon after their treatment commenced. Three months after they left we received news from the local authorities that the patients had made a good recovery. Of the remaining 100 cases, we had not a single death, a result we ascribe to the fact that we followed the simple method of Hoyges, a fact which confirms the value of the toxin as prepared and used by him in Budapesth, where, in his first series of a hundred cases, he had a mortality of 1·49 a 100, and in his second series of a hundred had a mortality of 0·59 a 100. We adopted Pasteur's classification of our patients: (1) Patients bitten by animals demonstrated by the inoculation test to have rabies. (2) Patients bitten by animals which the veterinarian certified from examination of the lesions to have rabies. (3) Patients bitten by animals which were supposed to have rabies.

Of the first group we had 41 patients, of whom 12 were bitten in the hand; in the second group 21 patients, of whom 17 were so bitten; and in the third group 41 patients, of whom 14 were bitten in the same way.

The Out-Patient Departments.

TOTTENHAM HOSPITAL.

CASES FROM THE DERMATOLOGICAL CLINIC UNDER THE CARE OF G. NORMAN MEACHEN, M.D., M.R.C.P. LOND. AND EDIN.

1. *Pruritus Associated with High Arterial Tension.*—A married woman, æt. 55, came with general itching of the skin which had been present for the last three months. She also suffered from cramps in the legs, dizziness on rising in the morning, and "rheumatic pains" in the limbs. She was said to have had gout twenty years ago. There was little to see upon the surface of the skin except a few scratch-marks, and parasitic causes were excluded. The skin of the hands and forearms was coarse and rough, a soil favourable for the development of eczema of the "washerwoman" type. The urine contained a trace of albumin and was of 1022 sp. gr. The pulse-tension was slightly but distinctly raised. The tongue was furred and the bowels costive.

Dr. Meachen remarked that a generalised pruritus was frequently an early symptom of granular kidney, and might be associated with other signs met with in the preliminary stages of the complaint, such as cramps in the legs, head-ache and sickness. Very often, too, some form of eczema of a chronic type, what some clinicians would term "gouty," was also present, and, indeed, this variety of pruritus was specially seen in those of the gouty diathesis. As regards the pathology of the condition, the toxæmic theory had been put forward which supposed that the minute nerve-endings in the skin were irritated by toxic materials circulating in the neighbouring capillaries, thus giving rise to the sensation of itching. Whether this were so or not, there could be no doubt that the pruritus in such individuals was materially relieved by the exhibition of remedies which assisted in restoring the impaired renal excretion and in removing toxic waste-products from the large intestine.

The patient was therefore ordered a diuretic, alkaline and aperient saline mixture thrice daily, and was advised to be abstemious in regard to meat and stimulants. At the same time an alkaline lotion containing 15 gr. of calamine to the ounce was prescribed for local application.

2. *Pityriasis Versicolor in a Child, æt.* 11.—The patient, a girl, had been suffering from a relapsing eruption on the body for four years. On its first appearance it was said to have been mistaken for rötheln. When seen, the rash consisted of an aggregation of small patches and spots of a pale reddish-brown colour situated on the chest, axillæ, shoulders, and extending well up into the neck behind. Part of it was coalescent, and the surface slightly scaly. The child complained of no itching whatever.

Dr. Meachen said that at first sight the diagnosis of seborrhœic dermatitis might be suggested, but against this was the absence of any inflammatory manifestations. Pityriasis rosea was negatived on account of the length of history and the distribution of the eruption. The fact that the child said it did not itch should not be allowed to influence the diagnosis at all. A surface-scratching of the patches examined in liquor potassæ under the microscope revealed the presence of the *microsporon furfur* in abundance. It was a little unusual to meet with tinea versicolor in children, but nevertheless such cases often occurred. The mother was directed to wash the skin with ordinary soap and immediately afterwards to apply a lotion of ½ dr. of sod. hyposulphitis to the ounce of water every morning. An ointment containing sulphur, acid salicylici, aa. ½ dr., and 10 gr. of hydrarg. ammon. to the ounce of vaseline was also ordered to be rubbed in at night-time. As the child was wearing flannel next the skin, this was recommended to be changed and disinfected.

The lesions had wholly disappeared at the end of three weeks' treatment.

Transactions of Societies.

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN.

MEETING HELD AT THE ALEXANDRA HOSPITAL FOR SICK CHILDREN, BRIGHTON, JUNE 20TH, 1903.

DR. WAYLAND CHAFFEY in the Chair.

MR. H. A. TUBBY read a paper entitled

IS THE TREATMENT OF SURGICAL TUBERCULOSIS IN URBAN HOSPITALS JUSTIFIABLE?

in which he argued from statistics that such cases ought to be treated in special institutions in the country or at the seaside.

Mr. CLEMENT LUCAS thought the reasons for the failure of cases treated in London hospitals was not chiefly owing to the want of sufficiently pure air in such hospitals, but rather to the fact that soon after improvement or partial arrest of disease had been obtained the children had to return to their unhealthy homes.

Dr. SANSOM also spoke, and expressed his approval of Mr. Tubby's suggestion.

Mr. CLINTON DENT thought the matter of great importance, and suggested that a subcommittee should

be formed to consider the question; and Mr. JAFFRAY seconded the proposal.

Mr. Dent, Dr. Dawson Williams, Mr. Jaffray, Mr. Sydney Stephenson and Mr. Tubby were appointed members of the subcommittee.

Mr. CLEMENT LUCAS then read a paper describing the removal of a tin mouth-organ from the small intestine of a child, æt. 3. The situation of the metal body had been localised by skiagrams, but the exact situation was not so easily determined as in another case which had been brought by Mr. Lucas before the Society, where a large nail was in the second part of the duodenum. In this case the metal body was in the jejunum.

Mr. CLINTON DENT referred to a case where a metal body almost precisely similar to that mentioned by Mr. Lucas had been swallowed. Its movements from place to place within the abdomen had been watched for some time by means of skiagraphy, but, curiously enough, at the time of a laparotomy it could not be found, and, although never seen in the stools, must have been passed *per rectum*.

Dr. EDMUND HOBHOUSE then read a paper upon the

FUNCTIONS OF CHILDREN'S HOSPITALS.

One of the most important parts of the duty of a physician for children's diseases he thought to be the education of the mothers and of the public upon health questions affecting children.

Mr. R. H. PARRY read a paper in which he described an

OPERATION FOR THE REMOVAL OF TUBERCULOUS GLANDS

from the anterior and posterior triangles of the neck by means of an incision through the hairy scalp. Photographs of children before and after operation were shown. The operation, he said, was not nearly so difficult as might be thought probable, and drainage was perfect.

Mr. MORGAN thought that cases must be seen early to be successful if treated by Mr. Parry's method.

Mr. CLEMENT LUCAS also thought that, although useful in some cases, the operation could not be generally applied.

Mr. TUBBY also considered that the operation introduced an element of danger.

Mr. PARRY, in reply, said that he did not think the dangers great. In 20 operations he had twice cut the facial vein, but it was easily ligatured.

Dr. GEORGE CARPENTER then read a paper upon

SYPHILITIC NEPHRITIS IN AN INFANT.

Dr. GEORGE SUTHERLAND said the subject was of great interest, but that he did not consider this case so conclusive as some which had been brought before the Society.

The CHAIRMAN commented upon the excellence of the drawings which accompanied the paper.

Dr. CARPENTER also read a paper upon an analysis of several hundred cases of

SPLENOMEGALY IN CHILDREN.

In only a small percentage syphilis and rickets could both be excluded.

Other papers were by—Dr. Edmund Cantley, upon a case of "primary pneumococcic meningitis" in a child, when diplococci had been obtained from cerebro-spinal fluid obtained by lumbar puncture; by Dr. Alexander Morison, on "Opium in the treatment of carditis in children"; by Dr. Theodore Fisher, on "Dilatation of the bronchial tubes after measles"; by Dr. Eldon Pratt, on a case of "cerebral tumour," in which temporary recovery took place; and by Mr. Sydney Stephenson, on "A common appearance of the optic papilla likely to be mistaken for optic papillitis." Beautiful drawings of the condition were shown.

In the evening the members of the Society dined at the Grand Hotel, and the following day were entertained at lunch by Dr. Wayland Chaffey at the Hôtel Métropole.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—II.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

THE VICTORIA HOSPITAL FOR CONSUMPTION, CRAIGLEITH, EDINBURGH.

THE Edinburgh Victoria Hospital may deservedly receive the first place in a study of British Sanatoria for Consumption, since it was the first institution in the United Kingdom to offer gratuitous treatment to the phthisical poor strictly in accordance with hygienic methods. Its establishment in 1894 and advance during the last thirteen years are due in great measure to the pioneer work of Dr. R. W. Philip. It is essentially a national institution, and is still the only absolutely free sanatorium for consumptives in Scotland. It is well situated in a finely wooded park within two miles of the centre of Edinburgh, and only a few minutes' walk beyond the tram terminus. An old mansion house, which has been well adapted, forms the original building, but many improvements and additions have been made, and the place has just undergone extensive renovation. The house faces due south, and the rooms are conveniently arranged. Heating is provided for by open fireplaces, but during recent years no attempt has been made to maintain a uniform temperature indoors. It has been found that the best results are obtained when the indoor conditions are allowed to approximate to those of the open.

An excellent annexe close to the original building provides for eight patients, and was built and furnished for less than £800.

Specially noteworthy are the very excellent but simple and cheap shelters which are arranged round the lawn, and in which the male patients live. The general character of these shelters is indicated in the accompanying figure.

FIG. 1.—THE SHELTERS (a fete on the lawn).

An important scheme for extension is now being proceeded with. Three admirably designed annexes are already in course of construction, and together will accommodate an additional 32 patients. Each unit is self-contained, and has been planned so as to ensure a maximum of sunlight and abundant fresh air. An annexe containing eight beds costs approximately £1,000, and there is every reason to believe that these simple but admirably constructed buildings will prove peculiarly suitable for their purpose.

The laundry, laboratory and other offices are well placed, and everywhere there are abundant evidences of efficiency, economy and experience. The gardens and grounds are peculiarly attractive.

Many features of interest may be noted. The institution admirably indicates the educational and other advantages which come from close touch with

the life of a busy city. Every day a number of "day-boarders" come to the grounds and are fed and drilled in hygienic procedures, returning to their own homes for the night. This is undoubtedly an excellent means for mitigating the difficulty which now arises everywhere from the insufficiency of sanatoria for the poor, and may be commended to the consideration of hospital authorities in different parts of the country.

FIG. 2.—BLOCK PLAN OF EXTENSION OF VICTORIA HOSPITAL.

A—Administrative Block. B—New Pavilions: to accommodate 8 and 12 patients respectively. C—Present Hospital. D—Laundry Offices. E—Shelters.

A rather exceptional and somewhat startling arrangement allows association during the day of the sexes in the grounds, always, of course, under supervision, and, it is claimed, without any serious disadvantages.

Many of the patients practise some simple form of respiratory exercise, with the object of improving respiratory action and chest capacity.

The experience of the Victoria Hospital seems to conclusively prove that phthisis can be treated with success in a climate which, at least during a considerable portion of the year, cannot be reckoned as particularly congenial. Dr. Philip holds, and certainly there are good grounds for such a view, that the tuberculous patient, of whatever country or race, can be suitably treated not far from his own home, and certainly Edinburgh experience supports such a contention.

As with other institutions for consumption difficulty is often experienced from the fact that in many instances help is only sought when the disease has reached an advanced stage. To obtain satisfactory results it has been found necessary to lengthen the limit of residence, and some patients have been kept under treatment for six months.

It is interesting to find that some old patients have been retained in the service of the hospital.

In connection with the hospital there is an out-patient department, which is situated in the heart of Edinburgh, and affords a central office where patients are received and treated, and suitable cases selected for open-air treatment. The educational value of such effort cannot be over-estimated, and it is but just to remember that Dr. Philip has been quietly carrying on this work for many years, and long before Calmette and others advocated the establishment of the now much-lauded "anti-tuberculous" dispensaries.

A specially commendable feature is the provision whereby bed-ridden patients and those who through weakness or other disability cannot attend as out-patients, are visited as home patients by an out-door medical officer, whose services must prove invaluable not merely in relieving suffering, but in teaching patients and friends how best to lessen the risks of propagating the disease.

The honorary physicians are Dr. R. W. Philip and Dr. G. L. Gulland, and Mr. David Wallace is the honorary surgeon. Miss Guy is the Lady Superintendent.

An excellent report of the work of the institution is published annually.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, July 5th, 1903.

TREATMENT OF CANCER BY THE X-RAYS.

AT the last meeting of the Academie de Médécine, Professor Cornil read a paper on a case of carcinoma of the breast treated by the Röntgen rays and quinine. The patient consulted him for a tumour of seven years' standing which had all the appearance of cancer. Having refused an operation, she was treated at first with quinine, and a few months after the tumour had ulcerated recourse was had to the X-rays, quinine being continued. The sore healed up rapidly, but reopened; finally healthy granulation set up and at present the cicatrix is almost complete and the patient apparently cured.

PREVENTIVE TREATMENT OF ARTERIO-SCLEROSIS.

Professor Huchard passed in review the preventive treatment of arterio-sclerosis. Among the principal hygienic measures, M. Huchard recommended a lacto-vegetarian *régime*, massage, muscle exercises, and balneation. As to drugs, he considered that iodides should be reserved rather for confirmed sclerosis. In the pre-sclerosis phase it was better to prescribe vaso-dilator agents such as nitrite of amyl, trinitrin, nitrite of soda, and organo-therapy, In diminishing the peripheric resistance those agents facilitated and increased the energy of the central organ of circulation.

TREATMENT OF DYSENTERY.

The treatment of true dysentery (mucus and blood in the excreta) by enemas of permanganate of potash is highly recommended by M. Gastineau. The strength varies between five to fifteen grains for a quart of warm water. In several cases in which he tried this

agent the results were very satisfactory and almost immediate. In some cases he gave the permanganate by the mouth in one to three grains daily.

ADRENALIN.

The numerous advantages and applications of adrenalin as the most powerful hæmostatic we possess should not mask the fact that this curious alkaloid discovered by Takamine must be handled with care, for grave cases of poisoning have been reported from time to time. Dr. Roussel employs the remedy in varied cases, hæmoptysis, hæmatemesis, cerebral hæmorrhages, &c., without experiencing any accident. The dose he employs is from six to twelve drops daily of the solution, 1-1,000, for two or three weeks. In one case he had serious trouble. A woman suffering from hæmorrhagic metritis, for which she had previously undergone several minor operations, including curettage, sent for him as the hæmorrhage had returned. Bringing into view the os by means of the speculum, M. Roussel painted it with a few drops of adrenalin solution, and gave by the mouth five drops during the day. Twenty-four hours afterwards the patient complained of vertigo, and experienced great cardiac pain, while the rhythm of the heart was irregular. In the night, however, after three or four hours' sleep, the symptoms passed away and the adrenalin was not continued.

Similar cases wherein the substance in question was the exciting cause have been reported by Souques and Morel, and also from Germany.

ARTERIO-SCLEROSIS, HEADACHE, NOISES IN THE EARS, CREEPING SENSATION IN THE LIMBS, INSOMNIA, &C.

Chloride of sodium, ʒiiss.
Sulphate of soda, ʒxv.
Phosphate of lime
Phosphate of magnesia } aa viii.
Carbonate of soda
Phosphate of soda, ʒvj.

Divide into twelve wafers, one to three daily according to tolerance.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, July 4th, 1903.

TRENDELENBURG'S POSITION AND ITS DANGERS.

AT the meeting of the German Society for Surgery, Hr. Kraske continued his address on this subject. He said that the symptoms of hæmatemesis in the second case brought to mind the observation of v. Eiselberg on hæmorrhage from the stomach after operation for hernia. Here there was a disturbance in the region of the superior mesaraic. Possibly the high position in fat subjects led to disturbance associated with hæmorrhage. Had v. Eiselberg made use of the high position in these cases? The speaker summed up in conclusion: (1) The high pelvic position might under certain circumstances, in cases with degeneration of the heart and great vessels, be dangerous; (2) in very fat people the position might lead to displacement of intestine after closure of the wound, and so to stasis in the portal system and hæmorrhages. The position, therefore, in such people should be maintained as short a time as possible, the dressings should be applied whilst the patient was in the horizontal position, after the operator had satisfied himself that there was no displacement. At the same time the position was invaluable in pelvic and abdominal operations.

Hr. Trendelenburg, Leipsic, declared himself in agreement with Kraske. But the dangers described threatened only in very special cases. In patients with large diseased vessels it was better to abstain from putting them into the position. He had never seen a case of ileus, but it might occur in very fat-bodied people. In such individuals the intra-abdominal pressure in the high pelvic position was not negative, and for this reason he did not use it. In fat people the position should not be made use of. The operation table should be so constructed that the horizontal position could be reverted to at any moment. He himself never kept the patient long at a time in the high position—only from five to ten minutes—but he returned to it on and off if necessary from time to time.

Hr. v. Eiselberg, Vienna, had made use of the position very extensively, and was highly pleased with it. Only in one case of a fat person did apoplexy occur, which was due to the position. In his cases of hæmorrhage after herniotomy the position had only been made use of once.

Hr. König, Berlin, said that the position in regard to abdominal abscess had not been discussed. If he found an abscess in the abdomen it was contra-indication for the position—it should be at once given up. In this way he had pulled through a large number of cases that in all probability would otherwise have been lost.

Hr. Lavenstein, Hamburg, laid stress on the construction of the table. He used one of his own devising, in which the horizontal position could be resumed at once. He did not close the wound until after the horizontal had been returned to. He once had a case of ileus of the sigmoid flexure after removal of a pelvic tumour, but it was doubtful whether the high position was the cause.

Hr. TRENDELENBURG observed that vomiting might occur in any position. The high position did not favour the aspiration of food into the trachea; on the contrary, he preferred it when there was any tendency to vomiting.

Hr. Heidenshain, Worms, had seen volvulus after total extirpation of the uterus, when the high position had not been employed. When it was used the head should not be allowed to hang straight down. He had the head-board placed almost horizontal; in that way blood stasis in the head was avoided.

Hr. Rotten, Berlin, had had a fatal case from aspiration of food into the trachea in a case of operation for diverticulum of the œsophagus, in which the high position was adopted.

Hr. Kümmell, Hamburg, had used the high position in many hundreds of cases without any accident. He allowed the patient to lie almost inverted. In approaching asphyxia he preferred the horizontal; atony of the bowel might come on after abdominal operation in any position.

Hr. Dührssen, Berlin, had seen only one death in the high position; it was from cerebral hæmorrhage, and the patient was a fat woman. The position should therefore be avoided in such people. He had also observed vomiting; this could be avoided by previous washing out of the stomach. Before closing the wound the horizontal should be resumed.

At the Medical Society, Hr. Doenitz gave a short account of the recent unfortunate case of

PLAGUE,

to which a young medical man fell a victim. It was probable that Dr. Sachs, the unfortunate investigator, had aspirated some juice from the gland of an infected guinea-pig, that some air had also entered the syringe, and that in emptying the syringe on an agar plate some of the material had spurted and infected him in the mouth or fauces. Then plague pneumonia developed secondarily. It was remarkable that the first symptoms of the disease appeared five days after the deceased had last worked with plague material. What

possibly favoured the onset of infection was that he had worked too hard and neglected his food, and the autopsy showed that he had an old tuberculous patch in the apex of one lung.

For preventing the spread of the disease, the patient was at once isolated, as well as all who had been in contact with him, and all had anti-plague serum injection. Thanks to these precautions, only one person took the disease, and that in a remarkably mild form, apparently in consequence of the serum injection. He had been then quite well for some days.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, July 4th, 1903.

CHRONIC NEPHRITIS OR HÆMATURIA.

SCHULLER showed to the Gesellschaft a patient of his who had been operated on for dangerous hæmorrhage from the right kidney. After the nephrotomy, it proved to be a case of chronic nephritis, but, strange to relate, the hæmorrhage immediately ceased after the operation.

In the urine no casts could be found, and all the known tests were applied to confirm the clinical diagnosis of simple persistent hæmorrhage from the kidneys. No more albumin could be calculated than that present in the blood.

Teleky asked if any explanation could be given for this negative condition after the operation.

Schuller said that none could be offered, as the elimination of albumin was still very low for an inflammation of the kidneys.

ANEURYSM OF THE AORTA.

Pauli next brought forward a patient suffering from aneurysm of the aorta ascendens as well as the right carotis communis. If one hand is placed over the aneurysm on the right side of the neck, while the other is laid over the left, the latter, though synchronous with the right, will be found to retract rather than expand. This, he thought, was due to the large sac yielding more easily than the walls of the vessels and easily admitting the flow of blood.

OSTEOID CHONDROMA.

Lorenz interested the Gesellschaft by showing them a large osteo-chondroma which he had removed from a patient. The tumour was diagnosed twenty-two years ago by Professor Billroth, who, on account of its great softness, diagnosed it as a soft sarcoma. Three years after this the whole character of the growth changed and became rigidly hard, lying deep in the pelvis opposite the ischial bone. Recently the swelling became so large that the patient was unable to follow his work. In October last the tumour began to ulcerate and necrosed, necessitating operation owing to peritonitis having set in from lymphatic poisoning.

TUBERCULOSIS OF THE ANKLE-JOINT.

Damianos presented three patients on whom he had operated for tubercle in the ankle-joint. After extirpating the talus he filled the cavity with Mosetig's bone dressing with the best results. He related the history of thirteen other cases on whom he had operated in a similar manner with only one and a half centimètres shortening of the leg. The filling seems to induce a healthy condition and act as a support for the soft coverings, which do not shrink, and by the presence of this foreign body a nearthrosis is produced leaving excellent movability in the joint.

Eiselberg said that his results were equally good, and confirmed the use of the "plombe" as an excellent adjunct in surgery.

ACUTE INFLAMMATION OF THE MIDDLE EAR.

Kaufman gave the history of a female, æt. 45, who after three weeks' acute inflammation of the middle ear was attacked with an abscess in the temporal lobe of the brain. After undertaking the operation, it was found that no connection existed between the ear and the abscess, as the bone and the dura mater were found perfectly healthy, but pus was present in the middle ear. He pointed out that many other cases of this nature existed and ought to guide us in our diagnosis. He especially recorded two other cases of abscess in the brain. The first was a boy, æt. 15, who died with symptoms of meningitis, on whom he had previously operated for an abscess in the temporal lobe. At the operation another abscess was found in the cerebellum which had been the cause of the fatal mischief. The second was a man, æt. 42, who died after a similar operation from meningitis, but the post-mortem revealed five other abscesses in the brain.

RADIUM LIGHT.

Holyknecht gave the Gesellschaft a history of his experiments conducted with Schwarz with radium light on patients suffering from nerve atrophy. In all their observations they cannot say that any good was obtained, although phosphorescent shadows were frequently observed. Practically and theoretically they cannot support the notion that the rays of radium which are not refracted in any media will act beneficially on the diseased optic nerve, although Loudon affirms that he has obtained excellent results from its use by increasing the activity of an insensitive retina. Before further advance can be made it might be well to test the effects on animal tissue, as the light may possibly produce a nutritive action in the radio-active substance, thus producing phosphorescence in the media. From this it may be perceived that the action is not a direct stimulus of the retina but rather a radio-active condition of the surroundings that increases the nutritive action of the tissue.

Sachs was willing to accept the notion of a radio-active substance in the media of the eye, but doubted the beneficial effects that the light would produce upon the retina. Weiss said that he had seen equally good results by using the galvanic current for atrophy of the optic nerve, which he thought might account for many of Loudon's successes.

The Operating Theatres.

MIDDLESEX HOSPITAL.

APPENDECTOMY.—Mr. A. CLARK operated on a man, æt. 50, whose case presented some interest on account of the diagnosis. When first seen by Mr. Clark the patient had been under medical treatment some fifteen days; the history was that he had suffered abdominal pains with occasional diarrhœa and sickness. This condition continued for about a fortnight, nothing definite presenting itself. His temperature varied from just below 100° to 102°. On the fifteenth day the doctors in attendance discovered some induration in the right iliac region which seemed to point more definitely to appendix trouble, of which previously there had been suspicion. The patient was accordingly sent to the hospital and there the diagnosis of subacute appendicitis was confirmed. He was kept under observation a week, and there was no alteration in the symptoms from which he had previously been suffering, and there was a definite swelling in the right iliac region. Under these circumstances it was deemed wise to explore the appendix region. The usual incision was made and a number of adhesions having been broken down, the appendix, curled up on itself with its tip adherent to

the cæcum was found. It was removed, and on opening it a nearly healed ulcer was found near the tip. There was a little trouble with bleeding from the adhesions, but pressure and patience completely controlled it. The wound was then sewn up layer by layer and the patient returned to bed. Mr. Clark remarked that until the induration in the iliac region pointed to the seat of the trouble there was no clue as to the cause of the symptoms, and the suggestion had been made of typhoid, more particularly as it was found that the drainage in the house in which the patient resided was not as it ought to be. As soon as the diagnosis was made it seemed desirable, he said, to wait for the attack to subside, but as this did not take place the operation above described was decided on. As regards the operation itself, the adhesions, he remarked, presented a little difficulty, more particularly as there was oozing from the bottom of the wound, which could not be controlled by ligature. This, however, as is usually the case, was stopped by pressure. The bleeding from the adhesions to the cæcum was easily controlled by ligature. It was quite clear, he thought, that operation was the right thing here. If the patient had been left it would either have gone on to suppuration and the patient's chances of good recovery would have been less, or a very chronic convalescence with probable trouble from the adhesions would have resulted, whereas by the operation the patient was practically cured.

A week after the operation, he is satisfactorily convalescing.

HOSPITAL FOR SICK CHILDREN, GREAT ORMOND STREET.

OPERATION FOR ECTOPIA VESICÆ.—Mr. KELLOCK operated on a boy, æt. about 3½, the subject of complete ectopia vesicæ. The condition, which was, of course, a congenital one, showed little difference from other cases of this class. The posterior wall of the bladder was visible through an area as large as a five shilling piece, the mucous membrane covering it showed several pedunculated processes, but was otherwise in a healthy condition. The two pubic bones were separated by an interval of about two inches, each side carrying its own rectus abdominis muscle with it. There was a condition of complete epispadias, and by traction on the penis the openings of the lower ends of the ureters into the bladder could be distinctly seen. A finger passed into the lower part of the extroverted bladder was found to reach downwards and backwards, behind what should have been the symphysis pubis, so that the trigone and possibly the prostate gland were in their normal position. The scrotum was fairly developed and a testicle could be felt on either side just outside the external abdominal rings. The child's general health was perfectly good, and he exhibited no other congenital malformation. Mr. Kellock said he proposed to divide the operation into two stages: First, to bring the penis and urethra into the perineum, and subsequently to attempt to remove the greater part of the mucous membrane of the bladder and close the opening in the abdominal wall. The child having been anæsthetised, incisions were made round the under surface of the penis and through the attachments of the bladder on either side as far back as the separated pubic bones. On deepening these incisions, the penis was thus more or less isolated from the surrounding tissues; an opening then having been made through the posterior part of the scrotum and anterior part of the perineum, the penis was drawn through this from below and fastened by horse-hair sutures in this position; the greater part of the median incision, which lay above the penis in its new position, was then closed. Three of the pedunculated processes of the mucous membrane of the bladder were then ligatured and removed by scissors. Mr. Kellock said that if the conditions remained satisfactory he proposed in about ten days or a fortnight to try and complete the operation of closure of the opening into the bladder.

[We hope to publish the second half of the operation in a future number.]

ERRATA.—June 24th, "Operating Theatres," p. 650, 2nd col.: Third line from bottom, for "ataxy" read "atony." Second line from bottom, for "detensor" read "detrusor."

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 8, 1903.

HYGIENIC INSTRUCTION IN SCHOOLS.

ONE of the greatest hindrances to the diffusion of hygienic principles among the masses of to-day is their almost complete ignorance of elementary science as manifested by the tendency upon the part of some to regard all such endeavours towards the conservation of health merely as medical fads, while others of even a less enlightened degree treat them with absolute indifference or open contempt. It is, of course, a slow and difficult process to overcome the ingrained habits of a former generation, who argue that "what was good enough for them is good enough for their children." But it must be remembered that the conditions of life are not precisely the same as they were fifty years ago, and that the stress of toil is greater, and the competition far keener now than it was then. An altered set of circumstances demands a more careful and accurate adjustment of the human organism to its environment. Biological laws must be complied with unless the race is to suffer, and there can be no doubt but that the physical safety of the nation depends very closely upon the strict observance by its individuals of the laws of health. And how can these be kept unless they be known? Much has been and is being done by the lay Press to spread

and popularise the scientific principles of every-day life among the people, and the appointment of health visitors and lecturers in various districts is a most important step towards the systematic instruction in hygiene that is so urgently needed throughout the land. But it is to the rising generation that we must look in order to secure the greatest benefit for the country at large from the diffusion of knowledge of these matters. The systematic training of the young in understanding the more simple laws of health should not be regarded as superfluous, but as necessary for the school curriculum as the "three R's." The knowledge of the evils produced by dirt, of the rudiments of domestic economy, such as elementary facts with regards to infant feeding, clothing and ventilation, together with the principles of dietary and cooking, is quite capable of being presented in an attractive form to a child's mind. Many of these subjects are more suitable for study by girls just before leaving school, for it is in the home that their previous teaching can bear fruit, and the home-life is the touchstone of the nation's health. To supplement the class-instruction, practical experiments in the chemistry of respiration and of the common things of daily life would be of great value as serving to impress the drier facts upon the young mind. It is gratifying to note that the Board of Education includes in its syllabus for the higher grade schools a course of "Lessons on Common Things." Those medical officers of health who also happen to have seats on the local School Boards have used and are using their influence in endeavouring to procure a more systematic instruction in hygiene for the young. As an outcome of these efforts, the training of teachers in the necessary special subjects becomes a matter of importance. And here the various technical institutions have stepped to the front, so that there is now no difficulty whatever in the way of anyone desirous of taking up a course of theoretical and practical hygiene for the purpose of teaching its principles to others. The evening continuation schools also cater for the instruction of senior scholars and others who are engaged during the day, so that for a certain class there is ample provision for all who are willing to learn. The special need now is that children should receive lessons in the subject while they are yet at school, in order that their interests may be awakened and their intelligence quickened in these vital matters. Then when they leave school the science of hygiene will not be new to them and their minds will have been bent in the direction in which they will naturally incline, and habits will have been formed which cannot fail to exert a beneficial influence upon the lives and future offspring of the coming generation.

INFECTIVE ARTHRITIS.

THE difficulties that surround the differential diagnosis of articular maladies are of a manifold nature. The secondary or symptomatic joint inflammation, for instance, may result from many causes, and the morbid process may involve structures not only within but also in the neighbourhood of the joint proper. Until comparatively recent years the wide and general term "rheumatism" has served the purpose of the practitioner called upon to deal with painful or tender articular troubles not obviously due to gout, rheumatic fever, tubercle, syphilis, injury, blood poisoning, or gonorrhœa. A rough classification of that kind clearly failed to include a large number of conditions that with greater care and increasing knowledge can nowadays be separated from the old-fashioned rubbish heap of "rheumatism." This important subject was dealt with in a valuable and suggestive manner by Mr. Howard Marsh before the Royal College of Surgeons towards the end of the year 1902. He pointed out that the modern views of infective arthritis in the first place started from the discovery by Weichelsbaum, in 1888, that the pneumococcus has the power of inducing an acute articular inflammation, which as a rule went on to suppuration, and in three-fourths of the cases ended in death. Other illustrations following specific fevers may be found in scarlatina, enteric fever, influenza, erysipelas, and glanders. Of the large number of unclassified septic articular diseases Mr. Marsh connected one case with toxins absorbed from a fœtid bronchiectasis. In another patient a diplococcus was isolated from the knee, and this organism injected into a rabbit produced a poly-articular affection. Other chronic articular inflammations, usually ending in fibrous or bony ankylosis, may be caused or complicated by one or more varieties of septic cocci. These observations are of the greatest importance to progressive medicine, and they will doubtless serve to stimulate other investigators, both medical and surgical, to further efforts in a similar direction. An interesting communication was published by Dr. William Murrell in the issue of THE MEDICAL PRESS AND CIRCULAR for June 10th, 1903. The article was entitled "Diseases Commonly Mistaken for Rheumatism," and it would be hard to imagine a subject of more direct practical value to all practitioners of medicine. The author first passes in review the commoner morbid conditions, such as osteo-arthritis and influenzal articular inflammations, and the group of myalgias usually described under the name of "muscular rheumatism." He further reminds the reader that not infrequently pain in or about a joint is reflex in origin, as in the familiar example of pain in the knee due to tuberculous disease of the head of the femur, or perhaps symptomatic of renal or vesical calculus. The medical man who, in his everyday experience, bears in mind the existence of hysterical or mimetic joint affections will sooner or later find himself saved from a formidable pitfall of diagnosis. One point insisted upon by Dr. Murrell is worthy of especial attention, namely, the confusion of osteo-myelitis with rheumatism. As he rightly remarks, to make a mistake of that kind probably represents one of the greatest misfortunes that could happen to a man in practice,

but for all that the error, unfortunately, is not uncommon. It is important to remember, therefore, that acute suppurative osteo-myelitis occurs chiefly in young subjects, and is staphylococcic in origin. It attacks the bone in the immediate vicinity of the epiphysis, the common seats being the upper end of the tibia and the lower end of the femur. In addition to high fever and general constitutional disturbance there is pain on percussion over the affected parts. The treatment is to gouge out the diseased bone and administer antistaphylococcic serum internally. A typical case was published by Dr. Murrell in the issue of THE MEDICAL PRESS AND CIRCULAR for July 1st. The two articles from his pen are worthy of being carefully read in conjunction with the Bradshaw lecture on infective arthritis.

THE COCAINE HABIT.

IF we may judge from our exchanges, the abuse of cocaine in American cities has reached alarming proportions. Dr. Simonton, in a paper read before the Pittsburg Academy of Medicine, stated that three thousand ounces of cocaine is not an unusual amount to pass over one counter in the year. One druggist admitted that he sold from forty to fifty ounces a month. Large as is the direct sale of the alkaloid, as such it is small in comparison with the amount sold in proprietary preparations, which are vended as catarrhal snuff, consisting of tobacco, bismuth and cocaine, nerve tonics, stomach invigorators which are so freely advertised—the great American red blood corpuscle makers, that contain fully 50 per cent. of alcohol with cocaine, albuminoids, and so forth. In this way the habit is acquired, and in time the poor victim finds it is cheaper to buy the chemical separately. The habit has reached such proportions in many of the smaller towns that 50 per cent. of all the crime is credited to the use of the drug. Throughout many of the States the negroes are completely demoralised by its use. We refer to these things in order that some steps may be taken to ensure that in buying proprietary preparations the public may know what they are buying. Under a captivating title a purchaser may be buying a strong alcoholic preparation, with or without cocaine—a nerve invigorating wine, or mixture, a preparation that might under certain conditions be a very valuable medicine, but one which could not honestly be recommended for general use. We think that it is necessary to take steps to prevent this demoralising cocaine habit from spreading to this country, and we do not think that the public are sufficiently protected by the existing laws that regulate the sale of scheduled poisons. We should like to prohibit the sale of scheduled poisons in proprietary medicines, or their sale for internal use, except in a preparation prescribed by a registered medical practitioner, and that a prescription containing any such poison should not be repeated. As the law is, a prescription, no matter what poison it contains, may be repeated again and again, and is not infrequently lent from patient to patient. This calls for change, and the prescriber can do much to lessen this danger by stamping his prescription "not to be repeated." We would further desire that all proprietary preparations containing poisons have their exact formula written on the label, and that all those containing alcohol should have the quantity and strength of the spirit contained plainly marked both on the wrapper and label, so that a man may not unconsciously be bringing home to his sick child a cold punch and cocaine nerve "restorer."

Notes on Current Topics.

The Requirements of the Science Schools in Trinity College, Dublin.

THE appeal for funds issued on behalf of the scientific schools of the University, to which we have already referred, sets forth very clearly the amount of money required both for immediate capital outlay and for annual expenditure, and also shows the sums which ought to be placed at the disposal of the various schools. So far as medical science is concerned, seven schools are included in the list—*viz.*, those of anatomy, chemistry, experimental physics, physiology, pathology and bacteriology, zoology, and botany. In the anatomical school an embryological laboratory is urgently required, and further teaching assistants. The estimated capital outlay amounts to £2,300, and the annual outlay to £150. The botany school requires a suitable building for teaching purposes and for the reception of the valuable herbarium and library, also additions to the teaching staff. The estimated capital outlay is £6,400 and the annual outlay £280. In the chemical school additional laboratory plant is required, and an additional assistant. The estimated capital outlay is £1,500 and the annual outlay £350. Experimental physics call for the greatest outlay, as the teaching accommodation is entirely insufficient, and there is also required almost new equipment. It is estimated that a capital outlay of £11,000 and an annual outlay of £350 are required. The pathological school does not call for such extensive outlay, in consequence of the sums which have been recently spent upon it. The estimated capital outlay is £1,000, and the annual outlay £150. The school of physiology does not require any capital outlay, as recent additions have been effected. The estimated additional annual outlay is estimated at £250. The school of zoology requires large additions both in respect of accommodation and of the teaching staff. It is estimated that capital outlay of £7,700 is required and an annual outlay of £546. The total capital outlay required amounts to £34,000, and the annual outlay to £2,730. If the latter sum is capitalised at 3½ per cent. we find that the total sum required is £112,000. This represents a large amount of money, and the graduates and supporters of Dublin University will have to respond to the appeal in a generous spirit. The munificent offer of Lord Iveagh has been already mentioned, and we sincerely trust that the University may be able

to collect the necessary amount to enable her to take advantage of it.

The Married Life of the Carlyles.

IT is little less than sacrilege to draw aside the curtain which should ever veil the joys and sorrows of domestic life, and it is a relic of barbarism which allows the ruthless stripping of all-sacred draperies from the sanctity of marriage. But the sexual concerns of the Carlyles have become subject for common gossip, and the relations of Thomas Carlyle and Jane Welsh now afford matter for jest as well as for profound sorrow. We consider a very grave responsibility has been undertaken by those who, presumably in the interests of biographical truth, have dragged into the unprotected gaze of a selfish public physiological and psychological conditions which might well have been treated with such respect and reticence as has always characterised the procedure of the medical profession in regard to such matters. In a recent number we referred to Froude's contention that the only true explanation of the differences and misunderstandings which arose between these two exceptionally gifted souls was to be found in the impotence of the master man. Sir James Crichton Browne has now issued a peculiarly bitter and in many ways unfortunate and unsatisfactory reply to Froude's imputation, in which the charge is, as he calls it, "considered medically." He certainly succeeds in showing that there is strong circumstantial evidence that Carlyle was not the subject of any disability, as has been suggested. It is clear, however, that the childless state of the Carlyle home accounts for much in the wide separation of these two lives, sundered far though lived together. Sir James, in the introduction to the recent volume of letters of Mrs. Carlyle, and in his last effort to wipe all mud of slander and filth of false accusation from his much-beloved master, has hardly granted that charity which would protect Jane Welsh Carlyle from abuse. Indeed, much of his argument seems based upon a determined effort to glorify the man by despising and degrading the woman. The discussion is not creditable to the literary spirit of to-day. Such subjects must of necessity come within the scope of serious medical inquiry, and no physician desirous of serving his day and generation can afford to neglect a careful study of the psychological and physical states influencing or deranging sexual functions; but we think the reckless exposure of these matters in all their nudity to an ignorant and oftentimes lewd public opinion will be shown to be ill-advised and useless, and will bring shame and a measure of disgrace to all concerned in such exposure.

The Lock Hospital and its Nursing Staff.

AN awkward situation has, we learn, arisen at the Government Lock Hospital in Dublin in consequence of the resignation of three out of four staff nurses owing to the alleged impossibility of submitting any longer to the vexatious rule of the matron of the hospital. We are informed that the staff nurses in question have been in the hospital for many years, and have discharged their duties in every way to the satisfaction of the medical staff. The matron of the hospital is not a trained nurse, but a lady who has been advanced to that position from the post of housekeeper, and apparently the staff nurses consider she is unable to appreciate properly the relations which should exist between a lady superintendent of nurses and the nurses. Whatever may be the cause of the present state of affairs, it is a serious matter when in a hospital of the kind the staff nurses feel their position so keenly that three of their number resign and that the Board of Governors find it necessary to call upon the fourth to also resign, in consequence of a complaint brought forward by the matron. We regret to hear that the Board have refused by a majority vote to hold an inquiry into the causes which led to these resignations. Whatever they may be, the interests of the institution, and of all concerned, demand that such should be held, and the facts ascertained at first hand. We also learn that apart from the staff nurses other officials of the hospital find it difficult to discharge their duties without coming into conflict with the matron, and that in at least one instance a serious interference with the duties of the medical staff took place. This interference was at the time reported to the Board, and no effectual steps were taken to ascertain its cause. Should the facts of the case be as they are reported to us, it is incumbent on the Board to take steps to prevent the serious consequences which would arise from the sudden loss of all the staff nurses.

The Jenner Institute of Preventive Medicine.

THE recently-organised antitoxin department of the Jenner Institute of Preventive Medicine, at Elstree, was visited on Friday last by a large number of distinguished scientific and other selected guests, who attended in response to an invitation issued by Lord Lister and the governing body. The resident staff, consisting of Dr. George Dean, Dr. Todd, and Dr. Petrie, received the party and conducted them over the laboratories, which are devoted to the preparation of antitoxins on a commercial scale as well as to investigations bearing on immunity. The place was formerly a breeding establishment for horses, and is admirably adapted for its present purpose, containing as it does accommodation for thirty-six horses. The horses, peering curiously from their boxes at the unusual influx of visitors, looked perfectly comfortable, although they bore sundry sinister labels—diphtheria, tetanus, streptococcus, and the like. Even the much-experienced guinea-pig looked the picture of happiness though inoculated with this or that toxin or virus. The arrangement of the laboratories, it is hardly necessary to add, leaves nothing to be desired in the actual state of our knowledge, with their papyrolith floors, glazed adamant walls, white tiles and large windows. In the garden are small houses for the isolation of the smaller animals. *Inter alia*, some highly interesting preparations were shown of the results of the inoculation of animals with human tubercle, proving

clearly enough that the virus is capable of giving rise to disseminated tuberculosis. Along with Lord Lister were present Lord Iveagh, Sir Michael Foster, Sir Henry Roscoe, and Dr. Macfadyen (the chief bacteriologist), Sir William Church, Surgeon-General Sir W. Wilson, Dr. Castellani, Sir Felix Semon, Dr. Collingridge, and Dr. Seaton. It was generally felt that this country is now in possession of an institution worthy of it, and of the important functions which it is intended to fulfil. Thanks to the munificence of Lord Iveagh it has been possible to render available the most perfected apparatus and appliances, both for the preparation of sera and for further research.

A Judge's Comments on Medical Charges.

THE question of what constitutes a suitable charge for medical attendance is obviously one which can only be answered in view of the conditions under which the attendance was obtained. But some remarks which fell from the judge at the Winchester Assizes last week may be taken to formulate a principle likely to command general assent, quite apart from the merits of the particular case. A man, who thought he had been poisoned, consulted a local practitioner, complaining of collapse, nausea, &c., and was given a bismuth draught. He was visited at his house twice on the following day, but it was not thought necessary to give him any medicine. For these three attendances a bill of three guineas was presented, and formed part of a claim for heavy damages against the manufacturers of the incriminated drink. The judge elicited from the practitioner that he was not in the habit of charging a guinea a visit under ordinary circumstances, but did so on this occasion because it was an "emergency" case, whereupon the judge animadverted strongly on the impropriety of a professional man sending in an exaggerated bill on the chance, apparently, of its being recovered from the defendants. It was, of course, open to the practitioner to say that his charges were regulated by the social position of his patient, and it is difficult to see what objection the judge could have taken to the practice—which is universal. We do not, however, desire to discuss the merits of this particular case, but rather to point out that it is unquestionably undesirable and improper to charge in such cases on a special scale on the assumption that the defendants will have to pay.

The Surgery of Chronic Bright's Disease.

MANY morbid conditions which were at one time considered incurable, and therefore only to be mitigated by drugs, have yielded successfully to the rapid advances of modern operative surgery. Such regions as the interior of the cranium and certain of the internal viscera, hitherto deemed inaccessible to the knife, are now daily explored in every operating theatre in the land. The principles of asepsis have rendered this possible. Other diseased states there are which do not seem amenable by their very nature to surgical treatment. Chronic interstitial nephritis is one of these, and has been variously regarded as a slow degenerative process in which toxins play an important part. Since the discovery by Edebohls, of New York, of the fact that persons affected with granular kidneys in whom nephropexy had been performed for mobility of one renal organ were improved with regard to their chronic nephritic symptoms, it occurred to that observer to perform nephropexy in granular kidney alone, with the result that many patients were benefited and some appeared to be even cured of their complaint. Thus it has come to pass that "renal decapsulation" or "decortication," as the new operation is termed, is likely to find a permanent place in the therapeutics of chronic Bright's disease. The beneficial results in many cases of the operation, which was almost simultaneously performed by Ferguson, and has since been practised by surgeons in this country, are attributed to the increased circulation through the kidneys owing to the development in the perirenal adhesions of new collateral channels. It is stated that these vessels have been observed in the lower animals, but it is very difficult to produce in them anything exactly corresponding to the true granular kidney found in the human subject.

Fireguards in Workmen's Dwellings.

THE number of children sacrificed yearly owing to the want or neglect of proper precautions is simply appalling. Thus, in England last year there were 1,684 inquests held upon children burnt to death, and in 1,425 of these the fact was elicited that there were no fireguards in the rooms where the accidents occurred. These articles are not expensive, and their absence in the living-rooms of the poor is negligible on the part of the parents, and is evidence of deplorable shortsightedness on the part of the authorities who have built or who own the tenements in question. It should be made compulsory that all the new workmen's dwellings which are rapidly being run up in different parts of suburban London and other great cities should be supplied with properly constructed fireguards in all living-rooms. Cupboard room may be a most excellent thing, but the furnishing of these habitations with simple structures which are the means of preventing much loss of life is, surely, more to be desired.

The Anti-Tuberculous Properties of Muscle-Juice.

THE mortality from the various forms of tuberculosis, general, pulmonary and meningeal, affecting young children is very considerable, particularly in the crowded areas of our great cities. The virulence of the infection is largely increased by unhealthy surroundings, bad air and insufficient or improper food. There are few remedies which seem to possess any influence at all upon the progress of the disease in its acuter forms, but much can be done in the early stages to check its hold upon the system, while still more, of course, can be achieved by preventive measures. MM. Alberti Josias and Jean-Ch. Roux, in a communication read at the recent International Congress of Medicine at Madrid, have had some rather more hopeful results from the administration of muscle-juice

and raw meat in infantile tuberculosis. As was to be expected, the more acute forms were apparently uninfluenced, but in a series of sixteen cases of early meningeal and pulmonary tuberculosis six were cured, four were greatly relieved, four slightly improved, and two died. An increase in weight was one noticeable result of the treatment. It is often remarked how readily young infants will take meat-juice and what changes it is capable of producing in the character of the stools when these have been offensive owing to intestinal fermentation. In marasmic states the same substance may prove the one thing needful to cause a turning-point in an otherwise fatal illness. The abundance of nucleo-proteids and albumins in muscle-juice probably fortify the tissues so that they are more able to resist the invasion of the bacilli to a greater extent than milk is capable of doing. It is an easily obtained remedy, it can be home-made if necessary, while it should afford a good substitute for cod-liver oil, now that that drug is becoming scarce.

Mr. Allinson and the Coroner.

MR. ALLINSON, ex - L.R.C.P., was severely criticised by the Kingston coroner on the occasion of an inquest on the body of a lady who had been attended by him and died of cancer. It transpired that no treatment had been adopted and no operation advised, and the coroner contrasted the curious latitude allowed by the law in respect of human beings with the strict way in which it controlled diseases in animals. Mr. Allinson, who boldly asserted that he was "an authority in himself," claimed to have a practice "second to none in the Kingdom," adding that registrars never made any difficulty in respect of his certificates of death, either in town or country. If this be the case it only emphasises the urgent necessity for reform in the registration of the cause of death. If the certificates of Mr. Allinson, a man whose name was removed from the *Medical Register* for infamous conduct in a professional respect, are really received with this unanimity, what guarantee have the public, and what measure of credence can be accorded to such documents ?

Cryoscopy as a Clinical Test.

The knowledge of the exact manner in which the renal organs perform their duty is often the key to the diagnosis of certain systemic disorders. It not infrequently happens that the finding of a single granular cast in the urine is sufficient to alter completely the opinion of the physician or to confirm his suspicions, while on this sole microscopic evidence has rested the non-performance of many surgical operations. In order to estimate renal efficiency recourse must be had to certain clinical tests, in the application of which the sister sciences have come to the assistance of medicine in providing the various instruments of quantitative analysis with which every student of medicine is familiar. Dr. Tinker, of the Johns Hopkins Hospital, considers that cryoscopy is of great value as an index of renal insufficiency, especially in surgical affections of the organs. As applied to medicine, cryoscopy has been employed by Koranyi, Moritz, Senator, Kümmel, and others, who believe that the freezing-points of the urine and of the blood afford the most trustworthy indication of the condition of the kidneys. That of the blood is the more accurate, as being less influenced by physiological variations than urine. In the case of the latter, a freezing-point above 0·9° C., and for the blood, over 1·58° C., shows that renal insufficiency is present. In determining the relative working capacity of the two kidneys, as, for instance, previous to a nephrectomy, catheterisation of the ureters should be practised, and a separate cryoscopic examination made for each sample of urine. It is claimed that the method is not more time-consuming than many other clinical tests in every-day use, while it is more trustworthy and accurate than most of them.

The Ferments of the Amniotic Fluid.

APART from the mere mechanical action of the liquor amnii in preventing shocks and jars to the fœtus during its growth and its valuable function in acting as a fluid wedge in the first stage of labour, it has not been supposed to minister nourishment to the embryo or to exert any definite influence upon its metabolism. It is known to contain albumin, the proportion of which is larger in the earlier months of pregnancy, and also urea, which is generally found towards the later months. M. Biondi, of Vienna, in the course of some researches upon the composition of the amniotic fluid, claims to have discovered no less than five different ferments therein. One of these is allied to fibrin ferment, while the others are proteolytic, amylolytic, and lipolytic. These bodies are considered to be derived from the maternal blood and to be absorbed in the intestinal canal of the fœtus, where they dissolve albuminous substances found therein. Though it would be of greater value if the relationship between the presence of the ferments and the age and general condition of the fœtus were more fully investigated, yet this discovery in the chemical physiology of the liquor amnii is one of importance as tending to illustrate the predominance of the chemical and vital action of the fluids of the body over the purely physical.

Excision of the Urethra.

AT the May meeting of the Société des Sciences Médicales, M. Cavillon exhibited for Professor Jaboulay a portion of a urethra, about five centimètres long, which he had excised from a man who was suffering from tuberculous disease of the kidney. The patient had for the past four years complained of urinary troubles, and some four months prior to his coming under the care of Professor Jaboulay a renal or peri-renal abscess was incised. On admission to hospital there were evidences of a recollection of matter in the neighbourhood of the kidney ; his urine was purulent, the bladder was suffering from cystitis, and his condition was such that he desired to have his kidney incised. This gave him considerable relief, but after a few days his temperature rose, his state indicated a fresh

collection of pus, and he became anxious that a radical operation be performed. After assuring himself by catheterisation of the ureters and use of the methyl blue test that the left kidney was normal, M. Jaboulay decided to operate. He, on exposing the gland, opened all the pockets of pus, both intra-renal and peri-renal; the ureter was next examined, and was found to be tuberculous; it was therefore ligatured above and below, and the portion between the ligatures was excised. This operation has been performed twice before by M. Jaboulay, the first time for a sarcoma of the kidney in a very cachetic patient, who did not long survive the operation; the second case was that of a woman who was suffering from pyonephrosis; in this case the operation was supplemented by a nephrotomy. This patient made a very good recovery, and there is evidence that the diseased kidney has undergone atrophy. The operation presents many advantages; it is a more simple operation and more quickly performed and less dangerous than nephrectomy. It isolates the urinary bladder from the diseased products of the infected kidney, and excludes infection from the healthy gland, hence M. Jaboulay designates the operation "isolation of the kidney." Ligature of the canal produces atrophy of the gland. This atrophy is gradual, and during its occurrence the healthy kidney is becoming hypertrophied and more capable of carrying out the increased work thrown on it. Exclusion of the kidney may be performed with or without nephrotomy. The operation stops the functional activity of the gland, it excludes it completely, and atrophy results as a consequence, just as it is found to occur in hydronephrosis. It is a physiological fact that glands atrophy when the excretory duct is completely closed. With Dr. Gauthiere we conducted a series of experiments to learn the influence of occlusion of the ureters on the kidney affected and on the kidney whose ureter was not interfered with. We may, for the present, content ourselves with saying that in the case of rabbits and dogs in whom we ligatured and excised the ureters we have not found that reflex inhibition of the opposite side which some writers refer to; neither did any one of those animals suffer from urinary phenomena.

An Aseptic Operation Theatre.

THE ideal operation theatre is an aseptic one; to obtain this many ingenious and useful mechanical devices have been adopted. The walls, ceiling and floors have been covered by impermeable material that admits of the room being flushed out regularly, and the replacing of the corners by curves has left no pockets for matter to collect. The use of furniture that can be made aseptic, and the separation of the spectators from the operator and the patient by a wall of glass, have all tended to approximate the condition of the theatre to the ideal. But M. Tuffier has, by some ingenious experiments demonstrated to the Société de Chirurgie, of Paris, that when all these precautions are taken the atmosphere is still rich in germs. He proposes that a vapour cloud of oxygenated water, generated at a high pressure, be passed into the room until the whole space is filled. After such a saturation of the air he finds the volatile germs have become too heavy to float, and that they have to a certain extent become less separate entities and more conglomerate masses. The whole air becomes washed, purified and practically aseptic. The scheme much resembles the antiseptic purification method by steam vaporisers that were used in the early days of Listerism, and were found so disagreeable by the operator and his assistants. At that time, however, the vapour was directed on the field of operation, with the object of keeping the atmosphere in the vicinity of the surgical wound sweet. By the method of M. Tuffier the vapour cloud is much finer than the Lister spray was, and the whole space of the room is purified without in any way interfering with the surgeon's comfort, for the process is completed before the patient is brought into the theatre. As an addendum to other methods of purification, especially in private houses, we think it worthy of a trial.

The Erythemata as Disease Indicators.

THE very intimate relationship in which dermatology stands to general medicine is one which is gradually becoming more recognised both by specialists and physicians. The cutaneous surface, like that of the tongue, affords a valuable index of the state of the blood and the internal organs. This connection was strongly insisted upon by Dr. James Galloway in the Annual Oration before the Dermatological Society of Great Britain and Ireland on June 24th. One of the commonest signs upon the skin of disease is, perhaps, an erythema, and erythematous eruptions form a group of great complexity and of no small insignificance. In vaso-motor disorders, a persistent erythema of the extremities is not infrequently seen, quite apart from the more familiar chilblains. Sometimes the rash is almost universal, in which case the prognosis is apt to be unfavourable. Considering the close relation between the renal and cutaneous excretions, it is not surprising to find that severe erythema, of an exudative type, is often present in the later stages of Bright's disease, and here again the outlook is very grave. Absorption of toxins from the alimentary tract is capable of giving rise to various eruptions of this nature. Regarded from this point of view, it does not seem improbable that erythematous lupus may be related to the erythema group by closer ties than would appear at first sight.

The Purity of Aerated Waters.

FROM time to time our attention has been called by correspondents to the apparent absence of sanitary control over the various brands of aerated waters on the market, and samples have been submitted to us which really seem to point to the lack of an efficient system of control. Several samples were decidedly turbid, and in some instances the appearance of the bottles or syphons suggested defective cleansing. In view of the confidence which the public place in such waters their manu-

facture ought to be closely investigated, more particularly in respect of the source of the water employed and the precautions taken to ensure its original purity and protection against subsequent contamination. The use of second-hand bottles is another point worthy of attention. A large proportion of the bottles pass through a chequered career before they find their way back to the manufactory, and they not infrequently serve as receptacles for paraffin, carbolic acid and other poisonous or objectionable substances. Then, too, the popularity of the rubbered screw stopper for bottles is a possible source of contamination, since impurities may lurk behind the rubber band and so jeopardise the purity of the prepared water. There is no reason to suppose that carbonic acid gas possesses the property of sterilising impure water, and even were this the case it would afford no justification for the absence of the usual precautions. It is especially in regard to small manufacturers that suspicion arises, and there is no obvious reason why waters offered for sale should not be subjected to as stringent surveillance as milk, for instance. An official report on the results of a systematic inquiry into the quality of artificial drinking waters would assist the public in their choice, and we note *en passant* that Dr. Hamer has drawn up a report which to some extent covers the ground.

The Society for the Study or Inebriety.

AT no previous time has the study of inebriety been approached in a more scientific spirit. The impulse of the age is being clearly revealed in the thoroughness with which moral and social problems are being attacked from their physical and psychological aspects. Alcoholism in its many forms is a danger which threatens much disorganisation to the State. Ignorance, apathy, prejudice have for long hindered the spread of sound scientific principles regarding the nature and management of inebriety. In 1884 a society was formed, mainly through the far-seeing enthusiasm of the late Dr. Norman Kerr, "to investigate the various causes of inebriety, and to educate the professional and public mind to a recognition of the physical aspect of habitual intemperance." The publication of the "Proceeddings of the Society for the Study and Cure of Inebriety," has done much to develop the true spirit of investigation. The Council of the Society have now extended the range of their influence and are issuing under their direction "The British Journal of Inebriety." The Society is fortunate in having the support and sympathy of many of the most distinguished members of the medical profession, and a large number of influential laymen co-operate as associates. The recently issued Journal contains a valuable Presidential Address by Dr. Harry Campbell, an important study on "Inebriety in Scotland," by Mr. Arthur Sherwell; an essay on "Inebriety and Suicide," by Dr. W. C. Sullivan, "Notes on the Bremen Congress on Alcoholism" and much other material which should prove invaluable to all connected either directly or indirectly with work concerned in the restoration or alleviation of the unhappy victim of alcoholic excess.

The History of Medicine.

FOR the due appreciation of the present position of any science it is not enough merely to be acquainted with the discovery of the fundamental truths or even of more recent developments. It is of equal importance that the mind should travel back over the past centuries to the first glimmerings of knowledge in order to comprehend in the fullest degree the vastness of the subject and its gradual evolution from chaos. For graduation in theology, law, arts, science, and music, in most Universities, a knowledge of the history of the subject is considered essential, and questions thereon are included in the pass-papers. It is, therefore, somewhat strange that no such demands are made upon the student of medicine, for although this deficiency in the curriculum does not make him any the worse physician or surgeon, yet it must be acknowledged that it has a tendency to narrow his whole conception of medical science. The institution of the Fitzpatrick Lectureship by the Royal College of Physicians on "The History of Medicine" is a noble attempt to arouse interest among the profession in this little studied branch of the healing art. It would be a distinct gain if the Universities and their attached medical schools could see their way to establish a Chair of Historical Medicine in their midst, while the inclusion of the subject in the curriculum would then be only a matter of time.

The Prevalence of Actinomycosis.

THE etiology of actinomycosis is still enveloped in some mystery, and although the disease is unquestionably transmissible from animals to man it appears highly probable that the principal source of infection derives from the vegetable kingdom. During the last five years no less than 86 cases of the kind have been reported in France, in 67 of which the disease affected the cervico-facial region. During the same period 189 cases were observed in Russia, 102 in the United States, 101 in Germany, 35 in England and 22 in Italy. Of 306 cases of cervico-facial distribution 10 died, 3 were reported to have improved, and 168 recovered, so that this distribution justifies a favourable prognosis. As might be expected, infection of the thoracic or abdominal walls is a graver form of the disease, only 16 having recovered out of 25. When one or other of the viscera is infected the prognosis is decidedly grave, death being the rule. The most remarkable point in respect of the treatment is the remarkable effects of iodide of potassium in some cases and its comparative uselessness in others, and this difference of results suggests the possibility of there being more than one variety of the disease. It has, in fact, been shown that a very similar affection in Brazil is due to a special bacillus, the actino bacillus, which is peculiarly amenable to the action of the iodide. It is therefore possible that, in some cases at any rate, other agents than the actinomycetes

may be concerned in its production, and the point is one which urgently calls for careful investigation.

Health and House-Boats.

WITH the coming of summer's heat the dusty and weary Londoner longs for the cooling shade and refreshing breeze of his much-loved river, and the rush of the lazy and leisured to the Thames has already begun in good earnest. It is not our purpose to dwell on the athletic and fashionable aspect of aquatic delights, but to focus attention on the peculiar benefits which life on a well-designed and suitably-conducted house-boat may afford to the innately delicate or constitutionally feeble individual. Such an outdoor existence as is compatible with river residence provides—for many susceptible to the various morbid influences peculiarly associated with town life—in the hot days of summer a means of avoiding derangement and securing prophylactic powers of the highest utility. Many asthmatics, consumptives and subjects of nervous instability now avail themselves of the restful and invigorating influences of river life. We venture to think medical men might well bear in mind the advantages of the house-boat as a therapeutic agent of the greatest utility when selected with judgment and residence is conducted with reason.

Sir Patrick Manson.

AMONG the recent Birthday honours, briefly recorded in our last issue, none were more deservedly awarded than the distinction granted to the medical adviser to the Colonial Office. The new Knight Commander of the Order of St. Michael and St. George occupies a high place among English pioneers in medical science. His researches into the pathology of tropical diseases have done much for the betterment of mankind, and his enthusiastic efforts to further the proper study of malaria and other tropical diseases are justly described as Empire-making. We offer Sir Patrick Manson our hearty congratulations.

THE death is announced of Dr. William Morrison, medical officer in charge of plague patients at Kalyan, Bombay, as the result of a fall. It is surmised that he must have slipped in the dark and fallen over the banister. Dr. Morrison was a graduate of the University of Edinburgh and was sixty years of age.

PERSONAL.

DR. H. A. ALFORD NICHOLLS, C.M.G., Medical Officer of Dominica, has left that Colony for Canada on leave of absence.

SIR EDWARD CARSON will preside at the Distribution of Prizes to the students of the Dental Hospital of London on the 17th inst.

DR. SEYMOUR TAYLOR, physician to the West London Hospital, has been elected President of the West London Medico-Chirurgical Society for the ensuing year.

THE Hon. Dr. C. Dennehy, who has been connected with the Medical Staff of St. Lucia for thirty-two years, has been retired from the public service of the Colony under the age limit rule.

THE governing body of the Jenner Institute of Preventive Medicine have appointed Professor C. J. Martin, F.R.S., of the University of Melbourne, to the post of Director of this Institute.

DR. A. R. URQUHART, Medical Superintendent of the James Murray's Royal Asylum, Perth, has been elected Chairman of the Parish Council of Kinnoull and appointed Justice of the Peace for the County of Perth.

DR. G. V. POORE has been presented by his colleagues with a piece of plate and a testimonial, in recognition of his valuable services as Professor of Medicine at University College and as physician to University College Hospital.

LORD LISTER, in recognition of his "long and valuable services to the country, and particularly to surgery by the discovery and application of the antiseptic treatment," was admitted to the honorary freedom of the Merchant Taylors Company on Wednesday.

Special Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

[FROM OUR OWN CORRESPONDENTS.]

SCOTLAND.

INDIAN STUDENTS IN EDINBURGH.—An appeal for funds to provide permanent quarters for the Edinburgh Indian Association has recently been circulated both in this country and in India. Starting with a mere handful of members twenty years ago, with the object of assisting natives in India coming to Scotland for study or business purposes, promoting social intercourse among them, and holding debates on topics of interest, the Association has now on its roll about fifty members, and cannot, therefore, as was orginally designed, meet in the private lodgings of its members. It is estimated that a sum of about £5,000 would meet the needs of the case, and donations should be sent to Professor Kirkpatrick, University of Edinburgh, the honorary treasurer, D. S. Rama Chandra Rao, M.A., President of the Association, or A. N. T. Vizarat, honorary secretary, the University House, Edinburgh. With the prosperity of the Australian and South Africa clubs before us, there can be little doubt that a similar institution for natives of India would prove a great boon to those coming from that part of our Empire, and would enhance the educational advantages which Edinburgh already affords them. It is to be hoped, therefore, that the appeal, which has the support of Sir William Muir, the Principal of the University, Sir Thomas H. Fraser, and the Dean of the Faculty of Medicine, will meet with all needed support, not only among wealthy natives of India, but among those interested in this country.

MILK PROSECUTIONS IN SCOTLAND.—The authorities have recently been unusually active in prosecuting sellers of milk which is not up to the average standard, and, considering the paramount importance to the health of the community of a plentiful supply of genuine milk, it is simply lamentable that it is so often impossible to secure convictions. Sheriff Gillespie gave judgment in three cases in Dunfermline last week, and in one a fine of £12 was inflicted on a dairyman for selling milk which was deficient in cream to an extent of no less than 44 per cent. In the other cases the defence was that the milk was sold as it came from the cow, and in one case the dairyman pleaded in addition that the milk-can bore a label with the words,

"not guaranted three per cent." In the first of these the milk contained only 2.72 of fat, and the Sheriff allowed thisto pass, remarking that it must not be thought that milk of similar strength would be passed again. In the second case the defence as to the label was sustained, though the milk contained only 2.63 per cent. of fat. The West Fife dairymen, however, must look with envious eyes on Leith, where a sample of milk containing only 1.87 per cent. of fat was held not to be proven to be adulterated. If the proposition of the magistrate in this case—namely, that until the Government issue a new circular that no milk should be sold if under 3 per cent. he cannot convict—is to be generally acted upon, it is high time that a legal standard of milk be set up. In fact, if the law cannot prevent the sale of adulterated milk, then, emphatically, "the law is a hass."

DUNDEE SANATORIUM FOR CONSUMPTION.—The annual meeting of the subscribers to this sanatorium, opened only a few months ago, was held on June 30th. A very large part of the cost of construction, which will ultimately amount to £25,000, has been met by the generosity of ex-Provost Moncur. About thirty patients are now under treatment, and the institution will in future accommodate forty, some of whom will be paying and some non-paying patients. The cost of carrying on the work is expected to be about £4,000 per annum, of which about £2,000 will be derived from paying patients, about £1,000 from donations and gifts, and about £1,000 from annual subscriptions. Dr. Stalker, of Dundee, said that so far the sanatorium had not had a fair chance, since a number of patients had been waiting for admission, and it was therefore inevitable that many who had been ill for a long time were admitted. In future, however, only cases which offered fair prospect of cure would be treated. The sanatorium is situated on the Sedlaw Hills, near Dundee.

BELFAST.

THE CORPORATION AND CONSUMPTION.—At the special meeting of the Cemetery and Parks Committee of the Corporation, held on the 30th ult., a deputation attended from the Public Health Committee to ask that that committee should be allowed to erect shelters in the walled-in enclosure of the Ormeau Park for the benefit of persons suffering from pulmonary tuberculosis. They referred to the recommendations made by Dr. Moritz, Medical Officer of Health, Manchester, in the paper he submitted to the Institute of Public Health in Manchester last September. The author of the paper dwelt on the large number of phthisical patients who were either waiting to be admitted to sanatoria, had been treated but not quite cured, or were too ill for admission under the present circumstances, where such institutions only admit early cases. For all such cases he advocated the adoption of the plan now carried out in Berlin and various other Continental cities—a tract of ground being provided and fenced in, shelters built and furnished with cane couches, and offices and kitchens built where patients could be provided with milk, dinner and other food. For this food the patients either pay cost price, or receive free tickets to obtain it. A medical man superintends the institution, but every patient remains under the care of his own medical man. The original cost of the whole institution in Berlin was about £350, and it shelters 150 patients daily, all returning to their own homes at night. The cost of milk, dinner and tea for these patients averages 9d. per day each. The members of the Cemetery and Parks Committee said the scheme was new to them, and was open to objection, but they would be prepared to consider the application. At a general meeting of the Corporation next day the whole matter came under discussion. Dr. Williamson—an energetic and independent medical member of the Corporation—protested against such an institution being placed in the Ormeau Park, which is in the midst of a densely populated district. He reminded the members that when the Forster Green Hospital purchased land close to the park and proposed to build a new sanatorium there, there was a great outcry about the dangers it would involve, and they were compelled to move further out of the city. Certainly the general idea of such a shelter seems good, but it would be easy to find a better site than in the Ormeau Park, one further removed from the crowded streets surrounding that park, whose whole area is just one hundred acres.

PORTRAIT OF THE LATE PROFESSOR CUMING.—An excellent portrait of the late Dr. Cuming, painted by Mr. Henry R. Douglas, has been presented to the new Royal Victoria Hospital, to be hung in the Cuming Ward. It bears the inscription: "James Cuming, M.A., M.D., Professor of Medicine, Queen's College, 1865-1899. Presented by F. R. and L. Walkington, in memory of a loving and deeply-valued friendship, June, 1903."

Correspondence.

PUBLIC SENTIMENT AND VENEREAL DISEASES.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—As one who was present at the International Prophylactic Conferences at Brussels in 1899 and 1902, may I append to your article of the 17th inst. on this subject a word of much-needed warning?

The question does not now stand where it did in 1868. A prolonged experience has shown that State intervention, unless most advisedly and adroitly applied, may—quite apart from any moral considerations—hinder rather than promote its own object. The system so long in force on the Continent has been anything but a success. Those who attended the first Brussels Conference heard with amazement the passionate and despairing tones in which its most brilliant spokesman, Professor Fournier, of Paris, spoke of the prevalence of syphilis in that capital. All the means used had, he said, been unavailing to check the spread of the disease, nor did he anticipate that they would be any more useful in the future than in the past. Without going so far as some of his younger colleagues and proposing to do away with the system entirely, he considered that success must rather be looked for from other measures, *i.e.*, the opening of State dispensaries on a large scale, free to all comers, the rigid exclusion of girl minors (who are the most dangerous) from the ranks of prostitution, and the enlightenment of the public as to the dangers of a false security. He dwelt at great length on the remoter mischiefs to which your article alludes, while pointing out that this does not prove an actual increase of disease, but only its being more commonly recognised.

I should like to draw your readers' attention to the report (*Compte Rendu*) of that Conference, which is full of the most instructive points. I learned to my surprise some time ago from Messrs. Williams and Norgate, the English agents, that they had not sold a single copy. Unfortunately, it is in French, and, so far as I know, the only English *résumé* of the debates is that given in a threepenny pamphlet published by Burfoot, Lewisham, entitled "Preventive Hygiene."

With regard to notification, again, the difficulty is a practical one. There would probably be a wide difference between the actual and theoretical results of such a measure. Its first and most obvious consequence would be that no venereal patient would dare to go near a doctor. The quacks would benefit. An experiment in the way of compulsory detention of patients was tried some years ago in Glasgow, but was discontinued, as it only led to concealment of disease. The recommendation you quote from the American Medical Committee, namely, that the difficulty should be dealt with by "means not regulamentative, but social, economic, educative and sanitary," seems broad and sensible, and individual medical men can lend valuable aid, by popularising the knowledge of the various ways in which infection is incurred, and by urging immediate and prolonged treatment where such infection has actually taken place.

I am, Sir, yours truly,

B. LEPPINGTON.

(Member of the International Prophylactic Society, Brussels.)

THE LEGAL INTERPRETATION OF THE DENTISTS ACT.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—If the magisterial decision in the case reported under the above heading in your issue of June 17th is upheld by the High Court, it will be bad for the dental profession and worse for the public. Through the operation of the Dentists Act there has virtually been created a body of professional men highly qualified for the practice of their branch of surgery, and in numbers steadily increasing up to the requirements of the public. If the slight protection supposed to be afforded by the penal clauses of the Act can be no longer relied upon, and if the public will in future have little or no means of distinguishing between qualified and unqualified practitioners, the number of candidates for the profession will surely diminish, and the public will be left more and more in the hands of uneducated mechanics, whilst the fraudulent quack who finds so profitable a field for enterprise in dentistry will be enabled to carry on his trade with complete impunity. It is customary to make light of dental diseases because they do not commonly involve questions of life and death; but, as recently illustrated in your columns, these diseases do inflict a vast amount of suffering and give rise to many disorders of the general health. It is impossible to reduce the treatment of any case in dentistry to a merely mechanical process. Questions of surgery which must be dealt with are nearly always present, and, except in rare instances, even in the fitting in of a set of artificial teeth; and as ignorance is closely allied to cruelty it is impossible for an operator who ignores surgical considerations to avoid constantly inflicting unnecessary suffering or injury upon his patients. The mere mechanic ought not to be allowed to practise dentistry, or, at least, should not be allowed to assume any title implying that he is a qualified dental surgeon; and, there should be provided some means in dentistry, as in other branches of the medical profession, of enabling the public to perceive, at least, that the blatant advertising quack is not a legally qualified practitioner. The quack dentist is only less harmful than the quack doctor because his power is less extensive; and it is a painful, if not demoralising, spectacle to see many of these rascals amassing wealth mainly by the plunder of simple or foolish women, whilst the educated professional man struggles along in comparative poverty. It is open to complete proof that amendment of the Medical and Dentists Acts to prevent such abuses would prove far more beneficial to the public than to the professions, and it always seems to me that if the voice of the united professions could be made audible, loudly and persistently, the reforms so urgently called for must before long be conceded by the Legislature.

I am, Sir, yours truly,

June 23rd, 1903. M.R.C.S., L.D.S.

THE FINANCES OF THE ROYAL COLLEGE OF SURGEONS, IRELAND.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—It is commonly reported that the Council of the Royal College of Surgeons, Ireland, are about to expend a large sum of money in the erection of a banquetting Hall, when funds are urgently required for more important purposes.

Surely the Council could not think of thus allocating the college funds without consulting the general body of Fellows, many of whom certainly object to any such expenditure.

I am, sir, yours truly,

AN OLD FELLOW.

AN inmate of the St. Andrew's Private Asylum, at Northampton, died a few days since as the result of the ingestion of a large quantity of yew leaves. He fell suddenly ill, became unconscious, and died within an hour. An exonerating verdict was returned at the inquest.

THE ILLNESS OF THE POPE.

THE news that His Holiness has developed what is described as senile pulmonary consolidation, news which is confirmed by our own correspondent, may excite regret without surprise. For some months past signs of reduced vitality have from time to time found an echo in the press, and we are now face to face with the usual consequence of cardiac inadequacy, viz., pulmonary stasis, a variety of pneumonia akin to the hypostatic pneumonia met with in the course of many debilitating affections of which old age may be classed as one. Dyspnœa, without marked febrile reaction, appears to have been the initial symptom; but, in spite of the guarded prognosis formulated by Dr. Lapponi, the affection is one which may be expected to run the usual downward course. Recent visitors to the Vatican were struck with the almost diaphanous emaciation of the illustrious occupant of the Chair of St. Peter. The intellect, it is true, resisted the process of physical decadence, and even now, with the calm and resignation begotten of a long and arduous life, *His* Holiness has been enabled to make the necessary arrangements with perfect lucidity of mind. The spectacle of this august ecclesiastic sinking painlessly and with dignity into the tomb recalls Goldsmith's lines:

"As some tall cliff that lifts its awful form
Swells from the vale and midway leaves the storm,
Though round its breast the rolling clouds are spread,
Eternal sunshine settles on its head."

Literature.

SOCIAL ORIGINS. (*a*)

THESE two essays, in spite of a somewhat lengthy tediousness, afford evidences of much painstaking research and careful thought, and will be welcome to all human biologists as throwing light, although by no means clear and guiding, on a peculiarly difficult and perplexing problem.

The second essay, "Primal Law," the work of the late Mr. James Jasper Atkinson, should on all counts have been allowed first place in the order of this volume. Mr. Atkinson devoted the greater part of his life to a study of the laws and customs of the natives of the New Caledonian Archipelago, from which he discovered what he conceived to be the "Primal Law" and origin of morality as regards the family. His monograph deals with sexual relations in the higher animals and man in the brutal stage. He looked upon the particular custom of "avoidance" in its inception, and as the earliest law to have been a *vera causa* of widest operation in primitive social evolution. The rigorous severity of this particular law in daily action is almost incredible. In New Caledonia, we are informed, all intercourse between a brother and sister by speech or sign is absolutely prohibited from a very early age. Mr. Lang, in acting the part of Editor of his cousin's MS., has not scrupled to take the *rôle* of severe critic. In the first 207 pages of this book Mr. Lang also presents an elaborate study of Totemism, and whilst attempting to elucidate and bring into uniformity the perplexing and confused terminology which has gathered round this "marriage" matter, and present the various views which have from time to time been put forward, he explains his own thesis regarding totemism and exogamy with elaborate and almost wearisome detail, which to many minds will probably still be wanting in convincing force. The early history of the family as here portrayed, the evolution of the class system, the distribution of totems, phratries,

(*a*) "Social Origins." By Andrew Lang, M.A., LL.D. "Prima Law." By J. J. Atkinson. Pp. 311. London: Longmans, Green & Co. 1903.

and the origin of totem names and beliefs present many features of great interest and are certainly rich in suggestive thought. It is clear that these essays will take a prominent place alongside the works of McLennan, Keane, Crawley and others who have contributed to this difficult problem in the evolution of the human, and the numerous references given will render this volume of considerable service to the serious student of the subject.

MOORE'S FAMILY MEDICINE FOR INDIA. (a)

THE manual under review is now so well known and so well received that anything we can say regarding it will seem somewhat superfluous. The volume opens with a chapter on domestic medicines and their modes of preparation and administration. This is followed by an alphabetical dictionary of diseases with their appropriate treatment. As this part of the volume is probably the one most referred to by the reader, we would point out that laymen can hardly be expected to treat cases of diphtheria by "injections of antitoxin into the loose tissue of the chest," nor in middle-ear disease do we think anyone but a medical man should attempt puncture of the "drum." In the valuable chapter on injuries and accidents we think no useful object is served by the table of distinctions between "concussion" and "compression," nor can we agree with the author as to the wisdom of passing catheters by the laity. The chapters on pregnancy and labour, and on the management of infants, will prove most helpful, while that on the preservation of health should be read by everyone going to a warm climate. The appendix of prescriptions is very complete, but the formulæ are not always absolutely safe, if taken without medical supervision.

This edition, which has been carefully revised by Major Walsh, is rendered less bulky by an increase in the size of the page. We cannot, however, agree with the introduction of scientific terms which are scattered profusely throughout the volume. Even well-educated readers can derive no benefit from this widespread use of technical terms. These, however, are but minor flaws. As a whole, the work is one which has proved of great value to residents in India, and no one going to that country should fail to secure a copy of it. From previous acquaintance with this work, and from a fresh perusal of it, we can warmly commend the new edition to the notice of those whom it may more especially concern.

CLINICAL OBSTETRICS. (b)

WE must congratulate Dr. Jardine on giving us such a readable volume as his "Clinical Obstetrics." It owes its excellence not to magnificence of illustration, but to the scientific spirit displayed on almost every page of its contents. He has made good use of the exceptional opportunities which his position on the staff of the Glasgow Maternity for eleven years has given him. He marks a new departure in writing a book on midwifery, inasmuch as he illustrates by cases which, with few exceptions, were treated by himself the most important complications of pregnancy and labour. Special reference in this connection must be made to the chapters dealing with cardiac disease and with eclampsia. This new departure is a step in the right direction, and it fills a want which was long felt by the busy practitioner. The history of the cases is clearly given, and the treatment full in the important particulars.

The author's enthusiasm in the cause of aseptic midwifery is well known, and he dedicates this volume to "those obstetricians who are endeavouring by aseptic methods to do for midwifery what has already been done for surgery." Viewed from this standpoint, we would have expected at least one short chapter devoted to asepsis and to the steps necessary for conducting a labour on strict aseptic lines, considering the confusion that exists among qualified men as to what is really "asepsis," a definition from the author as to his ideal, and how it could be obtained, would have been welcomed.

As to the treatment of eclampsia, he states "he has no hesitation in saying that the saline infusion method gave much better results than any other." He claims that in the Glasgow Maternity Hospital the death-rate from eclampsia has been reduced nearly 50 per cent., taking cases just as they come. This is a remarkable statement, and it is interesting to see if it has been borne out by facts. He reports twenty-one cases, and we would naturally expect to find that the chief reliance was placed on the saline infusion. Yet what is the fact? In not a single case is the infusion the chief remedy. It is used in conjunction with other well-known remedies; this can best be shown by giving his treatment of a typical case. Case XI., p. 384:—"Epsom salts in large dose, tr. veratrum viridi (10 min.) hypodermically; saline injection of 2½ pints (acetate and chloride of sodium, 1 dr. each to the pint), hot pack, delivery by accouchement, *forcé* by bipolar version." Was it the saline infusion that cured the patient? The universal verdict would be "not proven." The chapter on infant feeding is well done, and the instructions clearly given.

The Appendix consists of the statistics of thirty years' work (1869 to 1898) in the outdoor and indoor departments of the Glasgow Maternity Hospital. It is very interesting reading. The tables might easily be left out; they are not models of clearness. On the use of the forceps its frequent application is remarkable (one in seven). It is, he states, applied much more frequently than formerly, and with the happiest results. "No woman is now allowed to linger on in agony until she is exhausted. If, with good pains, the head is not making any progress after the second stage has lasted three hours in a multipara, or four in a primipara, we make it a rule to deliver." The indications are clearly on humanitarian grounds. Dr. Jardine evidently thinks that this early application of the forceps, and, therefore, their more frequent use, is beneficial to the patient, and that it is abundantly proved by the results in the different decades. In the first decade, of the 68 cases, 12 died (1 in 6), in the second, of the 307 cases, 8 died (1 in 38), and in the third, of the 650, 7 died (1 in 93). Is it not possible that aseptic methods might have something to say to these remarkable results? We think so.

LONDON IN THE EIGHTEENTH CENTURY. (a)

THIS fascinating work is a worthy monument to the patient industry and loving care of the late Sir Walter Besant. It will take a high place among the many and magnificent works already available which deal with the many-sided life and City features of our Metropolis, and it will become, we venture to prophesy, the authoritative work on the particular period of which it treats. Lady Besant tells us in an Introductory Note that the work is issued "as my husband left it, and I am content to think that his labour has not been wholly in vain." Besant undoubtedly knew eighteenth century London as no other man of recent days, and in this attractive work there live and move before us the men and women of what we must now consider ancient days, in their work, pleasures, and dissipations. It is impossible in the scope at our disposal to express adequately the wide extent of the research, the results of which are here so charmingly presented.

The work opens with a series of sketches of various important historical events, and here, perhaps, the

(a) 'A Manual of Family Medicine and Hygiene for India." By Sir William Moore, K.C.I.E. Seventh Edition. Revised by Major J. H. Tull Walsh, I.M.S., F.L.S. Price 12s. London: J. and A. Churchill. 1903.

(b) "Clinical Obstetrics." By Robert Jardine, M.D. Edin., M.R.C.S. Eng., F.F.P. Glasg., &c. London, Rebman, Limited. Price 15s. 1903.

(a) "London in the Eighteenth Century." By Sir Walter Besant. Pp. 667, with map, plates, and illustrations. London: A. and C. Black. 1902. Price 30s. net

author shows to least advantage. But in his description of the City and its streets, and particularly of the manners and customs, society and amusements, Sir Walter Besant stands unrivalled.

Medical readers will find much of the greatest interest to them professionally, for a study of the past necessarily throws considerable light on the methods and manners of the present. A very interesting section deals with the science and art of medicine of those far distant days. Bethlem Royal Hospital receives particular attention. Much of deep interest to the sanitarian and social reformer will be found in the pages devoted to a study of the daily life of the times, the position of women, food and drink, cost of living, coffee-houses and clubs, and the wells, spas, and pleasure gardens. Much new light is also thrown on matters connected with crime and the procedures of justice. Among the appendices a list of the diseases and casualties during 1770 are given, and we note 1,660 are the figures opposite small-pox.

This comprehensive work is one which is capable of affording an inexhaustible supply of material for thought and discussion. It should be kept within reach ready for reference, when the difficulties of the present throw us back on the problems of the past. It is a volume which not only every intelligent Londoner should study, but it should be within reach of every Englishman and Englishwoman who are desirous of knowing something of the men and women from whom they have sprung and into whose toils they have been privileged to enter. We particularly commend Sir Walter Besant's fascinating work to medical men.

GOULD'S BIOGRAPHIC CLINICS. (*a*)

THE editor of "American Medicine" has written a truly strange book. He attempts to prove that the *fons et origo* of the physical condition of the writers under review arose from some error of refraction. No doubt he brings forward evidence in support of the position he takes up, but we cannot allow the statement that "such diagnoses and such cures cannot be made by the methods in vogue in Europe" to pass unquestioned. He seems to think that only the "Philadelphia School of Ophthalmology" knows anything about the association of refractive errors with headaches and digestive disorders. Surely we do not require Americans to instruct us in a matter such as this.

Literary Notes and Gosip.

MR. HEINEMANN is to publish in the autumn an English translation of Metchnikoff's "Etudes sur la Nature Humaine." The translation is to be edited and introduced by Dr. Chalmers Mitchell.

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WANDERERS in search of mental recuperation and physical rejuvenescence would do well to consult the charming and elegantly illustrated new volume on "The Norfolk Broads," edited by Mr. William A. Dutt and published by Messrs. Methuen and Company.

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THE interesting Cavendish Lecture on "Disease of the Ascending Aorta," by Professor Clifford Allbutt, a part of which we publish this week in abstract, will be printed in full in the forthcoming July number of the *West London Medical Journal*.

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THE first number of the new quarterly, the *British Journal of Inebriety*, has just been printed and published for the Society for the Study of Inebriety by Messrs. Bailliere, Tindall and Cox. It contains much material of medical and sociological importance.

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DR. GEORGE H. R. DABBS has just issued his interesting serial which has been appearing for some months in *Vectis* as an attractive book, "Down Grange." It is a fascinating story rich in medical interest. Dr. Dabbs is also contributing articles to the *London Argus* on matters relating to health and hygiene.

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THE ways of the astute American advertiser are past finding out. The Antikamnia Chemical Company have, however, adopted a useful method of drawing attention to their preparations. Dr. E. Curtis Hill, of the University of Denver, has prepared a most useful reference chart of "Diseases of the Nervous System," which affords in a condensed and convenient form a vast amount of information which cannot readily be obtained elsewhere, at least in such a shape for ready reference. A copy of this chart will be sent to any medical man on application to the English agents.

(*a*) "Biographic Clinics: the Origin of the Ill-health of De Quincey, Carlyle, Darwin, Huxley, and Browning By George M. Gould, M.D. Price 5s. London: Rebman, Ltd. 1903.

Medical News.

Typhoid Fever in Fifeshire.

A FORMIDABLE epidemic of typhoid fever is raging in the Lochore district, and the area of infection is still extending. So far upwards of 120 persons have been attacked, and considerable difficulty is already experienced in providing hospital accommodation for the victims. The outbreak is clearly traceable to the water supply, which had previously been incriminated, but nothing short of a drastic lesson of this kind was required to stir up the authorities to do their duty.

Compulsory notification of Phthisis.

THE Sheffield Corporation have asked for powers to render the notification of consumption compulsory on medical practitioners, but as the Local Government Board are still hostile to the plan, the decision has been deferred until later.

A Lugubrious Missive.

An ex-patient of the Bristol Royal Infirmary, dissatisfied with the treatment he had received at that institution, adopted the plan of cutting off one of his ears and sending it to the medical officer, with a covering letter couched in abusive terms. He was subsequently taken before a magistrate with a view to ascertaining his mental condition, but the result was a verdict of apparent sanity, and he was handed over to his relatives to be taken care of. Under ordinary circumstances self-mutilation would be accepted as *prima facie* evidence of insanity, but the Forest-of-Dean magistrates are apparently extra-particular.

Another Friendly Society Deadlock.

THE representatives of twenty-one friendly societies in the Heanor, Marlpool and Langley districts had a meeting a few days ago to discuss the advance of four shillings per head claimed by the medical officers, and after a prolonged debate the meeting was adjourned in order that the medical side of the question might be brought forward.

The Barker Anatomical Prize for 1904.

A PRIZE of £21 is offered for competition for "Dissection from behind of the Pneumogastric Nerves in the Thorax," by the Council of the Royal College of Surgeons, Ireland, and is open to any student whose name is on the anatomical class list of any school in the United Kingdom. The conditions under which the competition is to be carried out are:—(1) The preparation must be sent to the Curator of the Museums, Royal College of Surgeons, before March 31st, 1904, each being marked with a fictitious signature, and accompanied by a sealed envelope bearing outside the same signature and containing within (*a*) the full name of the competitor; (*b*) a declaration to the effect that the work of the preparation has been carried out by himself. The printed form necessary for this declaration can be obtained on application to the Curator. (2) The dissections are to be mounted in vessels fitted with glass covers, but the covers must not be sealed down. Earthenware basins and plaster of Paris settings are not compulsory if the specimens can be better displayed and preserved by other means. (3) No

prize will be awarded unless sufficient merit be shown. (4) Those competitors who enter dissections for which prizes are not awarded, but which show sufficient merit, may be refunded such amount of the cost of production as the examiners deem fit.

Dublin Death Rate.

The deaths registered during the week ending Saturday, June 29th, 1903, represent an annual rate of mortality of 23.4 in every 1,000 of the population. Twenty-seven deaths were caused by tuberculosus disease, 28 deaths were caused by diseases of the circulatory system, 32 deaths by diseases of the respiratory system, and 21 deaths from diseases of the nervous system; 47 infants died during the week, of whom 28 were under one year old. In 13 cases the deaths were uncertified, there having been no medical attendant during the last illness. Within the city the death rate was in the Summerhill district, 26.6 per 1,000; in the Lisburn street district, 36.4 per 1,000; in the South Earl Street district, 27.2 per 1,000; and in the Castle Street district 28.5 per 1,000.

The Rontgen Society.

AT the annual meeting of this society held on the 2nd inst., the following officers and council for the ensuing year were elected:—President:—The Right Hon. Lord Blythswood, J.P., D.L., LL.D., F.R.A.S. Vice-Presidents:—The Right Hon. the Earl of Crawford, K.T., F.R.S., J. Mackenzie Davidson, M.B., D. Ferrier, M.D., F.R.S., C. W. Mansell-Moullin, M.A., M.D., F.R.C.S., Professor Silvanus P. Thompson, F.R.S., Dawson Turner, M.D. Council:—G. B. Batten, M.D., C.M., Wm. Chattaway, C. A. Clark, L.D.S., J. H. Gardiner, F.C.S., A. W. Isenthal, F.R.P.S., H. H. Mills, M.D., Rev. P. Mulholland, B.A., E. Payne, M.A., C. E. S., Phillips, G. H. Rodman, M.D., E. W. H. Shenton, L.R.C.P., M.R.C.S. (Librarian and Curator), H. Snowden Ward, F.R.P.S. Hon. Treasurer:—J. J. Vezey, F.R.M.S. Hon. Secretary:—F. Harrison Low, M.B.

London County Council Epileptic Colony.

THE Duke of Fife, Lord Lieutenant of the County of London, who was accompanied by Princess Louise, Duchess of Fife, visited Epsom last week for the purpose of opening the epileptic colony which has been built on the Horton estate by the London County Council. The colony has been erected by the London County Council with the idea of the better housing. treatment and employment of the insane epileptics from the London County asylums. The plans of the buildings, which are estimated to cost £98,000, were made by Mr. W. C. Clifford Smith (engineer to the Asylums Committee) and Dr. C. H. Bond (who has been appointed medical superintendent at the colony). The colony stands on 112 acres of the Horton estate, on which the Manor Asylum with 700 females and the Horton Asylum with 2,000 patients have been erected by the County Council. The buildings comprise an administrative block and eight villas, in which provision is made for 266 males and 60 females.

The North-East London Clinical Society.

THE annual general meeting of this society was held at the Tottenham Hospital, on July 2nd. At the conclusion of the purely business proceedings the meeting resolved itself into a garden party which assembled in the picturesque grounds of the hospital and which was well attended by the members and their lady friends.

Medical Sickness and Accident Society.

THE usual monthly meeting of the Executive Committee of the Medical Sickness Annuity and Life Assurance Society was held on the 26th ult at 429, Strand, London, W.C. There were present Dr. de Havilland Hall, in the chair; Dr. St. Clair B. Shadwell, Dr. J. W. Hunt, Dr. F. S. Palmer, Mr. P. H. Symonds, Dr. F. J. Allan, Mr. F. S. Edwards, Dr. W. Knowsley Sibley, Mr. J. Brindley James, Dr. Alfred S. Gubb, and Dr. J. B. Ball. The accounts presented showed that the sickness experience of the society for this year was so far more favourable than in the first half of 1902. The claims have been numerous, but for the most part of short duration, and the amount expended is less than in the same period of last year. The quinquennial valuation of the business of the society will be made at the end of the current year. The funds now amount to over £160,000, and a large portion of this will be found to be the necessary reserve for the future claims. The great economy however, with which the society has been conducted has led to a large saving and there is no reason to doubt that when every liability has been rigidly provided for a handsome surplus will be left to be applied as the members may determine. Prospectuses and all information on application to Mr. F. Addiscott, Secretary Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

Poor-Law Matters in Parliament.

MR. DELANY on Monday last called the attention of the Chief Secretary to the resolution of the Irish Medical Association declaring that no qualified practitioner should apply for or accept a dispensary appointment vacated by a doctor who had not received suitable superannuation, or at a lesser salary than £200 per annum, and declining to do duty for or meet in consultation any colleague who contravened the proposals contained in the resolution. And in a second question he asked whether, in case the salaries were raised, the Treasury recoupment would be proportionally increased. Mr. Wyndham said he was aware that such a resolution had been adopted, but the subject could not be discussed within the limits of a reply to a question. With reference to the second question, he said it was hypothetical, and that no definite reply could be given. The limits within which recoupment could be made were defined by Section lviii. of the Local Government Act, 1898, and Section vi. of the amending Act of last year.

PASS LISTS.

Society of Apothecaries of London.

The following candidates passed in surgery:—C. E. Adams (Sections I. and II.), W. E. Denniston (Sections I. and II.), H. B. Drake (Section II.), A. H. Falkner (Section I.), W. P. Jones (Section II.), W. Lovell (Sections I. and II.), W. A. Sugden, S. H. R. Welch (Section I.).

Medicine.—W. E. Denniston (Section II.), H. B. Drake (Section II.), N. S. Finzi (Sections I. and II.), W. P. Jones (Section II.), A. Wharton (Sections I. and II.).

Forensic Medicine.—T. E. Amyot, W. M. Emmerson, N. S. Finzi, W. P. Jones, A. Wharton.

Midwifery.—U. M. Asplen, J. M. S. Duncan, A. H. Falkner, L. W. Roberts, A. Wharton.

The Diploma of the Society was granted to the following candidates, entitling them to practise medicine, surgery, and midwifery:—W. E. Denniston, H. B. Drake, W. M. Emmerson, N. S. Finzi, W. P. Jones, and W. A. Sugden.

The following candidates passed the Primary Examination, part I., July 1st and 2nd, 1903.

Chemistry:—J. M. Burke, C. J. Evans, J. N. Turner.

Materia Medica and Pharmacy:—L. W. Bradshaw, E. G. Brisco-Owen, R. P. Wylde.

The following passed the Primary Examination, Part II., June 29th, July 1st and 2nd, 1903.

Anatomy:—H. R. Coombes, C. E. Pring, C. A. E. Ring, G. W. Simpson, T. R. Williams.

Physiology:—A. J. K. Brayton, C. G. Grey, R. D. Neagle, C. A. E. Ring, T. R. Williams.

Trinity College, Dublin.

THE following candidates passed the final examination.—Section A.—Trinity term:—John A. Pringle, Joseph W. Houston, John B. B. Whelan, Carlile Kelly, Edward G. Scroops, John W. Burns, Wilfred Thunder, Thomas Creaser, Richard Kelly, Charles E. C. Williams, Robert A. Askins, Henry H. White, William F. Porter, Hugh Stewart.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

CONTRIBUTORS are kindly requested to send their communications, if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

THE INEBRIATES ACT.

G. S. A.—Dipsomania is not regarded in law as a form of insanity, so that it is difficult to apply compulsion. Under the recent Act means are provided for dealing with confirmed inebriates, but they still fall short of requirements. It is not even regarded as a sufficient reason for judicial separation.

DR. MCWALTER.—The reason that certain hospitals have to close their wards in the summer months is shortness of funds. It would be far better to make efforts to correct this than to create additional hospitals to take their place, hospitals which on your showing would not be required in the winter months.

C. H. S.—The matter is of too private a nature for us to deal with, but the course you pursued under very trying circumstances appears to have been dignified and proper, and you have, at any rate, done your best for your patient.

MR. A. ROBINSON (Dulwich).—Your communication hardly comes within the scope of medical journalism, and we must decline it accordingly.

MR. J. J. MACDONALD (Blackheath).—We think no useful purpose will be served by the insertion of your letter. We are not enthusiastic about what is sometimes termed "grandmotherly legislation," and the suggestion would certainly be impractical in the working, certainly among the poor.

MICROPHOBIA!

An irrepressible correspondent sends us the following:—

"ALAS!" wailed the unhappy microbe, "for a thousand thousand years I have enjoyed a sweet rest! but a scientist has just discovered me, and now I must get in and work!" Then he heaved a long, sobbing sigh and got busy.

GRAMMARIAN.—The proper way to decline the word "microbe" is as follows: Microbe, yourcrobe, hiscrobe, ourcrobes, yourcrobes, everybodyscrobes.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, JULY 8TH.

DERMATOLOGICAL SOCIETY OF LONDON (11, Chandos Street, Cavendish Square, W.).—5.15 p m. Demonstration of Cases of Interest.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies Street, W.C.).—4 p.m. Mr. E. W. Roughton: Clinique. (Surgical.) 5.15 p.m. Mr. J. Berry: Hare-lip and Cleft-palate.

THURSDAY, JULY 9TH.

BRITISH GYNÆCOLOGICAL SOCIETY (20, Hanover Square, W.).—8 p.m. Dr. R. D. Purefoy (Master of the Rotunda Hospital, Dublin): Notes of Four Cases of Chronic Inversion of the Uterus. Discussion on Lacerations of the Cervix Uteri and their Consequences (opened by Prof. J. Taylor of Birmingham). The following, among others, are expected to take part—Dr. W. Duncan, Mr. Edge, Dr. B. Fenwick, Dr. Helme, Dr. Jellett, Mr. B. Jessett, Dr. G. Keith, Mr. S. Keith, Dr. Macnaughton-Jones, Dr. Moullin, Dr. I. Parsons, Dr. Purefoy.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies Street, W.C.).—4 p m. Mr. Hutchinson: Clinique. (Surgical.) 5.15. p.m. Dr. P. Stewart: Hysteria and its Diagnosis.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7, Fitzroy Square, W.).—4 p.m. Mr. J. Berry: The Surgical Treatment of Empyema. (Post-Graduate Course.)

FRIDAY, JULY 10TH.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies Street, W.C.).—4 p.m. Dr. J. Horne: Clinique (Throat.) 5.15 p.m. Mr. F. C. Wallis: Preparations, Methods, and After-Treatment in Operations.

Appointments.

Brangan, John, L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., Coroner fo North Meath

Groves, Ernest William Hey, M.D., B.Sc.,Lond., M.R.C.S., L.R.C.P Lond., Assistant Surgeon to the Bristol General Hospital.

Keay, John, M.D. Glasg., to the Superintendership of a new Asylum to be erected at Bangour, near Edinburgh.

Kyle, H. G., B.A., M.B., B.Ch.Oxon., Surgeon to the Bristol General Hospital.

Martin, C. J., F R.S., of the University of Melbourne. Director of the Jenner Institute of Preventive Medicine, Chelsea Gardens, S.W.

Robertson, John, M.D.Edin., Medical Officer of Health for Birmingham.

Rowell, Thos., M.B., B.S. Durh., Second Assistant Medical Officer at the City Asylum, Newcastle-on-Tyne.

Ryle, Henry Greville, B.A., M.B., B.Ch.Oxon., Honorary Surgeon to the Bristol General Hospital.

Smyth, Henry James, L.R.C.P.Lond., M.R.C.S., Medical Officer for the No. 10 District by the South Molton (Devon) Board of Guardians.

Webb, F. E. A., M.R.C.S., L.R.C.P.Lond., Certifying Surgeon under the Factory Act for the Cambridge District of the County of Cambridge.

Wigham, William Harper, M.B.Durh, M.R.C.S., Medical Officer for the Nos. 1 and 4 Districts by the South Moulton (Devon) Board of Guardians.

Vacancies.

Royal College of Surgeons of England.—Examiner in Dental Surgery. Applications to the Secretary. (See advt.)

Beckett Hospital, Barnsley, Yorkshire.—Resident House Surgeon. Salary £100, with board, lodging, and washing. Applications, Ralph F. Pawsey, Hon. Secretary.

Royal Surrey County Hospital, Guildford.—Resident House Surgeon. Salary £100, board, residence, and laundry. Applications to the Hon. Secretary.

West Riding Asylum, Wadsley, near Sheffield.—Fifth Assistant Medical Officer. Salary £140 per annum, with board, &c. Applications to the Medical Superintendent.

Brecknock County and Borough Infirmary.—Resident House Surgeon Salary £120 per annum, with furnished apartments, board, attendance, fire, and gas. Applications immediately to W. Powell Price, Secretary, 6, The Bulwark, Brecon, South Wales.

Willesden Urban District Council.—Medical Officer of Health. Salary £500 per annum. Applications to Stanley W. Ball, Clerk to the Council, Public Offices, Dyne Road, Kilburn, N.W.

Owens College, Manchester.—Junior Demonstrator in Physiology. Salary £100 per annum.

Liverpool Eye and Ear Infirmary.—House Surgeon. Salary £80, with residence, maintenance, and laundry. Applications to A. T. Kemble, Hon. Sec., The Infirmary, Myrtle Street, Liverpool.

Carlow District Asylum.—Resident Medical Superintendent. Salary £500 per annum, and allowances valued at £150 per annum. Applications to John Keenan, Secretary Joint Committee, Asylum, Carlow.

Stockport Infirmary.—Assistant House and Visiting Surgeon. Salary £80 per annum, with board, washing, and residence. Applications to the Secretary.

Carlow District Asylum.—Assistant Medical Officer. Salary £100 per annum, with furnished apartments, rations, washing, fuel, light, and attendance. Applications to John Keenan, Secretary, Joint Committee, Asylum, Carlow.

Walthamstow Urban District Council.—Resident Medical Officer at their Isolation Hospital at Chingford. The salary offered is £120 per annum, with board and lodging. Applications to C. Sydney Watson, Clerk of the Council, Town Hall, Walthamstow.

Ballinasloe Union.—Medical Officer for Killaan Dispensary District. Salary £120 per annum, with registration and vaccination fees, &c. Applications to R. J. Gill, Clerk of Union. (See advt.)

Trinity College, Dublin.—Professorship of Chemistry. Applications to Benjamin Williamson, Registrar. (See advt.)

Births.

EVANS.—On July 2nd, at Greville Lodge, Walme Lane, Willesden Green, N.W., the wife of Percy C. Evans, M.D., of a son.

Marriages.

COLEMAN—FRASER.—On June 30th, at the Church of the Holy Cross, Dundrum, James Byrne Coleman, C.M.G., F.R.C.P.I., of Dublin, and Glenconner, co. Tipperary, to Maude, youngest daughter of George Alexander Lovat Fraser, Ballintyre Hall, Dundrum, co. Dublin.

DOBSON—ROBINSON.—On July 2nd, at Tyndale Chapel, Clifton, Captain R. Nelson Dobson, the King's Own Regiment, eldest son of Nelson C. Dobson, F.R.C.S., Emeritus Professor of Surgery, to Ruth Gotch, second daughter of Edward Robinson, J.P., The Towers, Sneyd Park, Bristol.

KNIGHT—BROWN.—On July 2nd, at St. Michael's, Bedford Park, London, Angus Clifton, elder son of A. A. H. Knight, M.D. of Keswick, to Margaret Agnes, younger daughter of Frederick Brown, of Priory Road, Bedford Park.

LEETE—WALTON.—July 2nd, at the Church of St. Tydecho, Mallwyd, Henry Baird, only surviving son of Edward Stokes Leete, M.R.C.S., Newton-le-Willows, to Clarice, youngest daughter of Frederick Walton, Esq., of Cwmllecoediog, Montgomeryshire.

LEWIS—TURNOUR.—July 2nd, at St. Michael-at-Bowes, Middlesex, John Pryse Lewis, elder son of the late Rev. L. Lewis, Rector of Denbigh, and Anne Mary, only daughter of the late A. E. Turnour, M.D., of Denbigh.

OLDFIELD—COCK.—On July 4th, at St. Jude's Church, South Kensington, Reginald Francis Ambrose Oldfield, youngest son of the late Surgeon-Major H. A. Oldfield, F.R.C.S. (Indian Army), to Evelyn Frederica Anna Cock, eldest daughter of the late Major C. R. Cock, D.A.A.G.

ROBERTS—JONES.—On June 30th at the Welsh Presbyterian Church, Bootle, Hugh Jones Roberts, M.R.C.S., J.P., of Gwyddfor Penygroes, Carnarvonshire, to Edith Mary, second daughter of William Jones, J.P., of Monfa, Bootle, and Llwydiarth, Anglesey.

Deaths.

COSENS.—On June 28th, at Brockenhurst, Charles Henry Cosens, M.R.C.S., L.R.C.P., Oxford Terrace, London W., aged 44.

MASON.—On July 2nd, at Cumberland House, Goldhawk Road, Shepherd's Bush, Mary Drew, wife of Dr. Mason.

MORRISON.—June 6th, at Bombay, suddenly, William Morrison, M.D., Ph.D., B.Sc., aged 60 years.

THURSFIELD.—On July 2nd at Beauchamp Avenue, Leamington Spa, suddenly, Sarah, widow of Thomas Thursfield, M.R.C.S., of Kidderminster. Aged 84 years.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVII. WEDNESDAY, JULY 15, 1903. No. 3.

Original Communications.

A CASE OF "GRAPE-LIKE" SARCOMA OF THE CERVIX UTERI, FUNGATING INTO, AND INFILTRATING, THE WALLS OF THE VAGINA, IN A CHILD TWELVE MONTHS OLD: EXTIRPATION OF UTERUS AND VAGINA. (a)

By J. H. CURTIS, B.S.Lond., F.R.C.S.Eng.,

Assistant Surgeon to the Royal Hospital for Women and Children, Waterloo Bridge Road, S.E.; Surgeon to the North-Eastern Hospital for Children, Hackney Road, N.E.

THE child, æt. 12 months, was brought to the Out-patient Department of the Royal Hospital for Children and Women, Waterloo Bridge Road, S.E., on January 28th, 1903, for "a large swelling in the stomach and a discharge" from the vagina, of about five or six weeks' duration.

Two months previous to being brought to the hospital she had had bronchitis. She had not seemed well since this time, when headache began to be suffered from, and the abdomen became swollen. The mother now noticed when the child cried that a "lump projected from the left side," and there was a good deal of discharge from the vagina.

The child "was always very white, and had never had a colour since birth."

Family History.—The patient was the second child, the first, a boy, dying when three weeks old. One miscarriage occurred after the birth of the patient. The labour in each case had been normal in every respect. No instruments were used. There were no other children. The parents, each æt. 30, and married for two and a half years, were quite healthy. No family history of malignancy.

The condition of the child when seen in the Out-patient Department on the day of admission (January 28th, 1903) was as follows:—

She was well nourished, but pale and anæmic-looking.

There was a dirty-grey, purulent-looking vaginal discharge escaping from above the hymen, which, like the other parts bounding the vaginal outlet, was swollen, congested, and dusky grey in tint.

The discharge coming from above the hymen appeared as if escaping from an elongated cervix uteri, but subsequent observation makes it evident that the vaginal outlet must have been nearly occluded with fungating growths arising from the vaginal walls, the discharge issuing from between these little masses, to appear at the vulva.

Before this, however, as the child lay waiting for examination, the vaginal discharge was noticed to have formed quite a pool on the couch, so as to be obviously much more profuse than in the ordinary, so-called "strumous" vulvo-vaginitis.

The abdomen was seen to be distended and felt to be very tense, the girth at the most prominent part being seventeen inches. When disturbed for examination purposes the child cried, but did not otherwise seem to be in pain.

The abdomen was found to be occupied with a smooth, rounded, tense swelling arising from the pelvis, and extending from the symphysis pubis to midway between the umbilicus and xiphisternum, and then passing rather more towards the left than the right side. The fingers could just be inserted between the top of the swelling and the left costal margin. On the right side the tumour reached nearly to the right linea semilunaris.

The right flank was resonant on percussion, and free from swelling. The tumour in the middle line, and extending well into the left flank, was dull on percussion.

The constant crying of the child during attempts at examination greatly interfering with accurate investigation, it was admitted for further observation, with a temperature of 99·2° F.

On the day after admission (January 29th) the abdomen became more tense, and the child cried a good deal through the day. The bowels acted, the stools being natural.

The temperature fell from 99·2° to 97°. The child looked somewhat livid and dusky; there was evidently some respiratory embarrassment, which increased during the evening, the pulse being rapid and rather feeble.

The condition of collapse appearing to demand exploration, the writer was sent for, and at midnight, January 29th, median laparotomy was performed.

Operation, January 29th, 1903 (midnight).—The peritoneal cavity was exposed through a median incision extending from the umbilicus to a point one inch above the symphysis pubis, and subsequently enlarged in an upward direction.

The tumour, where exposed, was almost spherical, covered for the most part with smooth peritoneum, and seen to be arising from the pelvis. Springing from the anterior surface, a short distance below its rounded upper extremity, were seen the congested fundus uteri and uterine appendages, below which was a firm band of adhesions passing forward to the anterior parietes.

Below this the bladder was visible, bound down to the front of the swelling. With some difficulty the two ureters, firmly incorporated with the antero-lateral aspects of the tumour, were discovered passing forward to enter the base of the bladder. A circular, raised, button-like swelling, flattened and congested on its surface, crowned the summit of the main swelling, *i.e.*, behind the uterus itself, and slightly to the right of the middle line. This appears to have resulted from the growth beginning to fungate outwards, through the investing periosteum, with formation of adhesions to the neighbouring structures. At this stage, and, indeed, until closer examination of the tumour after removal, its exact origin was not clear, but the condition appeared to be due to malignant disease of the uterus—probably sarcoma.

Complete removal of the tumour, wherever originating, was obviously the only possible treatment.

Holding aside the intestines, the bladder was first

(a) A Paper read before the Obstetrical Society of London, July 1st, 1903.

carefully isolated from the front of the tumour, to which it was firmly adherent; the ureters were then, with considerable difficulty, enucleated from their position at the junction of the smooth peritoneal-covered upper rounded part of the tumour with the roughened, somewhat triangular surface seen below.

The bladder and ureters being thus freed, the connections of the uterine appendages and the lateral aspects of the tumour below these, with the sides of the pelvis, were severed, securing the vessels as they came into view, the hæmorrhage being unimportant.

At its lower extremity the thin-walled, stretched vagina proved to be very friable, giving way with very little traction when the tumour was completely isolated in other directions.

The child's collapsed condition by this time prevented very close examination of the pelvis, but so far as could be ascertained, all obvious disease had been removed. The laparotomy wound was rapidly closed, and the usual restoratives administered (hot water and brandy enema, strychnine, &c.). Brandy, ℥j, was ordered with each of the three-hourly feeds of milk and barley-water. Small doses of opium were also ordered.

When seen on the following morning (January 30th) the general condition had greatly improved. The pulse was stronger, the frequency being 148-152 per minute, the respiration rate being 32-36. The temperature, 99·2° F. on the day of admission (January 28th), was 97° F. on the day of the operation, and 99-100° F. during the succeeding day. The child was quite quiet, but free from any discomfort, and attempted to play with toys; but its passive condition resembled that observed in the shock following a burn. Death occurred at 10.30 p.m. the same day.

At the autopsy there was no evidence of peritonitis. A mass of secondary growth, about the size of the terminal phalanx of the little finger, was found, apparently involving the left iliac gland, just below the brim of the pelvis, the left common iliac vessel lying completely imbedded in the growth. Section of this mass showed it to be a fairly firm, pinkish-white, fleshy growth, evidently sarcomatous.

There appeared to be no other secondary growth in any other part or organ of the body.

The bladder was healthy.

Both kidneys showed evidence of some back pressure, the pelves being dilated.

The body otherwise was perfectly healthy.

Description of parts removed.—The mass excised is pear-shaped, the upper or intra-abdominal portion being covered with smooth peritoneum, the surface of the narrower lower portion being ragged. At the junction of the smooth and rough surfaces are faintly-indicated grooves, from which the ureters were freed during the operation, the bladder being adherent to the centre of the rough surface below.

The upper pole of the mass is directed forward, its highest point exhibiting a slightly raised congested area, where on section the growth is seen to be commencing to break through the peritoneal covering, so as to result in adhesions to the neighbouring structures. The remains of adhesions to the anterior abdominal wall are indicated by a similar but less congested area situated in the front of the mass, below the uterus. The uterus with its appendages is flattened down on the highest part of the anterior surface of the swelling. The peritoneum covering the body of the uterus, especially posteriorly, and the appendages are seen to be much congested.

The posterior surface of the main swelling is covered everywhere with smooth peritoneum. A median section, made through the entire mass removed, reveals the fact that this swelling is almost entirely composed of the vagina enormously distended and its walls infiltrated with growth, seen to be spreading from the cervix uteri, both lips being involved, the anterior being apparently the lip chiefly and primarily affected. The size of the infantile uterus, elsewhere healthy, presents a striking contrast with that of the vagina.

The growth, spreading away from the cervix so as to infiltrate the vaginal walls, has, by traction, brought the body of the uterus forward so as to lie flattened against the front of the vagina. Further, the thickness of the anterior wall of the cervix, apparently at the level of the anterior fornix, is drawn sharply forwards (downwards in the new position), so that there results a sort of diverticulum from the uterine canal, which thus comes to be T-shaped, the long axis of the uterus in its new (diseased) position being directed from above downwards and forwards.

There is seen to be much greater infiltration of the anterior than the posterior vaginal wall with growth, to the front of which the bladder and ureters were, at the operation, found so firmly adherent.

The growths in places, especially perhaps where springing from the posterior vaginal wall, present a more fleshy, congested, or hæmorrhagic and fibrous appearance than is evident in the case of the grape-like masses.

The cavity of the vagina is everywhere so much encroached upon, right down to its outlet, as to be almost obliterated. It formed a mere slit, as it were, bounded by very irregular surfaces of the growths fungating into it from the vaginal walls. In its general shape, in an antero-posterior direction, it may be compared with a sectional view of a distended bladder and first part of the urethra, being ovoid above and narrowed into a tube, passing vertically downwards, below.

A median section made through the posterior aspect of the tumour and the reflection of a flap of what proves to be the vaginal wall infiltrated with growth exposes a large collection of pearly, semi-translucent, cyst-like swellings of varying size. Some of the "cysts" are rather less translucent than others, and some show areas of dirty chocolate tint, which, from microscopic evidence, appear to be the result of hæmorrhages. The resemblance of this mass of "cysts" to a bunch of grapes, or a hydatidiform mole, is obvious.

The "cysts," on section, are of semi-solid consistence, the appearance presented being closely comparable with myxomatous tissue. The largest "cysts" measured as much as 3 centimètres ($1\frac{1}{8}$ inch) in diameter.

Measurements.—The length of the exposed portion of the uterus was: Posteriorly, 2 cms. ($\frac{3}{4}$ inch); anteriorly, $\frac{1}{2}$ cm. ($\frac{3}{16}$ inch); omitting the uterus itself, the length of the tumour from its apex along its posterior wall to the line of reflection of the peritoneum was $19\frac{1}{2}$ cms. ($7\frac{3}{4}$ inches); the length of the tumour anteriorly from below the insertion of the uterus, to the line of reflected peritoneum was 6 cms. ($2\frac{1}{4}$ inches); the greatest girth of the mass, $29\frac{1}{2}$ cms. ($11\frac{3}{4}$ inches).

MICROSCOPIC REPORT.

1. In a portion of the *posterior lip of the cervix uteri and adjacent fornix of the vagina*, removed for examination, the changes appear to be confined almost entirely to the stroma. There are about the usual number of cervical glands, lined by a single layer of epithelium. Apart from considerable dilatation, the glands present a normal appearance. Their presence affords no justification for the title of adeno-(myxo)-sarcoma adopted by some writers (Mundé, Winckel). Numerous bands of involuntary muscle fibres, seen in their length and in cross-section, are present in the stroma, being normal to this region. These fibres are separated by sarcomatous cells, round and spindle, of medium size, the large and characteristic oat-shaped nuclei being very obvious in places. The spindle cells are seen in direct contact with some of the normal glandular structures mentioned already. In a considerable extent of the section, small round sarcoma cells lie in small alveoli composed of a very delicate reticulum, the groups of cells being widely separated from one another by an almost structureless stroma, the result, probably, of œdematous infiltration of the tissues. No myxomatous tissue is visible. Numerous lymphatics of medium size are present. Beneath the investing peritoneum there is marked engorgement of the vessels, the tissues around, but not elsewhere, being infiltrated with extravasated blood corpuscles.

2. *Sections of the "grape-like" growths* presented the following striking features:—(i.) Large columnar

epithelial cells with large oval nuclei form the outer layer, which was readily detached, unfortunately, during the handling incidental to fixation, &c. The layer beneath consists of small flattened cells, arranged regularly, almost end to end. Still deeper are seen other cells, with large round or ovoid nuclei, scattered irregularly in the stroma. (ii.) A remarkable number of dilated, thin-walled, branching and engorged blood-vessels are seen throughout the section, lying in (iii.) an obviously œdematous, finely reticular stroma, containing large and medium-sized spindle, round, and polygonal cells, the spindle cells containing large oat-shaped nuclei, and the nuclei in the round and polygonal cells being in a very active state of proliferation. No myxomatous tissue is evident. The "grape-like" growth may therefore be briefly described as an œdematous, mixed spindle and round-celled sarcoma.

3. *Sections of vaginal wall infiltrated with growth, forming a projection on its inner surface.*—The growth is seen to be arranged in finger-like processes, covered with stratified epithelium. The appearance of round and spindle cells seen elsewhere is reproduced here, the œdematous infiltration separating the cells being, however, less marked. Giant-cells are present here and there throughout the papillæ.

4. *Sections of the secondary deposit in, or near, the left iliac lymphatic gland.*—The common iliac artery near its division lies embedded in this mass of growth. Section shows the artery filled with a mass of clot, and very numerous leucocytes are seen entangled in the fibrin. The growth itself, around, consists of spindle cells and round cells, the bodies of the round cells being very degenerate, the delicate reticulum forming the stroma being thereby rendered very obvious.

Cases of cervical sarcoma, according to Whitridge Williams, may be divided into two groups, one including probably several varieties; the other, easily distinguishable, being known as "grape-like" sarcoma (*das traubige Sarcom*), a non-committal term first applied in 1892 by Pfannenstiel, though Spiegelberg, in 1879, was the first to draw attention to this group, recording one case in 1897, another in 1880, and referring to one such case of his own which had been reported by Kunert as far back as 1874.

Numerous descriptive titles have been applied to this group, and are indicated in the literature quoted at the end of this paper. For these references and much information I must express my great indebtedness to J. Whitridge Williams' exhaustive monograph, entitled "Contributions to the Histology and Histogenesis of Sarcoma of the Uterus." (*a*)

Up to 1894, eleven cases of "grape-like" sarcoma appear to have been recorded, the twelfth, Kleinschmidt's case, alluded to by Pfannenstiel in 1892, being probably an angio-sarcoma, and not really forming a member of this group. Emmet's case, in a girl, æt. 19½, reported (*b*) in 1902, was thought to be the sixteenth on record. The present case, therefore, appears to be the seventeenth reported.

Lewers (*c*) says he has not met with such a case himself.

Spiegelberg's description of his first case, macroscopically and microscopically (given in Williams' monograph), corresponds so closely with what was found in the present case that its reproduction here may therefore be pardoned.

"Spiegelberg in 1897 described a case in a seventeen-year old girl in whom he found the anterior lip of the cervix thickened and enlarged. It was covered on its margin as well as on its surface by a group of opal, yellowish-brown outgrowths, one or two centimètres long, which looked like transparent cysts. These were readily crushed when touched, and contained a thick, sticky fluid. The anterior lip of the cervix was removed with scissors.

"Nine months later the girl returned with the entire vagina filled by a growth, which resembled a hydatidiform mole in appearance, and also arose from the anterior lip by numerous strong thread-like pedicles. The mass was again removed, and rapidly recurred; eventually the entire uterus was removed, and the patient died later from recurrence.

"The tumours were examined by Weigert, who found that the cyst-like masses were covered by a single layer of cylindrical epithelium, and their interior composed of large, round, spindle-shaped, and branching cells, which were separated from one another by clear spaces traversed by fine threads. In these spaces lymph corpuscles were found, and between the cells thin-walled blood-vessels. In the more compact portions of the growth, and in the pedicles of the 'cysts,' large cells without the clear ground substance were seen. The growth at first suggested a myxomatous sarcoma, but fresh specimens failed to give the characteristic mucin reaction with acetic acid. Spiegelberg accordingly concluded that the appearance was due to œdema, the result of stasis in the numerous lymph sinuses of the cervix, and suggested for it the above-mentioned name.

"Pfannenstiel, in 1892, agreed with the majority of observers that the growths in question were not myxomata or myxo-sarcomata, and believed with Spiegelberg and Weigert that they were sarcoma infiltrated with lymph, and could be designated with propriety as 'sarcoma lymphangiectaticum et hydropicum.' He showed conclusively that the growth in his case arose from the superficial portions of the cervical mucous membrane, to whose papillary structure it owed its peculiar form; and in all probability that it was connected in its origin with proliferative changes, which he observed about the lymphatics and blood-vessels." (Williams.)

Bland-Sutton and Giles (*a*) refer to Pernice's well-known case, and reproduce two illustrations. They say, "Pernice describes a very remarkable example of sarcoma which involved the vaginal portion of the cervix.

"It had a racemose appearance, the grape-like bodies being composed of cells, some of which were oat-shaped; others were typical spindles, many of them presenting a cross striation indistinguishable from that of a striped muscle. In the basal parts of the tumour gland-like spaces existed lined with cylindrical or with cubical epithelium. (These were derived from the glands in the cervical endometrium.)

"After removal this tumour quickly recurred. It was removed a second time, but reappeared, and rapidly infiltrated the uterus, forming a large mass. Death was speedy.

"On microscopic examination of the recurrent tumour no striated spindles were found, and the tumour had the characters of a simple spindle-celled sarcoma."

The great majority of the cases collected by Whitridge Williams occurred in persons under twenty years of age, or past the menopause, and only three in the intermediate period. Smith's case occurred at three and a half years of age, Ahlfeld's at fifteen years; so that it would appear that the case now reported, æt. 1 year, is the youngest so far met with.

"This age distribution enables one to distinguish 'grape-like' sarcoma of the cervix from squamous-celled carcinoma of the cervix, exceedingly rare before the twentieth year, and occurring most frequently just before the menopause. A positive diagnosis between squamous carcinoma of the cervix and the other groups of cervical sarcomata referred to cannot be made, according to Cullen (*b*) without a microscopic examination, records of cases showing that even then it is at times impossible to reach a clear diagnosis."

Williams adds the interesting information that in all the cases he collected, death occurred from regionary metastases, with the exception of Byford's patient, of whom it is only stated that she recovered from the operation. True metastases occurred, however, only in the cases of Kunert and Kunitz.

Emmet's patient died a year after the first operation,

(*a*) *Amer. Journ. of Obstr.*, Vol. XXIX., 1894.
(*b*) *Amer. Journ. of Obstr.*, March, 1902.
(*c*) "Cancer of the Uterus," 1902.

(*a*) "Diseases of Women," pp. 217, 218; figs. 71, 72.
(*b*) "Carcinoma of the Uterus," 1901.

at which a deep wedge-shaped piece of the posterior lip of the cervix, including the growth, was cut away with scissors. At the second operation, seven months later, high amputation of the cervix was performed, and the mass now encircling the cervix, and filling up the vagina with "grape-like" growths, removed. Discharge recurred in four months' time, and death a month later, the growth being described as a spindle-celled sarcoma.

It is clear that the only hope lies in early diagnosis and complete hysterectomy.

Literature of Cases of "Grape-like" Sarcoma of the Cervix, mostly derived from Whitridge Williams' Monograph (1894).

AHLFELD: "Diffuse sarcomatöse Entartung des Uterus und der Vagina." Wagner's *Arch. f. Heilkunde*, VIII., 560, 1867.

BYFORD: "A Case of Vaginal Hysterectomy." *Amer. Journ. Obstr.*, XXI., 1,203, 1888.

EMMET: *Amer. Journ. Obstr.*, March, 1902, giving literature from 1894 to 1902. [Also abstracted in *Journal of Obstetrics and Gynæcology of the British Empire*, May, 1902, p. 565.]

KLEINSCHMIDT: "Ueber primäres Sarcom des Cervix uteri. (Whitridge Williams does not believe this case to be a true "grape-like" sarcoma, but an angio-sarcoma, as Kleinschmidt himself said.) *Arch. f. Gyn.*, XXXIX., 1-16, 1891.

KUNERT: "Ueber Sarcoma uteri." *Arch f. Gyn.*, VI., 111, 1874.

KUNITZ: "Ueber Papillome der Portio vaginalis." Di., Berlin, 1885.

MUNDE: "A Rare Case of Adeno-myxo-sarcoma of the Cervix." *Amer. Jour. Obstr.*, XXII., 1889.

PERNICE: "Ueber ein traubiges Myo-sarcoma striocellulare uteri." Virchow's *Arch.*, CXIII., 46, 1888.

PFANNENSTIEL: "Das traubige Sarcom des Cervix uteri." Virchow's *Arch.*, CXXVII., 305, 1892.

REIN: "Myxoma enchondromatodes arborescens colli uteri." *Arch. f. Gyn.*, XV., 187, 1880.

SMITH, THOS. C.: "Sarcoma and Multiple Mucous Polypi of the Uterus in a Child." *Amer. Journ. Obstr.*, XVI., 555, 1883.

SPIEGELBERG: (*a*) "Sarcoma colli uteri hydropicum papillare." *Arch. f. Gyn.*, XIV., 178, 1879. (*b*) "Ein weiter Fall von papillären hydropischen Cervix Sarcom und Extirpation nach Freund." *Arch. f. Gyn.*, XV., 436, 1880. Nachtrag zu dem im Bd. XV., mitgetheilten Fall *Arch. f. Gyn.*, XVI., 124, 1880.

THOMAS: "Uterine polypi." Practical Treatise on the Diseases of Women. 5th Ed., pp. 559-560. Philadelphia, 1880.

WEBER: "Ueber die Neubildung quergestre ifter Muskelfasern, insbesondere die regenerative Neubildung derselben, nach Verletzungen." Virchow's *Arch.*, XXXIX., 216, 1867.

WINCKEL: "Adeno-myxo-sarcoma cervicis." "Lehrbuch der Frauenkrankheiten," 432, 1886. (Whitridge Williams doubts whether this case belongs to this group.)

WINCKLER: "Ein weiterer Fall von Sarcoma papillare hydropicum cervicis et vaginae." *Arch. f. Gyn.*, XXI., 309, 1883.

The Cavendish Lecture

ON

DISEASE OF THE ASCENDING AORTA.

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(ABSTRACT.)

(*Concluded from page 25*).

ALL diseases of the aorta, if they pass into chronic states, tend to atheroma. Syphilitic arteritis, if occasionally to be recognised in its earliest manifestations, becomes ultimately atheromatous, but leads even more decidedly largely to altered diameter, bossing, scarring, wrinkling and puckering of the vessel. Perhaps a considerable degree of cell infiltration in both intima and adventitia, with some increasing degeneration of the media, may properly suggest a syphilitic process. The age of the patient may also be significant. A rarely recorded but definite kind of syphilitic aortitis is a quite distinct mesarteritis, favouring the occurrence of aneurysm.

The chemical changes of atheroma, according to Guzert, consist of a fall in nitrogen and a large rise in ash. Fat is most abundant in the intermediate phases, as we might expect. The increase in ash depends upon the lime; if the ash of dried atheromatous aortic substance rise, as it may, even to six-fold of the normal standard, the lime of this ash would rise to twenty-fold.

The coronary arteries, or at any rate their orifices, rarely escape in atheroma of the ascending aorta; yet, if the process be slow, complete obliteration of these orifices is consistent with a thoroughly sound and powerful heart muscle, one which may make up by increased velocity for the narrowest constriction of the aortic orifice.

Of the symptoms some are, as I have said, equivocal, and of these are headache—of various meaning, no doubt—vertigo and dyspnœa of a kind. Of the cause of the vertigo, an early symptom which is often notable and even alarming, I must be content with the vague surmise of a reflex mechanism. Concerning the dyspnœa, which is to be discriminated from that due directly to heart or lung affection, or to pressure effects, I can only offer the same surmise. It comes independently of the pain, of which I shall presently speak, and in its mode and caprice nearly resembles spasmodic asthma; but it is without the critical relief by expectoration, without the spirals of Curschmann, and, I presume, without the "eosinophilia." It is a tight and retarded breathing, independent of exertion—the panting of a dilated heart. These three symptoms are significant of acuter phases of aortitis. Pressure symptoms are more common in mere dilatation of the arch than is usually supposed, and by no means dictate aneurysm or other tumour. In the later stages of Hodgson's disease pressure symptoms are usually perceptible, and in some cases are predominant. Among such symptoms I have witnessed spasmodic closure of the glottis, in attacks so persistent and terrific as to call for chloroform, or even for tracheotomy; minor degrees of distension of some branches of the upper vena cava; and even pressure upon a bronchus, though this last is mere dilatation, and is rarely perceptible. Here it is convenient to allude, for I can do no more, to acute pulmonary œdema, which is said to occur in disease of the aorta. It may be fulminating, after its fashion under other obscure conditions; but more often it appears in moderate degrees, which if perilous, may be transient. A sudden distress leads to examination of the back of the chest, where a larger or smaller gathering of crepitations is discernible for a few hours, or for a day or two, then gradually disappears. I have never witnessed this event in aortic disease as distinguished from general arterio-sclerosis, and I am not convinced of its occurrence apart from the latter condition. I may remark by the way that emphysema of the lungs is a well-known accompaniment of atheroma of the aorta, and may even take some place among its characteristic symptoms.

That pain, and pain having peculiar and even appalling features, arises in disease of the aortic area, that is, of the first portion of the ascending aorta and perhaps of the aortic orifice, is in a sense well known; in another sense, however, it is misconceived. In the examination of cases of angina pectoris our eyes are too exclusively fixed upon the coronary arteries; the orifices and the tunics of these vessels are scanned for atheroma, and if atheroma be found—in chronic disease of this area they hardly escape—the pain is held to be explained, and no fresh thought is given to the matter. Yet the truth is that this pain, which in greater or less degree is a predominant feature in disease of this area, is due neither to coronary artery nor to heart, but to the disease of the base of the aorta, with

which coronary atheroma is commonly associated. Now, aortitis of the ascending arch, even when acute, is often unattended with pain; in the aortitis of the exanthemata, pain is frequently, in some of them generally, absent. In the aortitis of small-pox, or of typhoid fever, we detect the evil not by pain but by physical signs. In the aortitis of influenza, of rheumatism, of syphilis, pain occurs; but probably in a small minority of cases. In atheroma of the area, again, pain occurs in a small—a very small—minority of cases. There is, then, no direct relation between the cause, the acuteness or the range of the aortitis and severity of pain; the intensity of the pain in certain cases must be explicable by some other element, by some yet narrower precision of the seat of disease, of the depth of its penetration, or possibly of its pressure on some adjacent organ or tissue. We may guess that the relation of the fibrous to the nervous tissues of and about the ascending aorta may be the determining factor of pain in inflammation, acute or chronic, of these parts. Suffice it now to repeat that pain, and pain having peculiar and even appalling features, arises in disease of the root of the aorta. The features are: origin under the sternum at the junction of the first and second thirds of the bone, and sense of constriction or compression, as if the chest were in a vice, or the breast-bone crushed inwards by an iron bar; I speak, of course, of the patient's subjective sensations. This pain may come in any degree, from a momentary sense of tightness about the upper sternum, aroused by exertion and stopped at once by rest, to sheer torture. A third feature is a tendency to radiate from the mid-sternal origin into sections of the brachial plexus, in the first instance, of the left side, but occasionally of the right also—very rarely of the right alone; and not of the brachial plexus only, but in keener cases along the intercostal nerves of the left side also. I am accustomed to divide the courses of this aortic pain by the terms I apply to spreading zones of other pains, spasms and perturbations—namely, into the primitive area and the forced areas, the primitive area being that of simple reference, the forced areas being those of compound reference, which are invaded successively as the irritation, or the instability of the system, increases. As in a child, a cutting tooth may have a primitive area of pain in the parts about it, and thence may force sphere after sphere of inhibition to vomiting and even to general convulsions, so a corrosive action at the root of the aorta may cause a constricting pain under the sternum only, or, forcing successive spheres of inhibition, may drive it to the shoulder, to the inner condyle of the humerus, to the ring and little finger, and yet again to the third, the fifth and other intercostal zones. When the pain reaches these outermost circles we are too apt to attribute its origin to the heart.

Of a particular kind of dyspnœa in the primitive reflex zone of aortitis I have already spoken; in angina pectoris a dyspnœa may arise; but if infrequently this feature occurs, it is not characteristic, usually the patient is held in a deathly stillness. When dyspnœa accompanies angina pectoris either the heart is diseased also or it is gravely depressed by the effects of the pain, as it violates yet another sphere of inhibition, that, namely, of the heart. As irritation of the central end of a divided sciatic nerve in an animal, as the torture of a gall-stone driven through the duct in man, forcing the inhibition of the heart, may slow auricle and ventricle, or even arrest them in death; so the pain of a diseased aorta—angina pectoris—having invaded the outer and inner bailey, may force the very keep of life, and may arrest the heart in fatal syncope. Herein lies the perilousness of aortic pain to him whose heart is frail; to him, let us say, whose coronary arteries are occluded, and—which by the way, is far from being a necessary consequence—whose cardiac muscle is in decay. To one thus unstable at the centre angina pectoris is often a mortal agony; to one whose heart is sound and perfect, or relatively sound and perfect, the agony is rarely mortal. Leger tells us, indeed, that in acute aortitis, as in other agonising visceral pains, even a sound may be arrested in death. Perhaps if the heart be frail the vagus steps in sooner to protect it, perhaps it is forced more blindly into excessive function as we now know is the case in death under chloroform. In the two instances the causes differ, but the mechanism of death is identical, and artificial respiration should be tried in angina if occasion serve. As a prophylactic bromide of ethyl might be useful, as suggested by Waller in the administration of chloroform.

In not a few cases, however, the heart does not quail, and the sense and apprehension of death are less frequent, less terrible, or often, indeed, absent. Elderly patients, the subjects of angina pectoris, do, indeed, die suddenly of cardiac failure, in an attack as it is said, often an anginal attack, no doubt; but not rarely the perishing organ stops—as we say—of itself. Some stir of flatulence, some nervous hitch—such as that which makes us twitch or bound in our sleep—and the worn-out heart answers to time no more. Such a death is apt to occur likewise in the case of aortic insufficiency in a heart whose muscle may not be gravely unsound. That the apprehension of death is not due to mere cerebral anæmia, but to some secret omen within the cardiac mechanism, seems proved by the experience of the patients of "Stokes-Adams disease," in whom the approach of insensibility and convulsion is a moment, as I have been told by one of them, of no unpleasant lethargy.

When a chronic aortitis, pursuing for the greater part a painless course, is broken by terms of acute activity, angina pectoris may come and go with such vicissitudes. I have seen not a few cases of intercurrent angina, even in acuter phases of chronic disease, which departed for good. In acuter aortitis its departure is perhaps the rule, the condition being that the heart is sound.

Of physical signs in aortitis there is no great lack, if we will but look for them; unfortunately they are for the most part signs of the fully established disease, of chronic aortitis and atheroma. The earliest stage of this disease is rarely diagnosed—never, perhaps, with certainty, except in its acutest modes. It is understood that in this address I confine myself to disease of the ascending arch, without aneurysm, without notable cardiac disease, and without regard to general arterio-sclerosis.

To sight and touch acute aortitis scarcely betrays itself; some throbbing in the neck—if such there be—may well be due to some far less grievous causes. In chronic aortitis we have more of this kind of evidence. Even in the aspect of persons between twenty-five and forty years of age some quality of deterioration is to be noted; especially if, as is frequent in such patients, syphilis lie at the root of the disease. At all ages, then, signs of premature senility are prone to appear; in some persons the face is pinched, worn, and perhaps furrowed by the anxieties of pain or other disablement; and the complexion, whether the case be syphilitic or not, is white or sallow, and the hair thin and grey. In other persons—stout, elderly men of full habit, long subject to high arterial pressures—the rubicund face takes a venous hue; and under its rather deceitful surface a bilious tint is to be noted, especially about the temples and cheek-bones. On closer approach the veins of the neck may appear too prominent, and even pulsate. The superficial veins about the face, neck and chest may be dilated, and the neck and face puffy. Arterial pulsation also may be conspicuous in the same region, although aortic insufficiency, Graves' disease and chlorosis be out of the question. The hand, now laid upon the upper chest, may perceive a thrill, as if the walls of the arteries had become unduly and irregularly rigid, or as if eddies were formed in dilated channels. The arch is often to be felt by the finger-tip in the supra-sternal notch, especially if the patient be thin, and will bend his head forwards. Sometimes, however, this pulsation is remarkable by its absence. In an advanced case a quick observer may estimate some difference of strength in the beats of the carotids; and if so he will note the point as possibly significant of some incrustation about the

orifice of one of them. The dome of the innominate may be visible, or palpable; and, if the patient be made to depress the point of the right shoulder, the right subclavian, as M. Faure has told us, may be palpable, or even visible above the collar-bone. This sign I had observed for myself, and in some cases have seen the subclavian rising even an inch above the bone; so that at one time I was too sanguine of the value of the test, which I now know may be slight or absent, for some reason or another, even in an advanced case. The sign has a positive but not a negative value. The orifices of the arteries which take their rise from the thoracic aorta are, as we remember, especially obnoxious to the stresses of the blood current; they incur minute lesions upon which atheromatous patches may so gather as to narrow them; a quick eye may note consequent differences in the diastolic volumes of pairs of arteries, and one may find the radial pulses to be an unequal pair. Or, again, if atheroma have invaded a pair of orifices, the pulses of the corresponding arteries may be judged as falling alike under the general standard of pressure. Of such a bilateral defect I have felt assured in more than one patient; I am thinking of one case of equal defect in the carotids, and of another of equal defect in the brachials. I repeat, by the way, that I exclude from consideration all cases in which peripheral arterial disease obviously interfered.

More trustworthy evidence of elongation of the ascending aorta than may be afforded by the subclavians was pointed out by Traube, and verified by Edgren and others, besides myself: namely, mobility of the heart's apex. Undue and even extreme mobility of the heart is seen in other maladies, as, for example, in neurasthenia; but by other features this and such maladies can be excluded. We turn the patient, who is lying upon his back, on the left side, and, as he turns, we find the heart's apex swinging outwards also, until it may make itself perceptible far outside its proper place. At the same time the left parasternal line of absolute dulness moves to the left, but not to the same degree. Assuming, as for the moment I must, that the heart's apex occupies its normal place, it may fall away even to the anterior axillary line. We may be satisfied of undue mobility even in a large heart; or again, we may attribute some extrusion of the apex to elongation of the aorta rather than to ventricular hypertrophy. But such nice points as these, if often soluble in individual cases, cannot be reduced to rule. As in aortic aneurysm, cardiac hypertrophy has no necessary association with atheroma of the aorta. Under the head of inspection I should include radioscopy; by its means dilatation of the aorta can be seen, but only in its larger degrees. The method is useful rather to exclude saccular aneurysm of the arch; or possibly to betray the presence of one of the small aneurysms which are apt to arise at the root of the aorta, and occasionally give rise to angina pectoris and to some of the other symptoms I have considered with it.

Percussion is the most valuable single method we have of detecting dilatation of the aorta, whether the dilatation be temporary and often variable, as in acute aortitis, or static, as in chronic cases. According to the degree of dilatation, a dull area may be delineated occupying an area including the manubrium sterni, and extending thence towards the second space and the third cartilage on the left. As the upper part of this dull area extends from the base of the breastbone in a segment of a circle to the right, it has been likened to the crest of a fireman's helmet, a comparison made, I believe, by Potain, who did much to verify and to affirm this change, and, as far as my experience goes, with good reason. The sign is invaluable, and is generally trustworthy, if we bear in mind the common occurrence of emphysema in these atheromatous persons. The area, though near, is distinct from that of the right auricle, which lies below it. Potain warns us, and his warning is good for all cardio-vascular percussions, to delineate the area of dulness not by advancing outwards from the body of it, but approaching all segments of its circumference on convergent lines from the surrounding resonance.

The signs of auscultation are inconstant and equivocal; moreover, even on paper it is difficult to divide the evidence of mere aortic from that of cardiac disease. In mere aortic disease, for example, we may hear no systolic murmur, even in an advanced case we may not; on the other hand, a systolic murmur may be audible, but whether it be one of stenosis or one of fluid veins in a dilated arch it may be difficult to say. In the latter case it may be widely propagated into the arteries, and loud over the descending arch behind; in the former case it may be confined to narrower limits, and may present the *roulement présystolique* of Lemoine, a phenomenon which always reminds me of Quain and Morison's experiments on the generation of the first sound.

A certain quality of the second sound may be of cardinal value; unfortunately it is often far from constant. This quality may be reinforced by high arterial pressure, but is not by any means dependent upon it. It is a clang, which has been so aptly compared by Potain to the tap of the tabourka—a drum made of a skin tightly stretched upon an earthen pot—that I hope this word will be imported into England also. That the *bruit de tabourka* never occurs in mere aortic stenosis I cannot say—these cases are not frequent; but it was not present in four such cases of my own experience. And it tells us not exactly the state of the aorta, but of a state of the valve often associated with disease of the aorta. Thus it has no direct message from the aorta to us; indeed, the aorta remaining the same, it often wanes or alters, not with variation of blood pressure, but as the valve by some pathological change alters in thickness, or in its relation to the other parts of the instrument. Yet in spite of all these contingencies, the tabourka sound tells an unmistakable tale. And, assuredly, even its alterations may often enlarge rather than obscure our knowledge of a particular case. That a muffling of it might suggest progressive disease at the base I have said; if, on the other hand, to the stethoscope placed in the jugular fossa it persists, while pressure is falling, with perhaps some arhythmia, some acceleration, or some retardation of the pulse rate; or, again, if, while the aorta is heaving and carotids are throbbing, yet the distal pulses of the dorsales pedis or the anterior tibials are feeble, we shall apprehend coronary disease and cardiac default.

A murmur, even if systolic only, in my opinion generally means valvular disease, spreading, it may be, from above. Relative aortic insufficiency I still think is clinically rare, in spite of museum specimens. When it occurs, however, I admit that the regurgitant murmur is often so faint, so distant, so inconstant, that, unless while the patient holds his breath all possible areas of such a murmur are traversed, it may well escape the physician who is not on his guard. That a murmur may be caused during cardiac diastole by recurrent fluid veins within the dilated arch itself I will not deny, but am not ready to admit. Of one more physical sign, one sometimes of cardinal importance, I have yet to speak—of the chafing sound of a dry, basic pericarditis, occasionally associated with aortitis. Pericarditis about the aorta may arise, I suspect, in two modes: first from the outside, invading the circumference of the aorta embraced by it; secondly, from within, whence aortitis penetrates to the investing pericardium. The former cases are usually rheumatic; but they may come of other infections, of Bright's disease and some other maladies. Now, whether the pericarditis be of inner or outer origin, it is so frequently attended by angina pectoris that a nice appreciation of these conditions may be, I repeat, of cardinal importance. That the angina pectoris in these cases is independent of coronary disease has been demonstrated by Pawinski. Let it not be supposed that pericarditic angina is alien from a supposititious coronary angina in respect of fatality. That it takes more to put a sound than a diseased heart in check is true; but I have seen in more than one such case, and more than once in a single case, the *plötzliches sin-*

kendes Herzthatigkeit, zumal ein arhythmischer schwacher Puls, under the stress of these *angina pectoris eigenthümliche Schmerzen*, as described by Pawinski.

Rupture of the aorta is most commonly indirect, the rupture is of an aneurysm, large or small. Acute perforative disease, such as in the case of Oliver and Woodhead, is very rare; and, save under some striking circumstances, must be beyond diagnosis. In chronic disease, even omitting ordinary aneurysm, rupture is an infrequent but not an extraordinary event. Many cases, no doubt, escape diagnosis; but since Broca published his leading paper (*Bull. Soc. Anat.*, 1850) many cases have been submitted to the proof of dissection. Pilliet, in the same journal, added twelve cases to the list. Like aneurysm, rupture comes at the age of overlap, in the middle term of life, when the body, tainted by stress and disease, steps upon the threshold of senescence. A strong effort or wrench has often determined the moment of the rift, which, however, may not penetrate all coats, but checked by the outermost may form a dissecting aneurysm. The nearer a treacherous spot to the heart, the more exposed it is to the brunt of its systole; in three-quarters of the cases the perforation opens into the pericardium, when life may continue for a few hours. The issue of blood from the aorta is usually, however, more rapid than in rupture of the heart, and survival is so much the shorter. In rupture on the plane of the arch, as distinguished from rupture of a pouch, it is remarkable that the rent, though occasionally transverse, is apt to run lengthwise of the vessel, whereby, it seems, the immediate cause is rather an expansion of the vessel than that tearing away from its cardiac attachments pictured by some authors. The character and place of the small but dangerous aneurysms, which are apt to rise about the aortic valve and its sinuses, are too well known to need any description. They are often attended by angina pectoris. Ulceration into neighbouring organs or channels is very rare, apart from aneurysm proper.

On developmental deformities in general, such as stenosis of the aorta at its duct or at the seat of the ductus Botalli, I have nothing fresh to say; but in respect of the hypoplasia studied by Virchow, and the peculiar nephritis which the great pathologist found to be not infrequently associated therewith, I may refer to a paper by Ettore Chiarruttini in the eighth number of the *Clin. Med. Ital.*, of 1900, "Le anomalie di calibro dell' aorta in rapporto alle nefiriti e all' ipertrofia cardiaca." The inflammation of toxic origin attacks epithelium and blood-vessels alike. The author's description of the epithelial changes seems rather to describe a necrosis; at any rate, a stage of morbid stimulation is soon followed by a prevalent necrosis. And it seems true that an invasion of new tissue growth is so predominant, and so acute, as to present the character of an inflammation. On the other hand, if the acute stage be surmounted, the duration of the disease often exceeds that of other kinds of nephritis. As in these other varieties, the blood pressure rises and the heart becomes hypertrophied. In the renal cases not only is the thoracic aorta ill-developed but the abdominal portion also.

One or two cases of a congenital dilatation of the aorta are on record; this change, however, would seem to be but a part of a general cardio-vascular enlargement. Little is known of the condition, if, indeed, it prove to have definite and independent features.

THE ADMINISTRATION OF ANÆSTHETICS IN RECTAL DISEASE:

Valedictory Address delivered before the West London Medico-Chirurgical Society on Friday, July 3rd, 1903.

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THE administration of anæsthetics in operations performed for the cure or relief of rectal diseases, of which the more commonly seen requiring operation are piles, prolapse, ischio-rectal abscess, fistula, fissure, polypi, stricture and malignant growths, vary in conditions sufficiently from those for the ordinary run of operations to justify their special consideration. First, the majority of the patients are of one of two types, being either strong, full-blooded, and free living, or weak or cachectic. Second, the part to be operated upon is very sensitive, necessitating a depth of anæsthesia that will prevent spasm or movement of the limbs during the painful operative proceedings begun in some cases by forcible and paralysing dilatation of the sphincter ani, some fibres of which may be ruptured. Third, the patient is always of necessity placed for operation in one or other of several positions, differing from the ordinary or dorsal position, during operation. At St. Mark's Hospital for Rectal Diseases it is customary in pile cases to have the patient lying on the right side and slightly inclined towards the prone position, with the thighs and knees somewhat flexed. This position is also used for right fistula, right ischio-rectal abscess, and for fissure. For left fistula, the corresponding position with the patient on the left side. For horse-shoe fistula, one or other of the above positions or the lithotomy position maintained by the use of Clover's crutch, and this position is also chosen for Whitehead's operation for piles. The side and prone positions may appear awkward for the anæsthetist, but the tongue does not fall back, and the secretions tend to flow from the air-way, advantages which will commend themselves. In the various operations, including Kraske's, for excision of the rectum, one of the above positions is adopted, or the patient may be prone, with the thighs hanging from the end of the table and the knees supported on a chair. The trussed-up position, with the use of Clover's crutch, especially with stout and short-necked people, may cause embarrassment owing to congestion of the head and neck, swelling of the mucous membrane of the mouth, throat, &c., and accumulation of secretion. A low pillow, or none at all, is needed, and the head should be kept on one side. Possibly the pressure of the band on the nerves of the neck may sometimes adversely influence the respiration and circulation. Fourth, in the preparation of the patient, the fact that the bowels are advantageously confined for three days after the operation will suggest that special attention should be directed to clearing them out before it. After describing the preparation as followed at St. Mark's Hospital, he said sickness in the theatre or in the ward associated with the anæsthetic very seldom occurred. In different types of patients and in different operations complications and dangers of special kinds are likely to arise, and these may be anticipated and met more easily, generally speaking, when ether is administered than when chloroform is given. In the event of extreme cyanosis, congestion, swelling of the mucous membrane, and excessive secretion, a change from ether to chloroform will lead to a disappearance of those conditions, and anæsthesia may be easily established and maintained, much less chloroform being necessary after the preliminary ether than would otherwise be required. It is safer to administer that sequence than chloroform throughout to such a patient. In his Introductory Address, entitled "The Field of View of the Anæsthetist," Mr. Lloyd entered into the physiology of the nervous, the respiratory, and the circulatory systems in various conditions associated with the administration of anæsthetics. During an operation the quantity of blood in the patient varies for practical purposes, not only by reason of the hæmorrhage that is taking place, but also with the situation of the remaining blood and consequent supply of blood to the vital organs. Though, as already remarked, some patients are strong and full-blooded, and in them limited hæmorrhage facilitates the administration, complications such as congestion, swelling, excessive secretion, &c., being relieved and a smaller supply of anæsthetic being necessary, yet if the hæmorrhage is excessive the circulation and respiration become feeble, even alarming; and on one occasion a big, flabby woman, æt. about 65 years, who had uncontrollable intra-abdominal hæmorrhage

during an operation, gradually failed in that way and died on the table forty minutes after the discontinuance of the ether, although the hæmorrhage had been stopped, saline solution injected, brandy administered, and strychnine hypodermically introduced. After referring to the ordinary arrangements associated with the administration of an anæsthetic, he said, in the absence of any contra-indication he generally administered gas and ether, using a Clover's inhaler with a tap in the angle-mount opposite the attached respiratory bag. To that tap a tube may be applied through which N_2O gas may be allowed to pass from a gas cylinder until the bag is distended. This is generally sufficient gas, and the indicator of the ether inhaler having been kept at "O" until the patient has had several respirations of gas, it (the indicator) may be moved one-third towards "1" and so on by thirds, allowing several respirations at each stage, until the "1" is passed and the "2" reached, when, or soon after, that is at the expiration of two to four minutes, the patient will be anæsthetised and ready for operation. So far it is often unnecessary and inadvisable to allow respirations of fresh air. Now and henceforward during the operation the complexion, respiration, state of the pupil, or moisture of the skin will suggest the necessity or not of raising the face-piece and allowing respirations of fresh air, as well as the number of fresh respirations called for. Generally speaking, in all the cases mentioned gas and ether, or ether alone, are the anæsthetics to be preferred. When gas and ether are employed the gas should be used sparingly or the stage of rigidity will be too long. Exceptionally it will be found that excessive nervousness or fear, the excitation of an unusual amount of cough, congestion, cyanosis, or too abundant secretion, is induced by ether, so that it may appear that the continuance of that agent will prove unsatisfactory, and then a change to chloroform will be advisable, and this agent being substituted for the ether it will be found that the previous effect of the ether renders a much smaller amount of chloroform necessary than when it has been administered from the first. It is advisable not to be too precipitate in making the change, as often a little patience is all that is necessary under the circumstances. These remarks apply to most cases except some ischio-rectal abscesses and fistulæ that are associated with tuberculous disease of the lungs. Whitehead's operation for piles takes so much longer than the operation by ligature, and by reason of the uncertain, always considerable, hæmorrhage, as well as the trussed-up condition of the patient, with its attendant complications, that the question arises, Are the advantages of Whitehead's operation over that of the ligature, if there be any, worth the extra risk that is undoubtedly run by the patient at the time of the operation, to say nothing of the, in some cases, at least, prolonged convalescence that must be involved by the comparatively very great loss of blood that takes place?

For anal fissure and fistula, gas and ether proves an excellent anæsthetic in most cases, but fistula in ano is so frequently associated with tubercle of the lung that it is not uncommon to have to decide what anæsthetic or anæsthetics will be best for a particular case. When there is little or no irritability of the respiratory tract, gas or gas and ether may answer well. If necessary, a change may be made to chloroform with less hesitation than in patients whose lungs are sound. The sensibility of the skin in the region of the fistula in such cases is often so impaired from inflammation that the patient may suffer least in the long run if the undermined skin is cut away and the sinus is scraped without an anæsthetic, or only a local one, especially when there is great irritability of the lung and tendency to hæmoptysis and the general condition bad. In some cases chloroform should be used throughout. In numbers of operations for excision of the rectum lasting from forty minutes to about two hours, in various positions, the anxieties he called to mind, with one exception, arose on account of hæmorrhage from time to time during an operation, giving rise to circulatory failure, which always improved as soon as the hæmorrhage was controlled. The exception was a case in which occasion for artificial respiration arose at the outset of the operation, and on the restoration of the patient, the operation, a long one, was continued and concluded. The subsequent progress of the case showed the patient to be of exceptionally low vitality. Any of the positions of the patient adopted for the operation, favouring as they did the flow of secretions from the mouth, and being antagonistic to the falling back of the tongue, led to an absence of the troubles commonly met with. The hæmorrhage, unavoidable in such operations, rendered the amount of anæsthetic necessary less than under ordinary circumstances.

He then read notes of half a dozen consecutive cases in which ether was administered, illustrating the procedure of administration resulting in surgical anæsthesia in two to four minutes and the fact that there was slight or no sickness at all afterwards. In regard to the administration of somnoform, his experience led him to conclude that it was unsuitable for rectal cases, although if used as a preliminary to the administration of chloroform he was remarkably struck by its effect, as, in the course of half a minute's administration of chloroform following the somnoform, suitable anæsthesia was obtained which could be easily and favourably maintained by chloroform. If his further experience confirms this, he considers that somnoform or some such agent as a preliminary to chloroform is a very valuable method of inducing and maintaining anæsthesia. In using local anæsthetics for these operations it is perhaps advisable to limit them to patients of strong will and who are especially desirous of avoiding general anæsthesia, and to cases that the surgeon knows at the outset exactly how much he may have to do; and he should bear in mind that the patient, by instinctively shrinking from the operation, and by drawing in the anal region, prevents the surgeon from obtaining full access to the part to be operated upon, and in the end the patient may not be grateful for having suffered a greater amount of mental or physical pain than was anticipated and which he will not readily forget. Subsequent operations are more likely to be needed when local anæsthetics have been used than when general anæsthetics have been employed. The surgeon's reason for employing a local anæsthetic may depend upon the general condition of the patient, the nature of, and the time necessary, for the operation. The possible absorption of cocaine should be limited to about a grain. Eucaine may be used more freely. For opening an abscess the part may be frozen with anestile. Whether it is preferable to use a local or general anæsthetic will be best determined by considering all the circumstances of any particular case. There are many things to be considered, and when a local anæsthetic is insisted upon in rectal cases not the least of them is, that surgery may not have fair play, and the operator's reputation may come in for more than its share of the consequences.

Vienna Clinical Lectures.

BLUE LIGHT IN LUPUS.

By DR. GUSTAV KAISER,
Professor of Dermatology in the University of Vienna.

[FROM OUR OWN CORRESPONDENT.]

IT is generally admitted that the blue rays are the most potent factor in the therapeutic treatment where deep structures are to be acted on. How these results are brought about is a question that is at present engaging serious attention, as none can yet say with any degree of safety that the morbid germ is actually killed, nor will the dogmas of a physiological change in the tissue by the rays be accepted as a final settlement of the enigma. If an opinion were to be given I should be inclined to espouse the latter theory of a physiological condition being produced that

leads to a healthy result; at the same time I should not go so far as to deny the possibility of the rays directly killing the morbid germ. I need not enter into an elaborate analysis of the rays peculiar to the treatment of disease, as the chemical rays are now believed to be the principal ones in therapy, and apparently those in the violet band of the spectrum, and a few of the ultra-violet with very narrow undulations. As these rays are largely in electric light it is needless to add that this is the best source for obtaining such chemical rays. I shall first give three examples of my own results as a proof of the efficacy of these rays, and afterwards offer my opinion for founding my belief in the efficacy of the blue rays alone.

Frau Maria E. suffered for two years from lupus vulgaris of the nose and one cheek. After seventeen sittings under the blue rays a distinct reddening set in, followed by a pale, blanched desquamation. After forty sittings there was still a smooth cicatrix with considerable reddening, but by the seventieth sitting the cicatrix harmonised perfectly with the surrounding tissue. The patient was not treated with a lens, but simply by rays passed through plain blue glass, with results that may be seen in Figs. 1 and 2.

FIG. 1.

Frau Ernestine P. suffered four years from lupus erythematosus extending over both cheeks, nose, and forehead. I have selected this case as one common in dermatology and very refractory to treatment, as in the present case, which had taxed the wit of man to suggest another remedy that had not already been tried without any beneficial effect, while, on the contrary, it was greatly aggravated. This patient, after seventy-two sittings with the blue rays, was comparatively well, the swelling having almost disappeared, the redness having gone, leaving the lupoid area in an almost healthy condition, although a small part on the right cheek and brow were still visible. Within two months, however, the patient was perfectly whole.

Rudolf P. suffered for two years with a tubercu lous ulcer on the right arm that varied from time to time, but would not heal. After eleven sittings reddening and itching commenced, which subsided after three days' rest. By the twenty-seventh sitting the patient was quite whole, leaving behind a white scurf that soon disappeared.

My reason for believing in this special ray as a therapeutic agent is founded on the conviction that it penetrates deeper and imparts its energy at a deeper plane than the other constituents of light. If expressed *seriatim*, the following advantages might be enumerated:—

1. Blue light, when good glass, or a combination of lenses, are used, may have an intensity of 5,000 to 10,000 candle-power without injuring the tissues, as the heat rays are quite absorbed by the glass, leaving the resulting effects quite cool. Hitherto the glass of the different instruments have been fitted with common window glass, which is not effectual in a therapeutic sense. If, however, a good glass be used from a good factory nothing new will be obtained by Sterkel's device.

2. By this treatment, when the light is reflected and then concentrated by means of lenses, no loss of light takes place, and thus a weaker light can be economically used. It may be contended, and has even been affirmed, that this method is only a feeble sun-bath and many hundred times less than Finsen's lamp or the electric light, but it must be remembered that the principle of those

FIG. 2.

lights depend on the ultra-violet rays and not the blue light, as in my own method. Recently Finsen's lamp has been reduced to twenty ampères without the rays being reflected or contracted, which must reduce the intensity of the light.

3. By using the "Magnalium Spiegel" in my own method none of the chemical rays are absorbed, but reflected unaffected on to the patient without any loss of intensity, while the heat rays are separated.

4. It may be contended that the blue rays are not entirely free from the ultra-violet ones, but it is proved by experiment that the blue light contains no ultra-violet rays with a wave vibration of 3,500, as all below that are absorbed by the glass. This can be simply measured on the tissues, which has often been done by myself and confirmed by others, if a healthy man be placed in a dark room where all rays are carefully excluded except the blue light, which can be done by passing through a dark screen and testing with the spectroscope. If this procedure be followed by

attaching to the back of the patient a bromide or silver film it will be found that the blue rays are in direct proportion to the distance and intensity of the source, although they pass more easily through anæmic bones than those loaded with blood. The shortest time on record by which the film is affected after washing away the movements of breathing is twenty-five minutes to produce a good positive.

5. These rays are gradually absorbed by the different structures through which they pass, but without that burning effect on the cuticle common to the red rays, which do not penetrate vasoular tissue so easily as the blue light; therefore, if blue rays pass out of the body on to a negative plate there must be a loss, but certainly not so great as in another former light. My own opponents have been good enough to make a presumptive calculation which I do not find fault with. If 25 per cent. is lost in the first layer of tissue, and therefore absorbed, 75 per cent. is left. They go further, and give a fourth of this to the next layer, or 18 per cent., leaving 57 per cent.; again one-fourth of this, till finally 3·6 per cent. is passing out of the body, or 96·4 per cent. retained in the body. This is surely no great loss, as many drugs have a far greater reduction in the alimentary canal. Another proof of their efficacy is found in the fact of relieving pain and even producing anæsthesia, notwithstanding the supposed loss in their application.

6. A reflected arc light is only sunlight greatly intensified, and when applied directly may produce severe scorching. It is difficult, therefore, to reason that the rays have lost their efficacy by removing the red and yellow rays. The therapeutic value of Finsen's rays must be attributed to the absorption of the ultra-violet rays of a lamp of sixty-five to eighty amperes, which is made quite cool in a concentrator fitted with a current of cold distilled water. It must be conceded that the real virtue of Finsen's treatment lies in the use of the chemical rays of light.

More concisely stated, we may conclude that blue rays stimulate the metamorphosis of the body; that refracted rays are more efficacious; that the chemical rays are the principal therapeutic agent; that blue light has results in direct proportion to the distance and intensity of the source; that these penetrate vascular tissue so easily as to operate effectually on the deeper structures, which is proved by the calming and anæsthetising results obtained from their use.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—III.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

WOODBURN SANATORIUM, MORNINGSIDE, EDINBURGH.

IT seems to be the fashion now to establish sanatoria in districts far removed from the dwellings of the ordinary phthisical sufferers, often, it is true, peculiarly fitted by Nature for the advantageous treatment of the consumptive, but remote and not readily accessible, and frequently necessitating much discomfort for the patient and inconvenience to the friends.

There is certainly a great need for suitable sanatoria in close touch with our large centres of population, to which cases can be speedily and easily removed and carefully watched and adequately treated before attempting the sometimes somewhat risky experiment of sending them a long journey to a far-distant sanatorium. Woodburn Sanatorium, Morningside, Edinburgh, admirably illustrates how satisfactorily such an institution for the tuberculous may be conducted with town life, and, indeed, in a climate not characterised by perpetual summer.

Woodburn is an excellent type of the comparatively small private sanatorium. It is situated in the suburbs of Edinburgh and on the confines of the country. The main building of the sanatorium consists of a well-adapted old mansion house. The grounds, some six acres in extent, are well wooded, protected on all sides, abundantly provided with paths of various gradients, and peculiarly suited for the carrying out of a carefully graduated pedestrianism. The south outlook from the sanatorium is charming, with the Blackford, Braid, and Pentland Hills forming a background which not only protects the body but powerfully attracts the mind.

The accommodation in the main building, although limited, is excellently planned. The bedrooms are well situated, opening on large corridors, and thoroughly ventilated. The drawing-room is a large and handsome room 40 ft. long by 30 ft. broad and 22 ft. high, and opening on three sides. The large dining-room is also well placed.

The special feature of the sanatorium, however, is the admirable pavilion, containing ten rooms in one row, each being 15 ft. long by 11 ft. broad and 11 ft. high. Each room is ventilated by a large open window on the south side, a large louvre over the door opening into a corridor which runs the whole length of the pavilion, and open fireplaces. The structure is raised on brick piers four feet above the ground. It is built of wood, covered with oak shingles, and is lined with felt and faced with matchboarding. The floors are waxed and polished and the walls varnished.

Woodburn Sanatorium can accommodate twenty patients. Treatment is carried on in accordance with the best principles of hygienic management. Dr. Isabella Mears, who is assisted by another resident physician, devotes her whole time to the personal supervision of the patients. Dr. Mears has recently issued an interesting brochure on "Open-Air Treatment."

Considerable attention is devoted to the dietetic direction of the cases, and an abundant meat diet is provided. Dr. J. J. Galbraith, the recent resident physician, has presented his conclusions on this matter in a recent article on "The Dietetic Treatment of Pulmonary Tuberculosis from the Point of View of its Hæmatology," and shows that cases treated by the open-air method and on a diet rich in animal nitrogen present a moderate constant leucocytosis, a large absorption leucocytosis, and an almost constant eosinophilia.

Woodburn is well placed in sandy soil overlying sandstone rock. It is also provided with both natural and artificial shelters, and there are sleeping huts for specially selected cases. Dr. R. W. Philip attends as the consulting physician. The inclusive charge is five guineas weekly. The sanatorium can be quickly reached from Edinburgh by ordinary cab, and there is telephonic connection (34, Morningside, Edinburgh).

THE GRAMPIAN SANATORIUM.

Upper Speyside has for long proved a highly favoured and favourite resort of invalids and those in search of mental invigoration and physical recreation; and a now extensive experience has abundantly proved its suitability for the hygienic treatment of many cases of pulmonary tuberculosis. In the spring of 1899, when no private sanatorium for the open-air management of consumption existed in Scotland, Dr. de Watteville, in a private house slightly modified for the purpose, began the hygienic treatment of these cases in accordance with modern principles. The success achieved led to the building of the Grampian Sanatorium, which was completed in 1901.

It is situated near Kingussie, in the Badenoch or Upper Speyside district of Inverness-shire. It stands in the valley on the right bank of the Gynack, a small tributary of the Spey, at an elevation of 860 feet above sea-level. It is surrounded by woods of Scotch pine, larch and birch. Immediately behind it and protecting

it from the north winds, are the Monaliadh Hills, while on the south-east, at a distance of seven miles, rise the main Grampian range.

The soil is well adapted for the purposes of a sanatorium; it is of glacial drift or till superficially, with mica schist beneath, and being porous, is free from dampness. Numerous foot-paths at varying gradients exist in the grounds, which extend to ten acres, but numerous walks in the immediate neighbourhood are available for cases fitted for more energetic exercise.

The building has been specially constructed with a view to the efficient conduct of treatment in accordance with modern principles. There are two storeys, and twenty patients can be accommodated in the rooms on the south side. Most of the rooms are 13 ft. by 11 ft. and 11 ft. high. The corridors are 80 ft. by 7 ft. All lavatories and other sanitary arrangements are on the side of the corridor furthest removed from the patients' quarters.

There are several open-air shelters, revolving and stationary, within easy reach of the main building. The sanatorium is lighted by electricity, obtained by a water-power installation from the neighbouring burn. The rooms are heated when necessary by open coal fires.

Treatment is carried on in accordance with the customary methods of procedure. Dr. Walter de Watteville, although he does not reside at the sanatorium, acts as Medical Director, and Mrs. de Watteville occupies the position of matron, but a junior physician resides at the sanatorium.

The Grampian Sanatorium is only three-quarters of a mile from Kingussie railway station, which is on the main Highland line, four hours' journey from Edinburgh, five from Glasgow, and thirteen from London. The mail trains which have through carriages from London, Edinburgh, and Glasgow all stop at Kingussie.

The terms are four guineas per week.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, July 12th, 1903.

ACUTE PULMONARY ŒDEMA.

AT the meeting of the Medical Society, M. Mercklen said that pulmonary œdema was common enough in the course of grave pneumonia. Sometimes it constituted a fatal symptom, but in persons affected with pronounced heart disease or in subjects with latent cardiac trouble (the aged, persons suffering from obesity, or habitual drunkards) it could supervene as an early complication of pneumonia. It was thus in a very fat woman, æt. 51, in whom he had observed general œdema with weak heart supervening shortly after the first symptoms of pneumonia of the right apex. The patient having succumbed six days afterwards, the autopsy revealed considerable œdema of the lungs and a heart loaded with fat. That case, with many others, tended to show that pneumonia in cardiac patients could develop in the same way as the œdematous pneumonia of Cruveilhier, or the serous pneumonia of Leube. The signs of congestion and œdema are noticed before those of hepatisation, which sometimes even passes unperceived. In treating such cases, cardiac tonics were necessary as an adjunct to the anti-congestive treatment.

MATERNAL IMPRESSION.

A curious case of maternal impression is reported in the newspapers. A young woman kept company for several months with a man whose body was covered with tattoo marks of every description. Tired of being ill-treated by him, she decided on leaving him, and shortly afterwards married. During her pregnancy she often spoke to her husband of her paramour, whose vengeance she dreaded for having left him. She expressed also her fears that the child would be marked like him. She was delivered recently, and the child was tattooed in several places with the same designs as those of her first lover.

TREATMENT OF RINGWORM OF THE SCALP.

Professor Hallopeau recommends the following treatment for this troublesome affection:—

Wash the head every morning with soap and water; remove with a pincers the broken hairs, apply once a week a layer of tincture of cantharides, and rub the whole head morning and evening where the patches are numerous with:—

Glycerine, ℥ j.
Ext. of turpentine, ℥ ij.
Camphor, ℥ ij.
Proof spirit ℥ x.

But the blistering liquid cannot be employed in conjunction with this.

Apply every morning the following ointment:—

Iodine, x grs.
Vaseline, ℥ iss.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, July 11th, 1903.

AT the Society of Charity Physicians, Hr. Heubner discussed the

SERUM TREATMENT OF SCARLATINA.

In introducing the subject he disclaimed the pronouncement of any judgment, but professed only to report the observations made in his clinic. The chief thing, in his opinion, was the preparation of a real streptococcicide serum, as streptococci were very often the cause of the fatal termination.

He had made use of several preparations of serum. First, four cases were treated with Aronson's serum. In Case 1 the temperature fell the first day, rose again the second, then slowly declined. Upon the whole, very little different from cases treated without injection.

Case 2.—Very severe scarlatina with diphtheroid symptoms; jactitations; 80 grs. were injected; no result. Death on the sixth day.

Case 3.—Temperature variable, the rise due to endocarditis. He drew attention to the endocarditis that rather frequently followed injections.

Case 4.—Very severe and fatal.

Four cases were treated with Moser's serum.

Case 1.—One hundred and fifty grs. of the Vienna serum injected. Reduction of temperature could not be denied, but no improvement of the general condition was observed. Death.

Case 2.—No influence, death under symptoms of sepsis; there was also latent tuberculosis of the mesenteric glands.

Case 3.—Decline of the fever, but no special influence on the course of the disease.

Case 4.—Case with destruction of palate; course favourable, but no specialities.

Menzer's serum, six cases. The speaker considered this to be the best of the preparations.

Case 1.—Rather rapid fall of temperature.

Case 2.—The same, although there were some slight rises.

Case 3.—Effect on the general condition very striking, after semi-consciousness and collapse. Distinct improvement.

Case 4.—Unfavourable case. Taken in on the eighth day of the disease. There was much enlargement of glands and suppurations. After the injections the child seemed quite well, but died suddenly. The autopsy showed marked sepsis of the blood. He

believed the sepsis was present before the injections were given, and that the rise of temperature might be concealed by the reducing action of the serum.

Cases 5 and 6.—Smooth recovery.

He then reported a case of very severe scarlatina with nerve symptoms, where 70 grs. were injected. The temperature fell on the third day, but the delirium continued in spite of the lower temperature. Some improvement only took place after large doses of chloral hydrate. Then two further cases of recovery, and another very severe septic case with death on the eighth day. Convalescence serum had been injected in the First Med. Klinik, but no results were observed.

Hr. Menzer had had no experience of his own serum in scarlatina; he was of opinion, however, that the sudden death was a result of the injection, as the injection of serum in cases of purulent collections could set up a pus intoxication. He therefore advised the earliest possible injection; later on, the pus was a danger in itself. Serum complications could not be avoided, for as the streptococci were driven everywhere, so the serum itself could be brought into the joints.

Hr. Davidsohn spoke on the post-mortem appearances in the fatal case. The kidneys were like tensely filled sacs. The sudden death probably was due to idiosyncrasy.

Hr. Heubner denied general suppuration in his case. It was of interest to himself that Menzer did not use his serum when suppuration was present. Its employment would then be reduced to a very few cases, and as complications could not be avoided, there was but little inducement to use the serum.

Hr. Menzer held that the complication would be slighter. Whoever injected with the object of avoiding complications would be undeceived.

Hr. Lesser made some observations on the

FINSEN LIGHT TREATMENT OF LUPUS.

He said that operative treatment had given some good results, but the cosmetic result had been bad generally—patients were disfigured for life. The light treatment had also given excellent results, and without any disfigurement worth mentioning. Some of his cases had now been well for five and six years. Moreover, slight relapses could easily be overcome. The explanation of the action of the light was that the rays excited inflammation; this action was due to the ultra-violet rays and that they had a bactericide action.

The latter had been demonstrated by Nagelschmidt's experiments on guinea-pigs. Of nine animals with scarified wounds on which tubercle bacilli were rubbed in, all died of tuberculosis, whilst of nine others treated in the same way, but subsequently being submitted to the light treatment, only one died. One difficulty in the way of the treatment was presented by the cicatrices due to earlier attempts at treatment; another was participation on the side of the mucous membranes. Then there was the obstacle of maintenance during the prolonged treatment and want of means. Gangrene as a result of the treatment was very rare; a tumour-like epithelial growth was seen twice on the parts affected.

Hr. Senator called to mind a case of lupus cured by tuberculin injection that had remained well for thirteen years.

Hr. Schaper had seen a similar case.

Hr. Lesser remarked on the numerous exacerbations that were observed under the tuberculin treatment.

MR. EDMUND OWEN, F.R.C.S., Chief Surgeon to the French Hospital in Shaftesbury Avenue, was made Chevalier de la Légion d'Honneur on the occasion of the recent visit of the President to that Institution.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, July 11th, 1903.

MORBUS BARLOWI.

AT the Gesellschaft Knöpfelmacher showed an eight months child which he considered suffered from the morbid condition described by Barlow. Three weeks ago the child seemed to suffer from severe pains in the legs when touched or moved, which was speedily followed by large swellings, particularly large over the upper part of the femur and lower ends of the tibia. These swellings appeared to affect the muscles and diaphysis of the bones. On the inner surface of the tibia there was distinct fluctuation, which was aspirated, but only blood was drawn from it. The needle, when inserted, came suddenly against the hard, bare bone. Besides these swellings there were a great number of bleeding points about the gums and mucous membrane. The child had been nourished with Biedert's artificial milk, but for the last seven days it has been fed with raw fresh milk with decided improvement.

EXTRACTION OF FOREIGN BODIES FROM THE BRAIN.

Holzknecht reported a method which he had recently adopted for extracting foreign bodies from the brain substance by means of a fine pair of forceps and the assistance of the Röntgen rays. His procedure is to get a clear shadow of the object with one lamp, then a second lamp is applied in such a manner as not to admit of a moving of the first till the forceps are inserted and the object extracted. By this method he has been able to remove fine shot of one millimètre from the hypophysis of the brain.

MORBUS BASEDOWII.

Hofbauer showed the meeting a number of graphic results taken from the respiration of patients suffering from morbus Basedowii. He considers these tracings are characteristic of the disease which makes a flatter curve in the respirations and wider intervals between the inspirations and expirations, which are also irregular in form and height. He considers these as very different from the tracings obtained after compression of the trachea in the case of simple struma, cardiac failure, or bronchitis with emphysema. He considers the disturbing cause to be due to some other form of irritation than compression.

He referred to Fengwessy's experiments on animals which had been fed with glandular substance where similar tracings were obtained in the respiration. He also thought our clinical teaching pointed in this direction, and that the cause might be attributed to hypersecretion of the thyroid gland, which thus acted adversely on the respiration, and in many cases resulted in death. Pauli thought that in slight irritations of Basedowii this curve might be obtained, but he could hardly admit that it is a constant factor. Grossmann held that it was not proved that the struma of Basedowii irritated the superior laryngeal nerve, therefore the increase of pressure and congestion of the lung in the shorter circuit could not be set down as the cause.

Braun objected to the testimony of Hofbauer that the pulse curve during the interval of respiration was not disturbed, while in dyspnœa it was altered.

Königstein quoted from the publication of Hans Königstein, that the action of the bronchial muscles was a notable factor in the distribution of air in the lung. In Basedowii the non-striated muscles are affected, which would, according to his reasoning, explain the present anomalous respiration. Hofbauer

in reply, said tnat the respiration curve would remain the same for ten minutes, and therefore any disturbance after that could hardly be calculated. He thought Grossmann's theory incorrect, as the respiration curve in cardiac affections is very different.

That the pulse curve, in spite of suspended respiration, produces no change has been amply proved by Pierre Marie. In conclusion, Königstein's theory that the bronchial muscles are the chief factors in the altered curve has not yet been confirmed. Grossmann still contended that the irritation of the respiratory centre through the vagus must be regarded as the cause of the flattened curve.

DEATH OF PROF. GÜSSENBAUER.

Again the University of Vienna has lost its Rector Magnificus by the death of Professor Güssenbauer, who may be better known as Billroth's successor in surgery in Vienna. Born in 1842, in Ober Vell Kärten, the son of a surgeon, he came to Vienna, and there studied under Billroth, where he qualified as doctor of medicine in 1866. From this time he was the close confidant of Billroth, whose assistant he became and continued until 1875, when appointed Professor in Surgery in Liège. On the death of Billroth he returned to Vienna, where he was appointed to the first Chair in Surgery, and latterly Rector of the University. His works are numerous, including "Epithelial Cancer of the Glands, "Pyæmia and Pyosepthæmia," &c., &c.

The Operating Theatres.

TOTTENHAM HOSPITAL.

ABDOMINAL MYOMECTOMY.—Dr. ARTHUR GILES operated on a single woman, æt. 34, who had been admitted with the following history:—For twelve months before admission she had suffered great pain in the lower part of the abdomen, which was felt more acutely after standing or walking and also during menstruation. It had become worse for five months and interfered seriously with her work of sick nursing. She complained of a feeling of pressure on the bladder with frequency of micturition. Menstruation was more profuse than formerly. On examination a hard, rounded swelling the size of a billiard ball was felt low down to the right of the uterus and rather behind it; this was believed to be a small ovarian tumour, as the ovary could not be felt independently of it. The left appendages were normal. In view of the disability caused by the tumour, operation was advised and readily agreed to. When the abdomen was opened the tumour was found to be a fibro-myoma which formed an elongated swelling three inches in length by one and a half transversely, springing from the right uterine cornu just behind the Fallopian tube, the attachment being by a loose pedicle at one pole of the tumour. The capsule was cut round close to the uterus and the tumour shelled out, and the wound in the uterus closed by a couple of mattress sutures and a continuous suture of fine silk uniting the peritoneal edges. The appendages on both sides were found to be normal and were left behind. Dr. Giles said that the case presented some interest from the point of view of diagnosis, for it was impossible to distinguish with any certainty between an outlying myoma with a distinct pedicle and a hard ovarian tumour; myoma of this kind, unlike the interstitial and submucous forms, caused no alteration in menstruation; it was true that in this case menstruation had been more profuse, but that was clearly independent of the tumour. The physical examination also was inconclusive, because, as felt bimanually, a subperitoneal myoma situated laterally would convey the same impression as a solid ovarian. The only clue that could be obtained would be the discovery of the ovary apart from the tumour. In this case where the ovary lay behind the tumour such a distinction was not possible. The precise diagnosis was not, however, essential to treatment, because, although in the abstract a subperitoneal myoma did not so urgently call for intervention as an ovarian tumour, the patient in this case required relief, whatever the nature of the tumour might be. Subperitoneal myomectomy, he remarked, was one of the most satisfactory of abdominal operations, because the patient was left with all her organs intact, and the mortality of the operation was so slight as to be almost a negligible quantity, at any rate when dealing with isolated tumours. When subperitoneal myomata were multiple the indication for myomectomy was not so clear, because hysterectomy was sometimes a preferable operation. The ovoid shape of the tumour in this case, he pointed out, was unusual, because myomata tended to a spherical shape, especially when pedunculated. The ovoid shape was accounted for on finding, by cutting the tumour across, that several spherical tumours were contained within one capsule.

The patient made a satisfactory recovery and left the hospital on the nineteenth day after operation.

CANCER HOSPITAL.

OPERATION FOR APPENDICITIS.—Mr. BOWREMAN JESSETT operated on an unmarried woman, æt. 44, who had suffered from occasional vomiting for some months with intermittent pain in the right iliac fossa. The bowels were sometimes constipated and sometimes there was diarrhœa; flatulency also was present; on one or two occasions pus was discharged from the vagina. On examination he had found a great deal of tenderness in the right iliac fossa, especially on deep pressure; there was distinct fulness over the region of the appendix. *Per vaginam*—On bimanual examination, fulness and tenderness were found on pressing the finger in the fornix. Operation was recommended. On opening the abdomen in the usual position the appendix was discovered to be bound down and adherent to the right Fallopian tube. With some difficulty the appendix was separated from the tube and removed by a simple ligature being passed round its base and tied firmly. The mucous membrane was cut out and a drop of pure carbolic acid applied, the divided end being then carefully stitched over and covered with peritoneum. The Fallopian tube was then examined, and it was deemed desirable to remove it. Mr. Jessett said that the case was of considerable interest from the fact of the appendix being adherent to the Fallopian tube, and the discharge of pus escaping through the vagina, presumably through the uterus, as no other opening into the vagina could be discovered. He preferred ligaturing the appendix with a fine silk ligature, as he had found by experience that if this were tied firmly the mucous coat of the appendix was absolutely divided through and the piece between the ligature and the divided end was readily removed, after which the divided end was sutured over with catgut and covered with peritoneum.

The patient made excellent recovery.

THE Southport meeting of the British Association opens on Wednesday, September 9th, and promises to be one of particular interest.

THIS summer the number of matriculated students in the German Universities amounts to 37,813, and of these 6,204 are returned as belonging to the Faculty of Medicine.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 15, 1903.

THE HYGIENE OF THE PEOPLE.

THE Presidential Address, delivered by the Earl of Stamford at the recent Congress of the Sanitary Institute, deals with certain aspects of public health well deserving of attention by those interested in the progress of hygiene. In discussing the question of over-crowding and slum dwellings the blame is usually thrown upon unscrupulous landlords, no doubt with ample justification. Nevertheless, it must be admitted that much of the ill-health experienced by slum-dwellers is directly due to their ignorance of, and indifference to, matters concerning personal and general hygiene. It is a common complaint that certain classes of the population will make pigstyes of model dwellings in a very short space of time, and we are invited to base our hopes of reform upon the education of these classes in the principles and practice of cleanliness. The causes of this neglect, however, lie much lower down. Personal cleanliness may be taken as a measure of self-respect, and self-respect, as we understand it, is well-nigh impossible under conditions of life which tend to reduce the human being to the level of the brute. Nevertheless, much may be done under the present system of elementary education to inculcate the principles of hygiene, but to be efficacious the instruction must be made part and parcel of the scheme of national education, and, to begin with, the teachers themselves must be invited to become proficient therein. The community at large is deeply interested in the dissemination of sanitary principles among the very poor, for, as Dr. Ferrier once remarked, the safety of the rich is intimately connected with the welfare of the poor. So long as we allow our slums to remain the breeding spots of disease, so long will all classes of society suffer the penalty thereof. In spite of the numerous legislative attempts to grapple with the sanitation of workshops and factories, much still remains to be achieved. One of the great obstacles is the apathy of the local authorities, and their indisposition to recognise their responsibility. Nor can this excite surprise, seeing that these local authorities are in such large measure composed of men who are directly interested, or believe themselves to be interested, in perpetuating existing conditions. We are assured that, owing to careless draughtsmanship and want of careful definition, the majority of workshops are in very much the same condition as that of the cotton factories in the early part of the nineteenth century, when the law, from its indefiniteness and the absence of specific requirements, remained a dead letter. The campaign which has been inaugurated against consumption will, if actively prosecuted, aid powerfully in disseminating a knowledge of hygiene among those most affected by insanitary methods of life. Just as antiseptic principles taught us the primary value of cleanliness, so the war against tuberculosis will serve to educate the people in a knowledge of the importance of fresh air, which, after all, is only another form of personal cleanliness. The all important principle enunciated by the orator is that sanitary administration necessarily depends for its success on the voluntary co-operation of all and sundry. No administration, however ornate and well organised, can oblige people to "live clean and avoid sack." That can only be attained by convincing the individual of his personal interest in the matter.

THE PATHOLOGY OF HAY FEVER.

IT is a notorious fact that many of the minor ills of life have not, as yet, been found to possess a sound or constant pathological basis. Some of them are inflammatory, such as the common cold, while others, like the so-called "hay-fever," appear to be of a more complex nature. This troublesome affection, which is at present exciting a good deal of comment in the public Press, has many points in common with functional nerve disease, so that it is considered by not a few accurate clinical observers as a vaso-motor nasal neurosis. The periodicity of the attacks, the well-marked neurotic character of the majority of the sufferers therefrom, its analogy with other neuroses, such as paroxysmal sneezing, and the fact that it is apt to be excited in predisposed individuals by olfactory and optical stimuli, apart from the proximity to hay-fields, tend strongly to support this view. The psychical factor cannot, therefore, be totally ignored. Exposure to strong sunlight and the emanations from certain animals are well-known exciting causes of a symptom-complex indistinguishable from hay-fever. B. Fränkel has described similar attacks, induced by railway travelling, under the name "eisenbahn Schnupfen." The condition of the nasal mucous membrane has, naturally, received a good deal of attention, and various abnor-

malities have been discovered, such as hypertrophic rhinitis, persistent nasal spurs, and polypi, which have been thought to be connected with the disease. On the other hand, these local affections are common enough in those who have never suffered from hay-fever, or any allied paroxysmal nasal catarrh, and the mucous membrane is frequently seen to be perfectly normal in many cases of this peculiar disease. The recent work of Professor Dunbar, of Hamburg, in extracting from the pollen of certain grasses (notably the *Anthoxanthum odoratum*, the *Agropyrum repens*, maize, wheat and rye) a toxin which, when instilled into the eyes or nostrils of individuals predisposed to hay-fever, gives rise to the characteristic symptoms of the disease, is a distinct advance in the elucidation of this mysterious malady. Dr. Dunbar was able to reproduce the disorder in winter by hypodermic injection of the toxin, which appears to be of the nature of an alkaloid. After careful experiment, it was found that an antitoxin could be produced which, when mixed with equal parts of the toxin of a known dilution, neutralised its specific effects. Thus the way was prepared for the therapeutic application of the new serum, and in several instances relief or disappearance of the symptoms was procured. Most of the experiments have been confirmed by Sir Felix Semon, and Dr. M'Bride in this country, and although the whole matter was still to be considered *sub judice*, yet the possibilities of being able to do more than has hitherto been accomplished for the treatment of this troublesome affection seem more than likely. A special vaso-motor susceptibility may be all that is required for the toxin to produce its effect, though at the same time, the patients upon whom the experiments were made do not appear to have been in the least neurotic. We are, then, driven back to the local theory which, in the light of recent research affords the best explanation of the pathology of hay-fever.

THE PHYSIOLOGY OF THE MODERN CORSET.

¶ THE ways of women, so far as dress and fashion are concerned, are calculated to bring despair of the deepest and most melancholy type to the scientific investigator of medical problems. To put the matter briefly, their methods are so constituted as to set at defiance the plain and obvious teachings alike of the physiologist, the anatomist and the physician. Their ideal is to reduce the universal female form to one abnormal shape, and to retain the lines of that position by a rigid apparatus that would be condemned at sight by any jury of orthopædic surgeons. It seems unlikely, however, that women will relinquish the corset on merely rational grounds. The only chance is that some leader of society will set the fashion of abstention from that much-prized article of attire, and thereby invoke the aid of a more powerful deity than that of reason. The bodily evils consequent upon the prolonged use of corsets—apart from the question of "tight lacing"—have long been recognised by the medical profession. Notwithstanding that fact, however, it seems likely judging from recently published articles, that this fertile field of inquiry is by no means exhausted from the scientific point of view. Two interesting original communications, for example, bearing upon this subject have recently appeared in the columns of THE MEDICAL PRESS AND CIRCULAR, one by Dr. William Williams and the other by Dr. W. E. Fothergill. The first-mentioned author attributed the frequency of chlorosis in young females to the effect of their peculiar dress, whereby girls suffered more or less serious damage until their shapes were permanently altered and the abdominal organs became acclimatised to the change of locality. The facts that the general condition of the patient as regards flesh is not materially affected and that recovery is rapid under suitable treatment, he explains by the suggestion that the altered state of the blood cannot have been of very long duration. With these general conclusions Dr. Fothergill agrees, and adds thereto several valuable observations of his own. Some years ago he published his opinion that some forms of anæmia are closely related to hepatic toxæmia. "They resist," he continues, "all treatment until the liver is relieved from pressure by loosening the corset." A systematic examination of female hospital patients suffering from anæmia has revealed the astonishing fact that the waists of young women of the working classes measure on an average three inches more without the corset than with it. That variation, however, disappears after a few weeks' rest in bed. We are thus led to the remarkable conclusion that the benefit of rest in bed in the case of female patients is due to the fact that relief from the pressure of corsets is therein connoted. Dr. Fothergill points out that the labouring man throws off coat, waistcoat, and braces when at work and supports his trousers with a strap which is fastened not around his soft abdomen, but over his hard pelvis, where it can interfere neither with muscle nor with internal organs. The Eastern dancer wears divided skirts suspended by a strap similarly placed. This method contrasts sharply with the course adopted by civilised woman, who wears heavy skirts supported by bands round her waist, that soft portion of the body which is protected by no bony walls. The real object of the corset is to protect the waist against the pressure arising from the weight of the skirts. The abuse of the corset consists in employing it as a means of compressing what it was meant to protect from pressure. These and kindred points are well worthy of the attention of medical men. Indeed, the question of rational dress has an important bearing upon both sexes, and might well form a subject of instruction both before and after medical qualification. In the case of women the articles above quoted show clearly enough that the abuse of the corset may exercise a profound influence upon the well-being of the individual.

LORD LISTER has been elected an honorary member of the Royal Society of New South Wales.

Notes on Current Topics.

Health and the Twopenny Tube.

THE authorities of the Central London Railway during the past week have sought to enhance the attractiveness of their "Tube" by declaring it to be "the coolest place in London." Without discussing the point we are anxious that this popular line should be rendered less inimical to health, for in spite of improvements and promises, there is much which still remains as a serious menace to the health of travellers. The London County Council, with true wisdom, have subjected the important matter of the atmospheric conditions which prevail in the Tube to experts, and the reports recently published afford much food for thought, and will, we trust, be effectual in securing immediate reform. Dr. Frederick Andrewes' conclusions are of particular interest. Micro-organisms exist in the air of the Central London Railway in greater proportion than in the fresh air outside. The number is high in proportion to the concentration of human traffic. No pathogenic organisms, other than those commonly present as saprophytes upon the normal body, were detected in such small volumes of the air as could be submitted to analysis, but we fear the tubercle bacillus and other enemies of man must lurk in these subterranean vehicles. Whatever may be said for the coolness of the Tube just at present, it must not be forgotten that the number of organisms capable of growing at the temperature of the human body is considerably greater in the air of the Central London Railway than in fresh air. It is interesting also to note that the number of micro-organisms is generally proportional to the degree of chemical contamination. It would be folly to minimise the advantages of the new means of transit; it has proved a veritable boon to many workers, and medical men have not been slow to avail themselves of its many advantages, but we are particularly concerned that the success which has crowned the enterprise should not be allowed to serve as an argument for resting satisfied with present conditions. The "Tube" offers much that is of lasting benefit to the life of London's workers, but much-needed reforms are urgently required if hygienic righteousness is to prevail, and no effort must be spared to procure the establishment and maintenance of rational measures for the safe-guarding of the health of "Tuppenny Tubers."

Colonial Universities and Post-Graduate Study.

THE Imperial spirit is all-pervading. The recent Colonial Universities Conference at Burlington House has clearly demonstrated the need for a closer alliance of British University life with University interests in the Greater Britain beyond the seas. And this is particularly desirable in regard to matters medical. For the maintenance of a high level of efficiency in the practice of the healing art it is most necessary that the best results of the latest research, the most fruitful studies of the most reliable workers, and the highest skill of the ablest teachers should, at least as far as natural circumstances will allow, be freely open to every serious graduate in our wide Empire. The homeland, with its proud and ancient seats of learning, is too apt to forget that medicine is necessarily a progressive science, and an art which is ultimately best tested by utilitarian standards. Our Colonies have founded excellent Universities and are rearing men of great ability, and training students with much aptitude for research work. For the sake of the Old Country, as well as in the interests of the new bloods, it is well that all unnecessary restrictions and every artificial barrier which tends to obstruct the growth of a wide Imperial spirit in medical education should be ruthlessly swept aside. We hope, as the result of the recent Conference, that greater facilities will be afforded by the homeland Universities to our Colonial medicos, and that it will become a firmly established custom for our sons from beyond the seas to return to the Motherland and engage in post-graduate study and medical research work, and we further hope the statutes of our British Universities will be so moulded and, if necessary, modified, as to allow of the bestowal of well-deserved academic distinction on those who prove themselves worthy of the same.

Death by Misadventure.

A RECENT inquest on the body of a man who died from strychnine poisoning throws a side-light on a custom of pharmaceutical chemists that should be stopped. We refer to the repetition for years of a prescription containing such a lethal drug as morphia. The man, according to the evidence, asked for three ounces of a solution of morphia mixed with one ounce of water, and it seems he had no difficulty in getting the prescription compounded, although it was a very old one. As the law stands the pharmaceutical chemist was within his rights in preparing the mixture and selling it. But it cannot be seriously contended that a physician intends that a patient shall continue taking morphia year after year. Some stop should be put to this pernicious custom that has in many cases made patients opium-eaters. The simplest plan is for the prescriber to write across his prescription "Not to be repeated," and if this is not found to be sufficient to stay the evil, a short Act should be passed regulating the sale of poisons in physicians' prescriptions, and making it illegal to repeat a prescription containing certain drugs when it was marked "Not to be repeated." Further, a general prohibition should be put on the repetition of any prescription containing an hypnotic three months after date, and against it being compounded for any person other than the individual for whom it was written. A publican cannot supply drink to any person whose name is on the Black List as a confirmed drunkard. Why should a pharmaceutical chemist be permitted to go on year after year supplying a confirmed opium-eater with the crude drug or its alkaloids?

Pharyngeal Tubage in Oral Operations.

THE difficulties attendant upon certain operations upon the mouth, nose and jaws are chiefly those concerned with the prevention of the inhalation of blood, and the uniform administration of the anæsthetic without interfering with the field of the operation. Special skill on the part of the anæsthetist is required, as he often is compelled to stand some distance away, and he may even sometimes have to ascertain the condition of the patient through the medium of the operator, a most undesirable procedure. Deaths from septic pneumonia form a not inconsiderable proportion of those occurring after operations in this region, owing to the decomposition of blood inhaled into the air-passages, even in small quantity. If the head be allowed to hang well over the end of the table, as in operations for cleft palate, the blood will not trickle down into the larynx, but such a position will often be impossible for the surgeon. Dr. Crile, of Cleveland, Ohio, has sought to overcome both these difficulties by employing two rubber tubes, as long as possible, which are passed through the nares to the level of the epiglottis, after full anæsthesia and cocainisation of the pharynx. The mouth is opened widely, the tongue drawn out, and the entire pharynx is well packed with pieces of gauze. The anæsthetic can be administered entirely away from the area of operation, and the gauze acts as an efficient absorptive plug for blood and mucus. Like many useful appliances in surgery, this is very simple, and allows of the head being placed in any desired position without risk to the patient.

The Mechanical Treatment of Pertussis.

THERE are few more piteous sights in medical practice than a young child in the throes of a severe paroxysm of whooping-cough. The infant's utter helplessness, the intense straining, the venous congestion, the threatened asphyxia, and the after-vomiting go to make up a clinical picture which, when once seen, can never be forgotten. Some of the complications of the paroxysm may be very serious, such as rupture of the membrana tympani, or even hemiplegia from cerebral hæmorrhage, which has been observed by Dr. Samuel West. A specific for pertussis has yet to be found, though there are many drugs which are of great service in controlling the severity of the cough. Believing that mechanical support might prove helpful in the vomiting, which is so frequently an accompaniment of the paroxysm, Dr. Wendell Kilmer, of New York, has devised an electric belt which envelops the child's thorax or abdomen, or both, as occasion may require, fastened with shoulder-straps to prevent it from slipping down, somewhat analogous to the old sea-sickness belt. He found that the aggravated vomiting in infants was greatly relieved by wearing this simple appliance, that the paroxysmal stage was often aborted, and that the paroxysms themselves were of a milder nature. Drug treatment is, of course, adopted at the same time. A slight irritation of the skin is occasionally produced, but this is stated to be a very trifling disadvantage compared with the great relief caused by wearing the belt.

Laceration of the Bowel.

THE diagnosis of the condition of the bowel or stomach immediately after an abdominal injury is of the utmost importance. If laceration of the bowel has occurred and is not diagnosed until six or eight hours have elapsed, the prospect of recovery would be very slight. The most extensive injuries may occur without leaving any evidence, as in Dr. Claybrook's patient (*Virginia Semi-monthly*), who was caught between a railway engine and a waggon during automatic coupling, and yet when released he walked fifty yards and was then placed on a stretcher. He neither suffered from shock nor vomiting, but was slightly pale and complained of pain in the belly. There was not the slightest bruise or abrasion of the skin on the abdomen or back, yet there was a rupture of the small bowel at the duodenal-jejunal junction, and two branches of the superior mesenteric artery were found spouting five hours after the accident. How are such lesions to be diagnosed ? In almost all such cases the rigidity of the abdominal muscles is present and is by many surgeons considered as pathognomonic of a laceration ; but in some instances the symptom is not well marked, or even to be recognised until the patient's chance of recovery has been reduced to the vanishing point. Much importance is also placed on the absence of peristalsis, but the symptom is not always present ; very free laceration may be found with normal or almost normal peristaltic movements. So difficult is the diagnosis that some surgeons lay down the rule that all abdominal bruises should be operated on, even for diagnostic purposes. And this view receives much support from a case published in the *Railway Surgeon* of a boy who lifted a small derrick from a railway waggon. It tipped and fell across his abdomen. This happened at 4 p.m. He did not complain of pain or shock, but the next morning he was found dead in his bed, and the autopsy showed complete rupture of the small bowel at the duodenal-jejunal junction with free hæmorrhage. A late diagnosis in such cases is valueless. If it cannot be made whilst there is still time to operate with a prospect of success its interest is simply academical. Dr. Claybrook from his experience has found that the most constant symptom of laceration is transmission of the heart and respiratory sounds, so as to be audible over the whole abdomen, " at a times even as low as the hypogastrium." He says he never found this condition present unless there was rupture of some hollow organ.

Homes for the Hopeless Consumptive.

IN the enthusiasm for the establishment of sanatoria for the arrest of consumption there is some danger that attention may be diverted from an urgent and hitherto altogether inadequately met need. Fortunately, the long prevalent pessimism in regard to the restoration of the subject of consumption has become a thing of the past, and

there is even some risk that a too insistent optimism may hinder progress by its very hopefulness. For it is necessary that the public must learn that pulmonary tuberculosis is a serious disease and medical practitioners will do well to inculcate the necessity for vigorous attention, systematic care, prolonged watching, thorough discipline, and, it may be, a complete re-arrangement of life's duties if the consumptive patient is to secure and maintain such a degree of restorat on as shall fit him for a useful place in the world of workers. But even at best many a case must be grouped in the melancholy class of "incurable." The hopeless and comparatively helpless consumptive we shall have among us for long. A burden to himself, and a danger to the community, his state needs immediate attention on both humanitarian and selfish grounds. There can be no doubt that much of the perpetuation of the disease is directly dependent on the uncontrolled phthisical who, in the most advanced stages of his complaint, may now mingle without restraint with those who should be protected from all risks of tuberculous infection. There is the most urgent need for an extension of suitable institutions where advanced and dying consumptives may have their latter days lightened, and where the journey along the dark valley may be brightened by human sympathy and trustworthy assistance, while at the same time a real prophylactic mission is being effected which shall go far to arrest the deplorable spread of the disease which is, under present circumstances, so pathetic an accompaniment of treatment of a hopeless consumptive in his own house, especially when that home is overcrowded, airless, and so situated as to afford all conditions for perpetuation and propagation of a disease which rational measures should be able to almost eliminate in the next two generations To all interested in the extinction of this bane of civilised life we commend the good work of establishing homes for dying consumptives.

The Ligature in Surgery.

THAT it is desirable to do away with the use of the ligature in operative surgery hardly admits of question. The subject was discussed at the recent International Medical Congress at Madrid, and there appeared to be a consensus of opinion that the ligature should, as far as possible, be eliminated. It was suggested that compression by a clamp such as Baker Brown used in his earlier ovariotomies might be substituted for them with advantage. Even prior to the Madrid meeting the idea of compression, plus heat, had been put in practice by our American brethren, and the practical value of the method and its facility of application had been demonstrated by one operator, Dr. Keefe, who successfully used it in forty-five cœliotomies, thirteen abdominal hysterectomies, two salpingo-oöphorectomies, twenty-eight appendectomies, two ovarian cysts, one resection of intestine, one nephrectomy, one amputation of the thigh, one amputation of the leg, one varicocele, two cases of hæmorrhoids, one incision of Meckel's diverticulum, one case of tubal pregnancy, and two vaginal hysterectomies. The method is not a new one, it is the same in principle as that which Pare displaced when he copied the practice of ligaturing arteries of the Moslem surgeons. It is on the same lines as the heated clamp of 1862. But to-day the clamp is heated by electricity, the instrument is better adapted to the requirements of the surgeon. A perfect instrument has still, however, to be designed.

Deciduoma Malignum.

THE existence of a malignant neoplasm, taking origin in decidual remains, has for some years past been a periodical subject of discussion in the obstetrical world. The microscopical appearances which led certain observers to assert that certain malignant growths involving the uterus were of decidual origin long failed to command general assent; indeed, as recently as 1896, a specially-appointed committee of the Obstetrical Society of London, after careful investigation, formally denied that the histological features of the specimens submitted to them justified the assumption of a decidual origin. Nevertheless, this view secured the support of an influential minority, for we note that in the last edition of Dr. Jellett's "Practice of Gynæcology" the decidual origin of such growths is laid down as fully-established, an assertion to which we thought it necessary to take exception. A paper recently brought before the Obstetrical Society of London by Dr. John Teacher, of Glasgow, affords very conclusive evidence of the validity of the view formerly expressed by Dr. Jellett. Under the title of chorion epithelioma, Dr. Teacher described and demonstrated certain epitheliomatous and hydatidiform, mole-like structures met with in teratomata. Obviously the committee could not go beyond the material at their disposal, and the fact that their negation must now undergo revision merely shows that patient research has been the means of throwing more light on this obscure subject. As matters stand, however, the term deciduoma malignum is misleading, and should be discarded, since the evidence points strongly to the tumours being of fœtal and not of maternal origin.

The Illegitimate Use of the Title "Doctor."

To check unqualified medical practice is to secure to the medical profession its legitimate birthright. Anything, therefore, that tends to suppress quackery should be welcomed by medical practitioners as a protection to which they are lawfully entitled. Long experience has shown, however, that the blatant charlatan escapes in the vast majority of instances, while the whole machinery of the law is readily set in action by the General Medical Council in the case of disqualified medical men. Now, the man who has been struck off the *Register* is precisely on the same footing as regards the unqualified quack if either answers any title implying he is a qualified medical practitioner. Yet the General Medical Council will prosecute the disfrocked offender, but leave the other severely alone. Recently, for an example, a disregistered man, convicted formerly of a criminal offence, was prosecuted for putting up his title as "Dr."

So-and-so, with an announcement that he kept a "dispensary and liver pill depôt," and sold "appendicitis pills." He was fined £10, and will probably have to seek again the shelter of the workhouse. It is, of course, impossible to defend such conduct. At the same time it is curious to reflect that had he never been legally qualified he might have sold appendicitis and liver pills with impunity, and called himself by any title he liked. A glance at the advertising columns of the daily papers will confirm the truth of this assertion. If the Medical Defence Union and General Medical Council can prosecute successfully disregistered men who assume the title of "doctor" and sell pills, why should they not, with equal justice and fulfilment of their duty to the public and the medical profession, prosecute other unqualified persons who do a precisely similar thing?

The Increasing Consumption of Sedatives.

ONE of the most striking results of the stress and strain of modern life is seen in the increasing desire on every hand for some soothing agent which shall not only lull the hard-working toiler into a sweet sense of *bien être* and render the clamourings of dull care less audible for a while, but which shall even procure for him the few hours of well-earned slumber of which he would be deprived without such assistance. Every nation, it is true, has its national drug, whether it be opium, haschisch, or alcohol, which produces some or all these effects, but the fact remains that dwellers in cities consume great quantities of sedative nostrums, upon the sale of which there is little or no restriction. The ready accessibility and portability of powerful specifics, the rage for novelty, and the ill-advised recommendation of perfectly well-meaning friends, all conspire to bring about this very undesirable state of affairs. The plea on the part of many is that they can do better mental work with such aid, or that hypnotics are meant for use. The reality of the former excuse is only apparent, for all work undertaken through the unnatural assistance of stimulants which afterwards have a sedative action slowly tends to degenerate in quality. The latter statement is quite true, and hypnotic drugs should never be taken at haphazard without medical supervision. The danger of so doing is constantly being revealed by the painful disclosures in the coroners' courts. Artificiality, though brilliant at times, can never be so conducive to the *mens sana in corpore sano* as the careful and conscientious observance of the simple laws of health.

The Oral Factor in Diagnosis.

THERE is a great tendency on the part of the physician or surgeon to neglect the condition of the mouth in the course of medical examination. It need hardly be emphasised that an examination of the tongue alone is not sufficient, as very valuable information is often yielded by the teeth, gums, and buccal mucous membrane. In a recent paper by Dr. Harry Campbell, read before the North Midland Branch of the British Dental Association, the necessity for a more thorough and systematic examination of the oral cavity in general diseases was strongly urged. Many cases of obscure facial and cephalic neuralgia can be cleared up by the discovery and timely removal of carious stumps. Oral sepsis, as a factor in the causation of disease, especially of pernicious anæmia, as has been so ably elucidated by Dr. William Hunter, should be ever watched for, and, if necessary, the advice of a skilled dentist might be called into requisition. The presence of even an imperfect "blue-line" upon the gums will clinch the diagnosis where plumbism is suspected. The teeth of young children and adults often present very characteristic appearances in congenital syphilis, rickets, or scrofula. Similarly, in older patients, the ground down condition of the teeth, as seen in gout, or the pigmentation on the gums met with in Addison's disease, is worthy of the attention of the physician.

The Employment of Children in Theatres.

THE soul of Sir Henry Irving has been much perturbed by the suggestion that theatres do not offer an altogether desirable occupation for the young developing body and evolving mind of our coming generation. We do not deny that great consideration is often shown by the management of theatres in arranging for the comfort and protection of children taking part in the work of the stage, but we do contend, on hygienic and medical grounds, that for most children of tender years the conditions of life inseparable from theatre existence are peculiarly unsuitable. The strain on mind and stress on body are so great that but few should be exposed to the risks. The long hours of rehearsals, the late performances, the irregular life, neglect of dietetic attentions, night work and lack of sleep, combined with environment and numberless influences which necessarily stimulate emotions and sometimes precipitate physiological conditions which should only be manifest when maturity is being approached, mark the theatre to all experienced, unprejudiced and thoughtful minds as being a peculiarly unsuitable sphere for the regular occupation of children.

Fulminant Cholera.

THE outbreak of cholera in the Philippine Islands is of singularly sudden onset, and very lethal in its character. In Manila the death-rate has been very high. Out of thirty cases which have occurred during ten days, twenty-eight died, and the two remaining patients are not expected to recover. Of ten consecutive cases, four were already dead when discovered, two died in the ambulance on the way to the hospital, two died within two hours after admission, and the remaining two died within four hours after entrance. The disease carries off the patient so quickly that there is no time to observe symptoms and no indication for treatment or opportunity to establish medication. Medical officers on the spot are of opinion that the sudden deaths are due to paralysis of the cardiac muscle, probably due to the cholera toxin absorbed being so large in amount. There are none of the usual

symptoms of purging or vomiting, the patient in some instances feels a little sick and falls forward dead. The diagnosis is really made from the post-mortem examination. The lethal character of the present epidemic is probably due to the hardships the inhabitants have suffered during the Hispano-American and the present civil war.

The Local Application of Antitoxic Serum.

ALTHOUGH the introduction of the specific antitoxic serum has succeeded in considerably reducing the mortality of diphtheria, yet there are few who would be so bold as to rely upon its hypodermic injection alone without paying any attention to the condition of the fauces, and seeking to apply local remedies at the same time. The diphtheritic membrane acts as a veritable poison factory, which should serve to remind the physician that the disease is primarily a local one. Various agents have been employed with a view to causing the dispersion of the false membrane, some of them acting apparently as direct solvents, and others simply as antiseptics. Dr. Louis Martin, in a recent communication to the Société de Biologie, has found that touching the membrane with the serum not only relieved the pain, but ultimately caused its more rapid disappearance. He at first used ordinary normal serum and afterward employed antitoxin. The serum can be incorporated with a gum basis in the form of a lozenge which can be sucked by the patient, so that gradual continuous action is exerted. The hypodermic injections are used at the same time. The false membrane can be seen to swell up, become more yellow, and finally to disintegrate, but the most noteworthy effect was the diminution of the faucial pain and distress.

Neuralgia Paræsthetica.

A CONDITION in which a numbness of the front, and especially the outer side, of the thigh is felt, together with a certain amount of pain on pressure over the area supplied by the external cutaneous nerve, was first described by Bernhardt in 1895. The name of "neuralgia paræsthetica" was given to it by Roth a few months later. A case of this nature is reported by Dr. Edwin Bramwell, in the *Edinburgh Medical Journal* for the current month. The patient was a miner, æt. 43, who was admitted into hospital for pain in the front of the right thigh on walking and a feeling of coldness in the same region which he had experienced for eighteen months. There was no history of syphilis or rheumatism. No shortening or wasting of the limb was observed, and the reflexes were normal. There was tenderness on pressure over the point of emergence of the external cutaneous nerve through the fascia. Other modes of treatment having failed, resection of a portion of the nerve was performed, and was followed by immediate relief of the symptoms. No pathological changes were found in the excised portion. The symptoms of this curious condition seem to point to the conclusion that it is a definite clinical entity, while the absence of any microscopic changes would indicate that it may be allied to a neurosis. The prognosis, apart from operation, is very unsatisfactory for complete recovery.

"Thymus Death."

MANY cases of fatal asphyxia in infants possess a very obscure origin. Conditions of laryngospasm, paralysis of the respiratory centre, convulsions, morbus cordis, asthenia, and other morbid states have been considered to be the cause in some instances. There can be no doubt, as Dr. Crozier Griffith pointed out at the annual meeting of the Association of American Physicians, that a certain proportion of such deaths is directly attributable to the actual pressure of an enlarged thymus gland upon the trachea or great vessels. Others believe that the so-called "thymus death" is due to syncope, dependent upon the disturbance of certain nervous centres, which are in some way influenced by the glandular hypertrophy. Closely associated with this is the condition known as the "status lymphaticus," in which the lymphatic glands are enlarged throughout the body. In all probability, some toxic substance is formed, which, failing to be properly excreted, acts fatally upon the nervous tissues. Whether the hypothetical toxin arises from atrophy of thymus-tissues proper is unknown, but it is certain that the gland plays an important part in metabolism during the first few months of infancy. It is possible that a deficiency in its internal secretion may be responsible for the fatal result.

The Amalgamation Scheme of the Royal and National Orthopædic Hospitals.

A SPECIAL meeting of the governors of the Royal Orthopædic Hospital was convened for Wednesday last, July 8th, to discuss the scheme of amalgamation with the National Orthopædic Hospital, but representatives of the press were excluded, so that we are only enabled to give a brief report of the proceedings. Objection was taken by Mr. Reeves to the meeting being held in private, but his protest was over-ruled by the Chairman, Mr. H. H. Marks. We understand that the scheme was sanctioned in principle, and a proposal by Mr. Reeves that the matter should be referred for further consideration to a joint committee was rejected.

The General Medical Council.

THE special session of the Council opens to-day (Wednesday), and will probably extend over the following day or days. It will be devoted to the consideration of the Visitors' and Inspectors' reports on the examinations of the Universities of Oxford and London, and of the Conjoint Board in England, as well as to the reports of the Examination and Education Committees thereon.

THE late Mr. W. Cadge, of Norwich, the East Anglian surgeon whose death we recently announced, has left a legacy of five thousand pounds to the Norfolk and Norwich Hospital. During his lifetime Mr. Cadge presented the Institution with two donations of ten thousand pounds each.

Toxicity of Rat Bites.

PRACTICALLY all we know of the toxic effects of rat bites is due to the diligence and industry of a Japanese physician, Dr. Miyake, who reports thirty cases. The results are in some cases lethal, one case being followed by tetanus and others by secondary infections, due, probably, to septic conditions during treatment. Dr. Miyake divides the disease into three forms—(1) the febrile; (2) the afebrile; and (3) the abortive. The symptoms of the first form are pain at the seat of the bite, fears, tired feeling, headache, dyspnœa, small pulse, cold extremities, delirium, sensory and motor paralysis, collapse, and death. The afebrile form has a well-marked inoculation period, and in most of the cases a rash appears. Dr. Evans has succeeded in finding twenty-six cases in American literature, and since then Dr. F. Sherwood has reported a case in which a boy, eight years old, was bitten over the inner malleolus. The teeth of rodents are so clean that it is difficult to understand how a bite from one of them should be followed by such severe symptoms. In Dr. Sherwood's case the incubation period lasted three weeks, and the pyrexia for nine weeks longer, rising at times to 105° F., accompanied by headache, loss of appetite, and pains in the limbs.

A Good Example.

A RECENT number of the Official Gazette of Spain published the Royal decree announcing, over the signature of the Director-General of Health, the conferring of a pension on all medical health officers who may be incapacitated from work by any epidemic. And in case of death resulting from disease contracted in discharge of their duty their widows and orphans are to receive a pension. If Spain of her necessities is prepared to deal thus with medical officers engaged in public duties, it is not too much to expect a wealthy country like England to follow such a good example.

PERSONAL.

DR. H. E. SCOWCROFT has been appointed a District Surgeon in Pahang, Federated Malay States.

MR. JOHN TWEEDY has been elected President of the Ophthalmological Society of Great Britain.

DR. W. G. JOYNT, of the Medical Department of the Gold Coast Colony, has been transferred from Accra to Kumassi for service.

MR. JONATHAN HUTCHINSON, F.R.S., is to be entertained at dinner on July 23rd at the Trocadero Restaurant, this date coinciding with his seventy-fifth birthday.

H.R.H. PRINCESS LOUISE DUCHESS OF ARGYLL, after opening the Home and Hospital for Jewish Incurables, South Tottenham, on the afternoon of July 3rd, paid a strictly private visit to the Tottenham Hospital, of which institution her Royal Highness is President.

DR. FREDERICK TURNER, of Buxton, on Saturday received an intimation that his son, Mr. Reginald Turner, D.S.O., who went through the South African War, and won honours for swimming the Tugela River whilst under heavy fire, has been appointed Magistrate for the whole of the Orange River Colony.

MR. W. S. LAZARUS-BARLOW, M.D., F.R.C.P., has been appointed Director of Cancer Research Laboratories of the Middlesex Hospital; Mr. W. S. Handley, M.S.Lond., F.R.C.S., has been awarded the Richard Hollins Cancer Research Scholarship, and Mr. W. F. Victor Bonney, M.D., M.S. (London), F.R.C.S. (England), M.R.C.P. (London), has been appointed Obstetric Registrar and Obstetric Tutor.

Special Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

[FROM OUR OWN CORRESPONDENTS.]

SCOTLAND.

MEMORIAL STATUE TO A MEDICAL MAN.—A statue in bronze has just been erected of the late Dr. Gorman at Rutherglen, near Glasgow. It occupies a prominent site at the south-east corner of Queen Street, in front of the new Parish Church. It stands on a grey granite pedestal rising ten feet from the street level. The statue itself is about 5 ft. 9 ins. in height. It was unveiled by Colonel J. R. G. Buchanan a few days ago in the presence of a large number of spectators. The Town Council attended in their official capacity, Provost Rodger wearing his robes of office. Colonel Buchanan referred to the philanthropic character of the late doctor, and spoke in very warm terms of his qualifications as a surgeon. The inscription on the granite base is: "Dr. James Gorman. Born 1832. Died 1899. Erected by public subscription."

THE BALLACHULISH DISPUTE.—Dr. Grant has not appealed to the House of Lords in this unfortunate dispute. Meantime, the pursuers, who are the proprietors of the quarries, have asked in the Court of Session, pending the appeal, for execution of the decree granted by their lordships recently. The Court decided that the pursuers were entitled to have the decree of interdict put into execution, but that it should not be carried into effect until the respondent had had reasonable time to get settled elsewhere. In their lordships' opinion, two months would be ample time, and accordingly they ordained that the execution should proceed at the expiry of that time. The people of the district where Dr. Grant is so popular, as well as his professional brethren generally, will look forward with more than the ordinary degree of interest for the final decision of the House of Lords in this apparently oppressive action.

PROPOSED INCREASE OF FEES IN GLASGOW UNIVERSITY.—We understand it is proposed to raise the class fees from £3 3s. to £4. 4s., the amount charged in the majority of the medical classes in Edinburgh University. Already the matter has been before the University Court, and at a meeting recently it was suggested that the fees for clinical teaching should be raised. The total increase, if the proposal should be adopted, would amount to a sum, for hospital ticket and clinical teaching, of ten guineas. Dr. D. C. McVail, a member of the University Court, has strongly protested against the proposed increase, and in doing so has certainly the sympathy and support of the students and their friends. Already a large number of students avail themselves of the Carnegie Fund, and this contemplated raising of the fees on the part of the University authorities is calculated to increase the number of students who would require to take advantage of the Carnegie Fund. This, we think, for various reasons, is quite undesirable, and would be a matter for regret on the part of many students.

BELFAST.

THE NEW ROYAL VICTORIA HOSPITAL.—The new Royal Victoria Hospital is now ready for the formal opening by his Majesty the King on the 27th inst., and Professor Sinclair, F.R.C.S., President of the Ulster Branch of the British Medical Association, took

the opportunity of the meeting of that branch in Belfast on Friday, the 10th inst., to invite the medical men of Ulster to luncheon at the hospital and to have a private view of the building. About 350 were present, including some dozen laymen closely associated with the institution. After a sumptuous luncheon served in the large waiting-room of the extern department, which easily accommodated all present, Professor Sinclair said he wished to propose two toasts —first, "The King," and this having been enthusiastically honoured, he proposed "Success to the Royal Victoria Hospital." Mrs. Pirrie, to whose efforts the success of the scheme is largely due, replied to the toast, and told how all the energy which she had devoted to the work for six years, and the financial help she and her husband had been able to give, were really due to the enthusiasm inspired in them by their dear friend the late Professor Cuming. Mr. Crawford, Chairman of the Hospital Committee, having also replied, the Right Hon. W. H. Pirrie proposed the health of Professor Sinclair. After his brief reply, those present proceeded to inspect the building, as far as it is ready for occupation. The work of furnishing is progressing rapidly, and the wards will be ready for use in a few weeks. A detailed description of the hospital will appear in our columns shortly.

Correspondence.

TUBERCULOSIS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The Blue Book just published by the Irish Local Government Board tells that forty-seven per cent. of all the deaths during the year 1901 in Ireland were due to tuberculosis. It is to be hoped that the rules now formulated and the instruction given to the public for the prevention and cure of the disease will bear fruit, and that the percentage of deaths will, in 1902, show a marked falling off. There is a danger that when the death-rate from the disease falls the people may become careless and forget the lessons of the past. I would, therefore, that the preventive properties of sunlight and fresh air were taught to every child, that the subject be made compulsory in all our schools. The grounds of my fear are briefly stated, and are as follows:—When Philip V. of Spain died on July 11th, 1746, he was succeeded by his son, Ferdinand VI., the peacemaker, and the well-beloved, whose life was spent in promoting the peaceful arts and industries, and in acts of benevolence. He established the Academy of Saint Ferdinando for the study of painting, sculpture, architecture and so forth. In 1752 he established the botanic gardens of Madrid, and in connection with them founded university chairs for the study of the natural sciences. And, ably seconded by Don Cenon Somodevilla, Marquis of Ensenada, he did much to advance medicine. To him may be traced the division of the whole country into medical districts, in each of which is a medical officer, an arrangement which was closely followed in the Irish Medical Charities Act. To each of the medical officers Ensenada issued the following instructions, and to each of them he sent word that the people were to be taught the precepts laid down: They are as follows:—"Experience having shown how dangerous is the use of linen, furniture and articles which have been used by persons afflicted with, or who have died of hectic, phthisical, or other contagious diseases, we enjoin on all physicians to give notice of those persons who are sick with, or who have died of phthisis, so that the Alcade may cause the linen, clothing, furniture and other objects used personally by the patient, or which have been in his department, to be burned. So that the Alcade may also order the apartment in which the patient died to be replastered and whitewashed, and the flooring or flagging of the room or alcove in which the patient's bed was placed to be changed. Besides, a registration must be kept of places from which clothing found in the shops of second-hand clothes dealers comes, with information as to the names and residences of the vendors, as well as the persons who have used the linen and garments, and dealers in old clothes ordinarily doing business in infected clothes. The Alcade shall issue a paper attesting that the said goods are free from contagion; this paper shall be the sole authorisation by which dealers in second-hand goods will be allowed to keep or sell such goods. Any physician who will not give notice of consumptive patients, or those who have died of consumption, to the Alcade of his quarter, shall incur, for the first offence, a fine of 200 ducats and suspension from the practise of his profession for one year; and for repetition of the offence a fine of 400 ducats and the punishment of exile for four years. All other persons (infirmarians, domestics, attendants on the sick) who will not report the case shall incur a penalty of thirty days in prison for the first offence, and four years in the galleys for the second offence. Civil, religious, and military authorities shall cause to be burned in civil and military hospitals all linen which shall have been used by phthisical civilians or soldiers."

In time these excellent sanitary laws were neglected, and the unhygienic conditions of life reached the awful state described in 1890 by Dr. E. O. Shakespeare in his "Report on Cholera," which he published as United States Commissioner by Order of President Cleveland.

I am, Sir, yours truly,

GEORGE FOY.

REFORM OF THE MEDICAL AND DENTAL ACTS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your correspondent, "M.R.C.S., L.D.S.," is quite right when he points out that amendment of the Medical and Dental Acts would prove far more beneficial to the public than to the professions; and it is impossible to doubt, as he suggests, that if the voice of the united professions could be made audible, loudly and persistently, the reforms so urgently called for must before long be conceded by the Legislature. It is amazing to me to see professions possessing organisations like the British Medical and Dental Associations remaining perfectly passive in presence of evils it seems their duty to combat. Surely the profession is entitled to legislation equivalent to that which for many years has regulated the practice of solicitors. It is impossible with impunity falsely to pretend to be qualified as a lawyer, nor can a legal practitioner once expelled for infamous conduct engage again in pursuit of his profession. The attempt of an unqualified man to practise as a solicitor invariably meets with speedy condign punishment; and such a flagrant abuse as assumption of titles by unqualified adventurers is, in the legal profession, virtually impossible. It would constitute an immense gain if the Government could be induced to appoint a Parliamentary Committee to enquire into the whole question of medical practice, including the manufacture and sale of quack medicines. Such an enquiry would establish the fact that quackery—including the trade in quack medicines—forms ultimately a source of as much profit as injury to the legitimate practitioner. Quackery forms a potent factor in deterioration of the public health. Vast numbers of invalids are to be found in every class of society with simple maladies rendered chronic and serious diseases rendered hopeless through delay whilst relying upon quack treatment or fraudulent panaceas. Of these classes of invalids with ailments manufactured or aggravated by quackery, the vast majority gravitate in the end into the hands of qualified men; and thus money which would not otherwise be earned is put into the pocket of the profession. In dental surgery, of which I am a practitioner, a large number of cases, mostly among weak and foolish women, constantly return to their family dentist after having had their teeth destroyed by quackery, and needing sets of artificial substitutes which proper treatment might have rendered unnecessary for years.

I am, Sir, yours truly,

A CONSULTING DENTAL SURGEON.

London, July 11th, 1903.

THE CARLYLE-FROUDE CONTROVERSY.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The recent raking up of this painful subject by certain writers, and referred to in your admirable editorial note, seems the more gratuitous in view of the fact that both Froude and Carlyle as writers, if not dead, are rapidly dying, and are becoming less and less noticed by any class of reader or student save such as may turn to their pages to gratify a merely literary curiosity. The matrimonial troubles of Carlyle are of not the smallest importance to a generation placed by the advance of science, including historical science, far in advance of the erroneous premises and generalisations advanced in his writings. By his enthusiasm for honesty, his hatred of shams, and his demonstration of the true source of contentment to be gained through work and self-sacrifice alone, Carlyle, like Ruskin and Froude, exercised a powerful influence for good upon his generation. But his writings were for a day, not for all time, and, I repeat, he is, as an author, virtually dead. It seems an outrage to bespatter the memory of an honest writer by dragging into view the story of his miserable human frailties when the exposure can have no other result than to gratify the prurient curiosity of the frivolous portion of society.

I am, Sir, yours truly,

H. S.

July 10th, 1903.

THE GORDON BLACKMAILING CASE.

THE following letter has been sent to us for publication. We trust that it may obtain a speedy response from the medical profession:

SIR,—Recognising the serious issues to the profession involved in the recent blackmailing proceedings taken against Dr. Alex. Gordon, of Rathmines, Dublin, and the courageous way in which he resisted the attack on his character, a subscription list has been opened in connection with the fund started by THE MEDICAL PRESS AND CIRCULAR to assist in defraying the heavy legal expenses incurred by Dr. Gordon in bringing about a result which will have a far-reaching effect in safeguarding his brother practitioners from attempts of a similar nature in the future. We hope you will see your way to join in the movement. Dr. Robert S. Wayland, 54 South Richmond Street, Dublin, has kindly consented to act as Hon. Secretary, and Dr. Andrew J. Horne, 94 Merrion Square, Dublin, as Hon. Treasurer. These gentlemen will thankfully receive and acknowledge subscriptions sent to them for the purpose. Subscriptions will also be received and acknowledged by THE MEDICAL PRESS AND CIRCULAR.

We are, Sir, yours truly,

A. V. MACAN,
President Royal College of Physicians, Ireland.

L. H. ORMSBY,
President Royal College of Surgeons, Ireland.

July, 1903.

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Robert McVittie, M.D.	1	1	0

H.R.H. THE PRINCE OF WALES has consented to be admitted a member of the British Medical Association, and his election will be proposed at the next annual meeting, which takes place at the end of the present month.

Obituary.

LIEUTENANT J. H. FERRIS, M.B., B.Ch.

WE regret to announce the untimely death of Lieutenant J. H. Ferris, I.M.S., in his twenty-eighth year, at the Station Hospital, Poona. He was son of the late Rev. Mr. Ferris, of Windsor Presbyterian Church, Belfast, and was educated at Queen's College and the Belfast Medical School, where he was most popular with his teachers and fellow-students. After graduation he obtained a Commission in the Indian Medical Service, and was stationed at Belgaum. He was taken ill early in May, and went for change to Mahableshwar, but on arrival there he was found to be suffering from enteric, and had to be sent down to hospital at Poona, where he arrived with a temperature of 105°. For some days he progressed favourably, then sank and died on June 15th. He was buried with military honours in the cemetery at Poona.

DR. O. O. MOTCHOUTKOWSKI.

THE death of M. Motchoutkowski, the Russian neurologist, is announced. He was born in the Government of Kherson in 1845. His father was a village schoolmaster. Young Motchoutkowski was educated in the Gymnasium of Kief, from which he graduated to the University of Wladimir. In 1869 he joined the medical school, and in 1871 became a resident in the Odessa Hospital, where he remained until 1877. In the latter year he was appointed neurologist to the hospital, which position he occupied until 1893, when he was called to the chair of neurology in the Clinic of the Grand Duchess Helen Povlowna, St. Petersburg. In 1877 he obtained his M.D., his thesis being "A Contribution to the Pathology and Treatment of Typhus." Whilst in practice in Odessa he established a review, "The Work of the Medical Staff of the Odessa Hospital." In 1898 he published a series of papers on locomotor ataxy in the principal Russian medical journal, *Vratch*. We have mentioned but two of his many contributions to medicine; if space permitted we might add a long list of titles of his contributions on bacteriology, histology, serum-therapy, and inoculation. He had been a sufferer since the year 1901, when he got a paralytic stroke with aphasia, followed after a time by a series of apoplectic attacks which confined him to bed. Last winter he was removed to Tsarskojé-Sélo, and finally to Pavlovsk, where he died on June 18th, 1903.

Literature.

CLARKE ON ERRORS OF ACCOMMODATION AND REFRACTION. (*a*)

THE preface of this excellent handbook contains the keynote of the whole book: "I have tried to make the following pages . . . . essentially practical." Whether the average medical student can afford time to peruse this book or not, he, at all events, may know that by possessing it he has a plain, practical guide to the refraction of the eye, containing enough optics to explain the subject and yet be easily understood by the non-mathematical man. A short chapter on "Optics" is followed by one on the "Optical Properties of the Normal Eye," including an explanation of Snellen's test-types for near and distant vision. Recognising that the majority of students do not intend to become ophthalmic surgeons, Mr. Clarke devotes much attention to asthenopia; not only giving a brief *résumé* of the varying symptoms, but adding special chapters on muscular and retinal asthenopia, "accommodation," "convergence," "latent deviations of the eye," with

(*a*) "The Errors of Accommodation and Refraction of the Eye and their Treatment. A Handbook for Students." By Ernest Clarke, M.D., B.S., F.R.C.S., Surgeon to the Central London Ophthalmic Hospital, and Ophthalmic Surgeon to the Miller Hospital. 1903. Pp. 225, with coloured plates and 84 illustrations. London: Bailliere, Tindall and Cox. Price 5s. net.

a clear account of the Maddox test, carefully and practically written. While speaking of low degrees of myopia, the author says "such people learn to recognise indistinct outlines by the aid of other senses in a way that emmetropes can hardly understand, when later in life they can put off the wearing of glasses for near work for many years until extreme old age, what wonder that they and their relatives imagine them to be possessors of remarkably good sight." This fact should be clearly made known to all students, for in general practice they will often hear Mr. Clarke's words repeated verbatim. In the treatment of high myopia we are glad to see that Mr. Clarke recommends full correction in all cases whenever practicable, while discission and removal of the lens is not forgotten; the reader being referred to a text book on ophthalmology for details. One of the most practical chapters in the book is that on "Methods of Examination; Note-taking; Spectacles," while the "Illustrative Cases" will explain to a student in a few words what he would fail to understand if he spent many hours reading chapters upon the theory of such cases. Coloured plates, numerous engravings, "Tests for the Services," an appendix, an index, and a useful card of test types are included in this very practical monograph, which we can thoroughly recommend to students, specialists and general practitioners.

Medical News.

The Jenner Institute of Preventive Medicine.

IN view of the proposed change of name of this institution, Dr. Macfadyen, as secretary, has sent us the following explanation of the reasons which induced the Council to propose the change of name to the "Lister Institute of Preventive Medicine":—As there already exists in London a commercial firm trading under the name of "The Jenner Institute for Calf Lymph," with a prior legal claim to the name of Jenner Institute, the two institutes are constantly supposed to be one and the same, to the inconvenience of both. So great, indeed, has this inconvenience now become and all efforts to meet the difficulty having failed, the sanction of the members and of the Board of Trade to change the name of the institute has been obtained, and the reasons fully explained to the Jenner Memorial Committee, who have acquiesced, though with regret, that a change of name is under the circumstances inevitable. The Governing Body propose that in future the institute be called the Lister Institute of Preventive Medicine, though it is only fair to Lord Lister to say that this name has been chosen by his colleagues against his own strong personal wish. But they believe their choice, under the circumstances of the case, will be warmly approved, not only by the medical profession, but by all interested in scientific progress, both at home and abroad.

Society for Relief of Widows and Orphans of Medical Men.

A QUARTERLY court of the directors of the Society was held on Wednesday last, July 8th, the President Mr. Christopher Heath, in the Chair. Four new members were elected. There were no fresh applications for grants. The death of one widow was reported, who had received £35 a year since 1885. A sum of £1,328 was voted for distribution among the 54 widows, 13 orphans and the four recipients from the Copeland Fund now receiving half-yearly grants. The expenses were £46 8s. 6d. A legacy of £25 had been received from the executors of Miss Alicia Harvey, and a donation of £5 from a relative of a widow, who died in 1883, and had had £50 a year since 1876, as a thankoffering.

A Victim of Hypnotism.

"DR." BODIE, the hypnotic quack, who has for some time past been hypnotising wholesale in Cardiff and the neighbourhood, recently undertook the treatment of a paralysed woman at Longton, and under his influence she expressed herself as feeling much better, and even undertook to address the audience. The excitement brought on cerebral hæmorrhage which proved fatal. An inquest was held, and apparently neither the coroner nor the jury saw anything objectionable in an unqualified person inducing a condition of excitement which could not but prove dangerous in such a subject. An inquest under these circumstances is a mere farce, especially as it has long been recognised that the indiscriminate employment of hypnotism is dangerous and otherwise objectionable.

The North-East London Clinical Society.

As a commemoration of the close of its third session, this Society held its first annual dinner at the Great Eastern Hotel, on July 7th. The President, Dr. F. H. Daly, was in the chair. After the loyal toasts had been duly honoured, "The Society" was proposed by the President, who remarked that the large gathering of members and guests (including ladies) was in itself sufficient evidence of the vitality and growth of the Society. He also alluded to the well-sustained discussions which had invariably followed the many excellent papers read at the monthly meetings, and also to the interest in the Society shown by the staff of the Tottenham Hospital. Dr. F. T. Tresilian, of Enfield, responded in a few well-chosen words. The toast of "The Guests" was given by Dr. T. Gilbart-Smith, to which Dr. Percy Kidd, Mr. C. B. Lockwood and Dr. R. Murray Leslie suitably replied. The health of the Chairman was proposed by Mr. J. Langton. A good musical programme contributed greatly towards the success of the evening.

Royal College of Surgeons in Ireland.—Prize List, Summer Session, 1903.

MAYNE Scholarship: £15, R. W. Burkitt.

Carmichael Scholarship: £15, I. Allaun.

Gold and Silver Medals in Operative Surgery: Gold, A. N. Grawford; Silver, F. J. Cairns; Honour Certificate, C. A Cusack.

Practical Histology: W. St. Leger Moorhead, first prize (£2) and medal; S. H. Massey, second prize (£1) and certificate.

Practical Chemistry: D. P. Clement, first prize (£2) and medal; H. C. Carden, second prize (£1) and certificate.

Public Health and Forensic Medicine: Miss C. O'Meara, first prize (£2) and medal; T. W. Browne, second prize (£1) and certificate.

Materia Medica: R. M. Bronte, first prize (£2) and medal; A. J. Faulkner, second prize (£1) and certificate.

Biology: F. M. Hewson, first prize (£2) and medal; W. A. Ryan, second prize (£1) and certificate.

The Winter Session will commence on Thursday, October 1st. Preliminary Entrance Examination will be held on Monday, September 21st. Guide for medical students will be forwarded, post free, on written application to the Registrar, Royal College of Surgeons, Stephen's Green, Dublin.

Tuberculosis Experiments in Germany.

PROFESSOR KOSSEL, of the Imperial Health Office, read a paper last week before the Berlin Medical Society upon the results of the work done by the Tuberculosis Commission in connection with the investigations made by Professor Koch and Schnetz. Professor Kossel summed up the results of a series of experiments as proving that tuberculosis in the human being can be communicated to cattle, and *vice versa*. The practical question, namely, which communication was more frequent and how great was the danger attaching to it—remained, however, still undecided. The results of the experiments, which consisted of the inoculation of calves with human tuberculosis by subcutaneous injection, tend to support Professor Koch's view that the bovine tuberculosis bacillus is of a different species from that of human tuberculosis. A definitive opinion on the point is, however, reserved for the result of a series of experiments in which inoculation will be made by means of feeding and inhalation.

Mysterious Death.

AN inquest has been held concerning the death of Dr. A. E. Wainwright, who had been acting as *locum tenens* to Dr. Wilson, of Doncaster. Dr. Wainwright, who was only twenty-five years of age, and qualified but two years since, was taken suddenly ill on Friday last with pains and shivering and died soon after. The inquiry was adjourned for an analysis to be made of the contents of the stomach. At the adjourned inquest, the analyst to whom the analysis of the contents of the stomach had been entrusted stated that he had not been able to discover traces of any poison. As no further evidence was forthcoming an open verdict was returned.

Death of a Medical Man under Chloroform.

AN inquest was held last week by Mr. Troutbeck, on the body of Mr. Sydney Adolphus Bernays, M.R.C.S., L.S.A., aged fifty, of Poplar, who died under an anæsthetic at St. Thomas's Hospital. The autopsy revealed the fact that Mr. Bernays was suffering from chronic tuberculosis, and death was attributed to heart failure.

Labour and Capital. The "Entente Cordiale."

WE were privileged to assist at an interesting ceremony last week, *viz.*, the presentation of good-conduct medals and bonuses to the deserving employés of Messrs. Scrubb, the well-known manufacturers of a toilet ammonia product. The interest of the proceedings lay in the method by which Messrs. Scrubb endeavour to secure the cordial co-operation of their employés in their work by encouraging punctuality, thrift and diligence. The mayor of Lambeth presided, and the proceedings were opened by the Vicar of S. John's, Waterloo Road. Under the system a boy receives annual certificates of conduct, which in three years entitle him to a bonus of £7 10s., and in four years to £10. The ceremony went off very satisfactorily, and the guests were subsequently entertained at lunch. The problem of reconciling the interests of capital and labour would be greatly simplified if all employers of labour took the same paternal interest in their staff as Messrs. Scrubb, and we are pleased to have been permitted to testify to its success.

Memorial to Pasteur.

A MEMORIAL to Pasteur was unveiled yesterday at the village of Marnes la Coquette, near Villeneuve l'Etang, where the great chemist died, and where he for a long time conducted his researches in connection with his cure for hydrophobia.

Dublin Death Rate.

THE deaths registered for the week ending Saturday, July 4th, 1903, in the Dublin registration area represent an annual rate of mortality of 17.5 in every 1,000 of the population. Twenty-six deaths were caused by tuberculous disease, 15 deaths by diseases of the nervous system, 26 deaths by diseases of the circulatory system, and 26 deaths by diseases of the respiratory system. Thirty-seven infants died during the week, of whom 25 were under one year old. In two cases the cause of death was uncertified, there having been no medical attendant during the last illness. In the city proper, the death rate in the Summerhill district was 28.0 per 1,000, in the South Earl Street district 26.8 per 1,000, and in the Peter Street district 22.4 per 1,000.

The Supply of Vaccine in Scotland.

A MOVEMENT has been set on foot to secure the establishment of a vaccine institute in Scotland, and a deputation is to be received by Lord Balfour to-day to urge the importance of this step. A memorial signed by the representatives of the various universities, teaching and examining bodies has already been forwarded to Lord Balfour, who is stated to be sympathetically disposed towards the project.

Royal University of Ireland.

The following have passed the first Examination in Medicine (Summer Session, 1903):—

Samuel Acheson, Thomas Arnold, Donal Barry, Raphael N. Berman, Joseph H. P. Boyd-Barrett, William Bradbury, Daniel Broderick, Edwin B. Brooke, Thomas G. Buchanan, John P. Cahir, Matthew J. Caldwell, Joseph P. Carolan, William F. A. Carson, David S. Clarke, John Clarke, Robert Clarke, Arthur J. W. Compton, Alexander W. Connolly, Mary Cowhy, Cecil P. Crymble, Lawrence J. Curtin, John Devereux, Elliott P. Dewar (Galway), James Dewar, Francis T. Dowling, William Faith, Edward Forbes, Thomas Forde, John W. Garry, William E. Graham, Thomas J Hollins, John Hughes, Marshall J. Huston, Joseph G. Johnston, Arthur H. Joy, John J. Kearney, Robert G. Kevin, Richard G. C. M. Kinkead, Richard R. Kirwan, James B. Lapsley, Morgan Leane, Solomon Levy, John E. A. Lynham, John S. M'Combe, John P. McGivern, Augustine P. MacMahon, George H. Martin, Robert Martin, Charles Murphy, James F. Neary, Patrick O. O'Brien, Patrick C. O'Donnell, William H. O'Grady, Patrick O'Hart, Christopher F. O'Sullivan, David O'Sullivan, Herbert H. Prentiss, John P. Quiery, Daniel T. Sheehan, James Sinclair, Michael Waldron, Michael White.

The undermentioned candidates have qualified on their answering to present themselves for the further Examination for Honours in the subjects set after their names. Those qualified in two or more subjects may present themselves for the Honour Examination in all subjects:—

Thomas Arnold (Chemistry), Raphael N. Berman (Botany), William Bradbury (Physics), Edwin B. Brooke (Physics), Matthew F. Caldwell (Botany and Chemistry), Joseph P. Carolan (Chemistry), David S. Clarke (Botany and Physics), Robert J. Clarke (Physics), Arthur J. W. Compton (Physics), Alexander W. Connolly (Physics), Mary Cowhy (Botany), Cecil R. Crymble (Zoology and Physics), Francis P. Dowling (Zoology, Chemistry and Physics), John Hughes (Physics), Marshall F. Huston (Botany, Zoology, Chemistry and Physics), John J. Kearney (Botany, Zoology, Chemistry and Physics), Robert G. Kevin (Chemistry), Richard R. Kirwan (Zoology), James B. Lapsley (Botany and Physics), Morgan Leave (Botany and Zoology), John E. A. Lynham (Physics), John S. M'Combe (Botany, Zoology and Physics), George H. Martin (Botany), Patrick C. O'Donnell (Chemistry and Physics), Patrick O'Hart (Zoology and Chemistry), Herbert H. Prentiss (Zoology and Chemistry), Daniel T. Sheehan (Botany and Zoology), Michael Waldron (Physics).

Trinity College, Dublin.

THE following candidates, during Trinity Term, 1903, passed the examinations hereunder:—

ANATOMY AND INSTITUTES OF MEDICINE.—The following passed on High Marks:—John D. Sands, Samuel G. S. Haughton, Ralph S. Oldham, Alfred G. Alexander, Cecil Conyngham. The following passed in order given:—Edward Gibbon, Basil Brooks, Thomas O. Graham, Cyril H. M'Comas, Percy B. Egan, Edward D. Attwell, James M. Harold, William R. Galwey, John Gray, John Murdock, Joseph P. R. Poch, Ernest C. Crawford, George Dougan, James E. M'Farlane, Henry B. Leech, Thomas B. W. MacQuaide.

PHYSICS AND CHEMISTRY.—Passed on High Marks:—William Pearson, Allman J. Powell, Richard G. T. Gregg, Edward C. Stoney, James C. C. Hogan. Passed in the order given:—George F. Graham, Charles T. Atkinson, Robert E. Wright, William S. Thacker, Rev. Thomas Brook, Wilfred J. Dunn, Wilfred L. Hogan, Frederick Stevenson, Charles B. Jones, Desmond Drew, Bethel A. H. Solomons, Edward J. H. Garston, George B. M'Hutchison, David Miller, Robert de C. Wheeler.

BOTANY AND ZOOLOGY.—Passed on High Marks:—William Pearson, Richard G. S. Gregg. Passed in the order given:—James F. Clarke, George Halpin, George F. Graham, Richard J. Attridge, Robert de C. Wheeler, Thomas T. H. Robinson, Edmond H. Sheehan, Robert B. Jackson, Wilfred J. Dunn, Henry Goodbody, Julian B. Jones, Robert Magill, Charles K. Denham, Gerald Mecredy, Frederick Stevenson, John H. Askins, Claude Powell, James B. Stewart, Hill W. de V. White.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

CONTRIBUTORS are kindly requested to send their communications, if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

THE LEGION OF HONOUR AND THE FRENCH HOSPITAL.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Last Tuesday at the French Hospital we were all delighted to see the President of the French Republic present the Cross of the Legion of Honour to Mr. Edmund Owen. May I be allowed, however, to draw attention to my having given my honorary services for more than twenty-seven years to the Institution, whereas Mr. Owen has only been attached to the medical staff for two and a half years. Surely my services merit at least a similar recognition.

I am, Sir, yours truly,
H. DE MERIC, Surgeon to the French Hospital.

13, Nottingham Terrace,
Regent's Park, N.W.

[It must be obvious that there are services and services, and the benefits conferred by the surgeon are not to be gauged by mere seniority.—ED.]

F.L.S.—The matter is under consideration.

FERGUS, C.—Regret we have not the particulars you desire.

DR. JARDINE (Glasgow) is thanked.

MR. W. S. T. will see the subject is referred to in our editorial columns elsewhere.

AN AID TO DIAGNOSIS.

DOCTOR: "James did that lady in the waiting-room come in her own carriage or a tramcar?" Servant: "Tramcar, sir." Doctor: "Thanks. I couldn't tell from her dress whether to prescribe three months at Harrogate or sulphur-and-treacle."—(C. & D.)

MRS. J. G BALLIN.—We are in receipt of your communication of the 4th inst. in reference to the paragraph entitled, "Health and Beauty Doctors," but we regret that your request is not one which we deem it desirable to comply with.

DR. W. D.—The form in which you have made your communication precludes our making use of it. We can only discuss principles, not persons, at any rate, in this connection.

G. S. A. (Belfast).—We do not see anything objectionable in the draft circular letters which accompanied your letter. A good deal would, however, depend on the terms of the "covering" letter. Your own conscience should guide you in the matter, assuming that you have at heart to conform to intra-professional etiquette.

PENNY "CURES."

THE latest variety of the automatic machine to be installed in Paris is named "Everybody's Doctor." By putting a penny in the slot one will be able to obtain remedies for headaches, colds, and the less serious ailments!

Appointments.

BLUMFELDT, J., M.D.Cantab, Honorary Anæsthetist to the National Dental Hospital, Great Portland Street, London.

BOYES, AUGUSTE, M.B., Ch.B.Glasg., Resident Medical Officer to the East Poorhouse and Hospital, Dundee.

FLYNN, JOHN, L.R.C.P. & S. Edin., L.F.P.S. Glasg., Health Officer of Queensland.

GREENE, W. H. CLAYTON, M.B., B.S.Cantab., F.R.C.S. Eng., L.R.C.P., Junior Surgeon to the French Hospital in London.

JOHNSTON, G. A., L.R.C.P., L.R.C.S., Irel., Certifying Surgeon under the Factory Act for the Ambleside District of the County of Westmorland.

KILBRIDE, JAMES, L.K.Q.C.P.I., M.R.C.S., Medical Referee under the Workmen's Compensation Acts, 1897 and 1900, and to act for the County of Kildare, Ireland.

ORMEROD, H. L., M.D.R.U.I., Certifying Surgeon under the Factory Act for the Westbury-upon-Trym District of the County of Gloucester.

PERSHOUSE, FRANK, L.R.C.P.Lond., M.R.C.S., Certifying Surgeon under the Factory Act for the Stanford-le-Hope District of the County of Essex.

SCOTT, ROBERT GILLESPIE, M.B., C.M. Edin., Member of the Court of Medical Examiners, Tasmania.

SPOONER, WILLIAM CASSWELL, M.B., B.S.Edin., Certifying Surgeon under the Factory Act for the Blandford District of the County of Dorset.

TAYLOR, DUDLEY C. P., M.R.C.S.Eng., L.R.C.P.Lond., Medical Officer and Public Vaccinator to the Sibsey District of the Boston (Lincs.) Union.

WATSON, C. GORDON, F.R.C.S. Eng., Junior Demonstrator of Anatomy at St. Bartholomew's Hospital.

Vacancies.

Guy's Hospital Medical School.—Gordon Lectureship in Experimental Pathology. Immediate applications to the Secretary of the Board at the Hospital.

Victoria Hospital for Children, Chelsea, S.W.—Medical Radiographer. An honorarium of £31 10s. per annum is given. Applications to the Secretary.

County Asylum, Whittingham, Preston, Lancashire.—Assistant Medical Officer to act also as Pathologist. Initial salary £175, with apartments, board, washing, and attendance. Applications to the Medical Superintendent.

Chelsea Infirmary.—Second Assistant Medical Officer. Salary £70 a year, with board, apartments, coal, gas, washing, and an allowance of £3 10s. a year (optional) in lieu of beer. Forms of application will be supplied by the Clerk to the Guardians.

Sheffield, The Royal Infirmary.—Honorary Surgeon. Applications to the Secretary.

Noble's Isle of Man General Hospital and Dispensary, Douglas.—Resident House Surgeon. Salary £82 a year, with board and washing free. Applications to David Evans, Hon. Treasurer, 16, Athol Street, Douglas, Isle of Man.

Grove Hall Asylum, Bow, London.—Assistant Medical Officer. Salary at the rate of £150 a year, with board, furnished apartments, attendance, and washing. Application to the Medical Superintendent.

Ancoats Hospital, Manchester.—Resident House-Physician with charge of medical in-patients. Salary £80, with board, &c. Applications to Samuel Baron, Secretary.

Eastern Counties Asylum for Idiots, Colchester.—Resident Medical attendant. Salary £100 per annum, with furnished apartments in the Asylum, board, and washing. Applications to John C. Turner, Superintendent and Secretary.

Palmer Memorial Hospital (for accidents), Jarrow-on-Tyne.—A House Surgeon. Commencing salary £150 per annum (board and residence provided). Applications to the Secretary.

Sheffield.—Medical Officer of Health. The salary will be £700 per annum. Applications to H. Sayer, Town Clerk, at the Town Hall, Sheffield.

University College of South Wales.—Professor of Anatomy. The Salary is £350 per annum. Applications to J. Austen Jenkins, B.A., Registrar, University College, Cardiff.

Somerset and Bath Asylum, Cotford, Taunton.—Assistant Medical Officer. Salary £160 per annum, increasing to £200, with apartments, board, washing, &c. Applications to the Medical Superintendent.

Births.

PAUL.—On July 9th, at 215, Isledon Road, Finsbury Park, London, N., the wife of J. F. Paul, M.R.C.S., L.R.C.P., of a daughter.

STEWART.—On July 9th, at Ware, Herts, the wife of Walter G. Stewart, M.B., B.S.Lond., L.R.C.P., M.R.C.S., Eng., of a son.

WILLIAMS.—On July 7th, wife of Dr. A. W. Williams, of 10, Stamford Road, Brighton, of a son.

WINTER.—On July 3rd, at St. Marychurch, Torquay, the wife of G. Mitchell Winter, L.R.C.P., M.R.C.S., D.P.H.Camb., of a Daughter.

Marriages.

DALY—WALTERS.—On July 11th, at the Parish Church, Reigate, Frederick J. P Daly, eldest son of F. H Daly, M.D R.U.I., of Hackney, to Eleanor, youngest daughter of J. Walters, M.B. Lond., M.R.C.S, of Reigate.

MATTHEWS DUNCAN—TWEEDIE.—On July 9th, at St. Pancras Parish Church, N.W., the Rev. J. F. Matthews Duncan, son of the late J. Matthews Duncan, M.D., F.R.S., to Katharine Mary, daughter of Mrs. W. T. Tweedie, of Brent Tor, Tunbridge Wells.

PETTY—TROUP.—On July 2nd, at St. Andrew's Church, Stoke Newington, David Petty, M.B.Aberd., to Dora Lilian, youngest daughter of Mr. Frederick William Troup.

PLETTS—FOX.—On July 8th at Kew Parish Church, John Menham Pletts, M.D. (late of Ryde and Bath), to Edith Rawkins Nelson, late of Woodville, Kew Gardens, eldest daughter of the late Thomas Fox, of Portswood Park, Southampton.

YOUNG—GOODWIN.—On July 7th at the Church of S S. Philip and James, Cheltenham, the Rev. A. J. Christopher Young, M.A., Emmanuel College, Cambridge, son of William Young, Manor House, Droitwich, to Ethel Margaret, daughter of the late Robert Docksey Goodwin, F.R.C.S., of Ashburne, Derby.

Deaths.

KNOX.—On July 11th, at Church House, Bakewell, Clara Isabel, younger daughter of John Knox, M.D.

RAY.—On July 4th, at Beccles, James Ray, M.R.C.S., formerly of Lowestoft, aged 72 years.

WOODHOUSE.—On July 8th, at his residence, Ralsbury, Ealing Common, W., Robert Hall Woodhouse, M.R.C.S., L.S.A., L.D.S., of 1, Hanover Square, W., aged 52.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVII. WEDNESDAY, JULY 22, 1903. No. 4.

Original Communications.

ON LACERATIONS OF THE CERVIX AND THEIR CONSEQUENCES. (a)

By JOHN WILLIAM TAYLOR, M.D., F.R.C.S.,

Professor of Gynæcology in the University of Birmingham. Surgeon to the Birmingham and Midland Hospital for Women.

ALTHOUGH the subject of my paper belongs rather to minor gynæcology, it has an important bearing on what is, perhaps, still the gravest disease to which a woman is subject—I allude to puerperal septicæmia—and that, by means of this, laceration of the uterine cervix becomes a not infrequent cause of death.

In most of the septic cases to which I am summoned after labour I find serious laceration of the cervix, of the vagina, and of the perinæum as the wounds from which the septic and generally fatal process has started.

So that, although this may belong rather to the province of our sister Society than to ourselves, it is well, I think, at the outset of our discussion to recognise its gravest bearing on the great issues of life and death, and to see to it that our influence is exerted as strongly as may be on the side of prevention. For there can be no doubt, I think, that certain countries and districts furnish many more cases of this accident than do others, and that its comparative infrequency in any district closely corresponds with the better teaching and practice of the obstetricians of the district. Many years ago when attending gynæcological clinics in Paris, I was particularly struck with the comparative rareness of any severe cervical laceration among the attending patients, and have no doubt that this was largely due to the teaching and influence of those great obstetricians and their assistants who were then doing so much for their specialty in the French capital.

Death, then, as a not infrequent consequence of acute septic laceration of the cervix, and laceration, as a largely preventible accident, are the two points from which I start. But, fortunately, many cases of laceration escape serious sepsis immediately following labour, and heal without difficulty. The greater number of these, like minor lacerations of the perinæum, are of very little importance, heal in a right direction, and need no treatment. The lesser number are more important: many of them are really ruptures of the lower part of the uterus, they often extend quite above the vaginal roof into the broad ligament of one side; they heal, not by any direct union of the raw surfaces, but by growth of epithelium over the raw surfaces. Consequently, the patient recovers with one or more deep permanent fissures in her cervix, and with cicatrices in the vagina and supravaginal tissues. It is mainly with these that I shall have to deal.

First of all, they seriously interfere with the proper involution of the uterus, and although the patient remains much longer in bed than usual, when she begins to get up the uterus itself is still enlarged and heavy, and the torn cervix is often flabby and gaping. Then, in addition to weight, menorrhagia and backache, which may be put down largely to subinvolution, other important consequences are apt to follow, which I will briefly consider under three heads:—

Firstly, as affecting the position of the uterus. Secondly, as affecting the nutrition of the cervix. Thirdly, as affecting the uterine wall at the angle of the tear.

First, then, as regards the position of the uterus.

Let us suppose that the laceration is left-sided, extending into the vaginal roof and left broad ligament.

The uterus, which has formerly maintained a central position in the pelvis, being equally supported on both sides, has lost this support on the left side, and consequently settles down in the pelvis on this side, taking its fresh bearing (on the left) from the highest limit of the tear. With this, the sides of the laceration separate, and some tension necessarily occurs at the angle of the tear. This "dragging" usually causes pain on the side affected; pain increased on standing or walking, or exertion, and relieved by rest in bed.

Secondly. Consequences affecting the nutrition of the cervix.

The gaping of the tear causes exposure of the cervical canal, the cervical mucous membrane becomes mechanically irritated, and much more easily affected by micro-organisms; the cervical glands increase in size, in number and in activity; and an excessive amount of glairy muco-purulent discharge hangs about the cervix, or gradually finds its way to the outside surface through the vagina.

In this way, or by more direct infection (after intercourse or miscarriage), some secondary sepsis sooner or later almost always attacks the already irritated cervix. The tear or tears, which already interfere mechanically with the circulation in the cervix, affect the inflammatory process. A subinflammatory œdema is added to the endo-

(a) Introduction to the Discussion at the Meeting of the British Gynæcological Society, on July 9th, 1903.

cervicitis. The fissured and distorted cervix swells. The swelling affects the mucous and submucous tissues chiefly, and these bulge outwards, causing eversion of the mucous membrane. The ducts of the cervical glands become obstructed by the swelling, and the well-known distended follicles, or "ovula Nabothii," form in the substance of the cervix, and are easily felt by the examining finger.

In consequence of the endocervicitis and eversion the cervix around the opening or "slit" of the cervical canal becomes inflamed and red, and easily bleeds on touch. It also becomes tender, pain is felt on coitus, and, because the cervical canal is obstructed either by the swelling or by the discharge, the patient is usually sterile, or, if conception ever takes place the patient is liable to abort. I need not dwell on this portion of my subject; the changes induced by laceration with chronic cervicitis, the swelling, the eversion, and the erosion are well known to all of us. The process very generally slowly increases until, instead of a recognisable portio vaginalis, we find a florid, spread-out swollen surface, bathed in muco-pus with streaks of blood, closely imitating that produced by epithelioma, and occasionally, but very rarely, as in other irritated junctions of mucous membrane and skin, passing into this by almost imperceptible gradations. Such is the picture of a typical cervicitis, the main predisposing cause being the injury and exposure produced by various lacerations of the cervix, the exciting cause being some septic infection of the irritated cervix.

Thirdly. Consequences affecting the uterine wall at the angle of the tear.

In process of time—whether by unequal tearing, or by traction on the torn angle, or by atrophy at the point of flexion—if the laceration be severe (as I have described) the uterine wall at this part is apt to become specially thin and yielding, and on paring it, as in the operation of trachelorrhaphy, it may be found that the uterine wall here is thinner and narrower than at any other part, either above or below the limit of the laceration. This necessarily interferes with the permanent strength and stability of the uterus on the side affected, and with the perfect success of any operation intended to restore the parts to their full natural shape, position and efficiency.

If I now recapitulate the consequences of laceration on which I have lightly touched, I find, first, that those of minor degree have no consequences; and second, that those of major degree, in addition to being a favourite channel of fatal sepsis, may cause subinvolution, serious menorrhagia, uterine descent and flexion (by reason of the injury to the vaginal roof), cervicitis, with all its consequences, pain, usually directly referable to it, abortion, sterility, atrophy of the uterine wall at the highest limit of the tear, and finally (but very rarely) epithelioma. With regard to this last (possible) consequence of neglected laceration, it is reasonable to suppose that it may occur, and I have seen one case, but only one clear case, in which a badly lacerated cervix became carcinomatous.

The frequency of this growth, as a sequel to laceration, has, I think, been much over-stated. As a rule a lacerated cervix with chronic cervicitis remains a lacerated cervix with chronic cervicitis, and does not grow into anything different from this.

On looking over my list and asking myself how far minor surgery can deal successfully with all these troubles, I find a sharp dividing line is drawn between the consequences due to uterine laceration only and the consequences due to injuries extending beyond the uterus.

The subinvolution and chronic menorrhagia, the cervicitis in all its forms and degrees, and the weakening discharge inseparably connected with this, in other words, the troubles due to the uterine lesion and to the uterine lesion only, can all be thoroughly and completely cured by the operation of repair of the laceration, and by this combined with a preliminary curetting. A wedge-shaped excision of the cervix is rather often needed (at the same sitting) before the lacerated parts can be brought together and repaired, and the whole angle of the tear needs, of course, complete excision; but in one way or another it is nearly always possible to reform the cervix, to stop the discharge of years, to cure persistent menorrhagia, and in a fair proportion of cases to restore the patient to good health.

But when there is something more than the uterine lesion, when the injury extends widely into the vaginal roof and broad ligament, then, however perfectly the uterus itself is repaired, there is something still wanting. The faulty position of the uterus, the cicatrix in the broad ligament, the consequent dragging on this, these are still sources of pain and discomfort, and the patient—however perfect the cervix may appear as seen through the speculum—is still more or less unrelieved.

In such cases, at the repair of the laceration I have sometimes tried to re-attach the broad ligament to the cervix at its proper level, but with only partial success, and in the worst of these cases the only thorough relief to be obtained is, I believe, by removal of the uterus.

In one case of this kind in which I was consulted, I found that the patient, a young married woman, who had formerly lived an active and vigorous life, had become a hopeless invalid, unable to do anything, and a hopeless burden to herself and her friends. She had a contracted pelvis, and at her first and only confinement the child had to be destroyed by craniotomy.

An extensive laceration occurred through the cervix into the vaginal roof, and this was directly followed by constant pain and invalidism. There was nothing else the matter, and there could be no reasonable doubt that the laceration was responsible for the pain and disability.

I advised hysterectomy, as I did not think that any simple repair would be so efficient in relieving pain, and the possibility of any recurrence of the danger seemed to call for prevention.

The result has been extremely good. There is no pain now, and the patient is again leading an active and useful life.

Such cases need the most careful diagnosis in the highest sense of the term. Some of the severest lacerations, extending into the bladder and rectum, may cause no pain afterwards, while an aseptic laceration which has healed throughout, but on which the uterus is always dragging, may be a source of constant discomfort. The fixation of the organs in some of the worst cases is undoubtedly a safeguard against pain.

SURGERY OF THE STOMACH.(a)

By DR. E. DOYEN,
Of Paris.

AFTER the first series of operations on the stomach the surgery of the viscus remained long without any further progress being made. The brilliant successes of Billroth, Rydigier, Czerny, and Wœlfler had been neutralised by the growth of the neoplasms that called for them. Not until pylorectomy and gastro-enterostomy were performed for the treatment of fibrous stenoses of the pylorus did the marvellous therapeutic results that were attainable by surgery in the group of non-cancerous diseases of the stomach come to be recognised. Mickulicz and Heinacke made a great stride forward when they, in cases of simple non-cancerous stenosis of the pylorus, enlarged the opening by a longitudinal incision and closed the wound by transverse sutures. Billroth adopted this operation in analogous conditions both of the stomach and duodenum. Withal, the surgeons as a body were unwilling to adopt the operation, even in well-marked cases of pyloric narrowing, except as a last resort, and it was usually postponed until the patient was profoundly cachectic. This timidity and hesitancy was due to the faulty technique of the method adopted in the early days of the operation, which made the result as unfavourable as the operations performed for cancer. When M. Doyen commenced the study of non-cancerous diseases of the stomach, which were not amenable to internal medication, he found that the special indications for pylorectomy and gastro-enterostomy were not clearly understood, and that the mortality from these operations varied from 40 to 50 per cent.

He then decided to determine the indications for operative interference in cases which, until the present time, were ever considered as in the province of pure medicine, and which the physicians were unwilling to hand over to the surgeon.

Secondly, he resolved to arrange the technique of the operations for such grave and painful diseases of the stomach as were unrelieved by internal medication, even though they were not of a fatal character.

Indications for Operation.—The author has vividly in mind severe cases of gastropathy, which determined the death of the patient, during middle age, in which the autopsy showed no trace of ulcer or cancer. The clinical study of a number of cases of ulcer of the stomach and of dyspepsia, accompanied by wasting and cachexia demonstrated to him—

(1) That the determination of the character of the gastric secretions gave an indication that allowed of a rational and beneficial treatment.

(2) That in the majority of cases the painful phenomena were due, almost exclusively, to the undue retention of the food in the stomach.

His first operations confirmed these clinical observations, and led him to the conclusion that—

(*a*) The pylorus of patients suffering from ulcers in the stomach, or from severe dyspepsia, is in a condition of almost permanent spasm.

(*b*) Spasmodic contraction of the pylorus produces little by little fibrous induration of the gastro-duodenal sphincter, which in time comes to form a hard ring of six to eight millimètres in diameter.

(*c*) Atonic dilatation of the stomach does not exist except in theory, and the conception is the result of inexact clinical observation.

A number of patients suffering from ulcer of the stomach get paroxysms of hyperacidity and a sense of weight—the gastric cavity is partially emptied each night about daybreak. These cases of lavage of the stomach remove the *débris*; nevertheless, they become thin, lose strength, and become cachectic. The greater number, however, are able to digest enough to maintain life; but the food is vitiated by the undigested material in the stomach. The position of the viscus during life is, the author states: the stomach lies with the pylorus as its most dependent point and is undilated unless when it contains food, as he has often seen it, during laparotomy. Gastro-enterostomy in his hands effected the removal of all the distressing symptoms of chronic gastropathy. The pains, the vomiting, the hæmatemeses, and the dyspepsia ceased. He ascribes the gastric pain in such cases, especially in alcoholics, to the presence of a small, round ulcer near the pylorus or the lesser curvature. Irritation of this ulcer is followed by spasmodic or permanent contraction of the pylorus, and frequently by irritation of the mucous membrane. On the disappearance of the ulcer the pains and dyspepsia cease and the appetite returns to the normal. In 1895, after three years' experience of gastro-enterostomy, he formulated the following indications for the operation:—

"Every chronic disease of the stomach, not amenable to medicinal treatment, is producing a serious injury to the economy, and is within the province of surgery."

The indications for operation in cases of cancer and of fibrous stenosis of the pylorus he does not further discuss. The cure is complete when the stenosis is purely cicatricial. Even in cases of cancer the operation was practically a cure for four or five years; in one case the gastro-enterostomy prolonged life for ten years. Operation in cancer of the stomach is attended with good results when performed early, when the physicians place the patient in the care of the surgeon without unnecessary delay.

Results of the Operation.—The results of the operation are influenced largely by the time when it is performed, the gravity of the case and the familiarity of the surgeon with the technique of the operation. The amount of vital resistance the patient possesses is an important factor in the case.

Some patients possess an incredible amount of vitality. Cases in which the fatty tissues of the epiploon are cancerous, particularly if the patient is stout, are unfavourable for operation. Non-cancerous patients who have from dyspepsia become cachectic are also unsuitable cases. The results obtained in all cases, including such unfavourable ones as gastric ulcer with hæmatemesis and œdema of the legs with phlebitis, gave a mortality of from 4 to 6 per cent. The prognosis in cancerous cases is dependent on the extent of the growth and the degree of cachexia present. Taking one with another the mortality oscillates from 15 to 25 per cent. When the stomach is retracted, scirrhous throughout, and deeply adherent, its total excision is more readily performed than gastro-enterostomy.

The author then proceeded to enumerate the different operations that are performed on the stomach, and to describe briefly the technique of each. He enumerated gastro-jejunostomy,

(a) A Paper read at the International Congress of Medicine at Madrid, April, 1903.

anterior and posterior, gastro-duodenostomy, resection of the pylorus, and total excision of the stomach.

Clinical Lecture
ON THE
INFLUENCE OF IRON UPON BLOOD FORMATION. (a)

By DR. MATRAI GABOR,
of Budapest.

CONSIDERING the importance of the *rôle* iron preparations play in the treatment of anæmia and of the neurasthenia usually associated with the former, one cannot wonder that many and varied views are held regarding the absorption and action of iron. For many years iron was a drug much favoured by physicians in the fight against anæmia and chlorosis. Fifteen years ago, however, a notable physiologist, Bunge, sought to depreciate its therapeutic value, holding as his opinion that when good results followed its exhibition they were due to suggestion, reasoning that the iron introduced into the organism could not be found in the urine, and that as the greater part was met with in the dejecta the iron never enters the circulation, but simply passes through the gastro-intestinal tract, and is evacuated without any obvious use to the organism. And he accentuated this view that only the iron enclosed and contained in foods is absorbed and enters the circulation.

At the International Congress held in 1895 in Munich, leading physicians who were also investigators, such as Quincke, Ziemssen, and Baümler, supported by their vast experience, fought against this view, and so a many-sided investigation has been started with the object of ascertaining the fate of iron entering the organism.

Gottlieb, studying its course when introduced into the veins, found that the evacuation of the iron takes place through the intestinal tract, and only a trifle is evacuated by the kidneys; further, that the remainder of these iron preparations in the circulation for a lengthened period result in considerable elevation of the iron contents of the liver. But these, particularly the spleen, increase also when the iron is taken into the stomach, as shown in the experiments of Kunkel and Hall on mice and young dogs. These experiments elucidate undoubtedly the theory that iron *is* absorbed into the blood. The site and mode of absorption were investigated by Gaule, Hochhaus and Quincke, and these declared it to be similar to that of fats, inasmuch as the iron absorbed in the upper portion of the duodenum and intestines by the epithelial cells of the villi is transferred by these into the lymph-channels, and thence into the blood. Lately, we know, from the investigations of Hari, that a part of the iron is absorbed also in the stomach. The place of its evacuation from the blood is, according to the observations of Hochhaus and Quincke, per rectum and cæcum. When with the aid of these experiments the place of absorption of the iron, likewise the site of its evacuation, became clear, the question came to the front, In what form is it advantageous to administer the metal—in the form of organic or inorganic compounds?

Starting from the view taken by Bunge, who alleged that the organism is able to absorb iron only if introduced with foods, we ought to believe, *à priori*, that the organic compounds, as they are found in foods, are more apt to be absorbed. Under the term of inorganic iron we understand salts which, if brought into contact with sulphide of ammonium, undergo blackening, whereas the organic iron has to be disunited in order to produce the blackening with sulphide of ammonium.

This view is not confirmed by experiment. Hochhaus and Quincke, like Hofmann, worked with the most various organic and inorganic iron preparations, and they asserted that no essential difference exists regarding the absorption of these.

Aberhalden, when investigating the above-mentioned ways of iron absorption (with the aid of sulphide of ammonium) in the duodenum, has found that, apart from the organic or inorganic character of the iron preparations administered, they were always found in the form of inorganic salts.

It seems, therefore, that organic iron must be converted into inorganic before it can be absorbed into the system, as by the experiments referred to only inorganic iron was found. On this ground, and on other later experiments of Aberhalden and Tacquet, the former expresses an opinion that the inorganic iron is that which can be directly converted, and not the organic, as contended by others.

The process by which iron so absorbed enters into the circulation and influences blood formation is not yet entirely clear. As a result of these experiments Hofmann imagines that iron acts as a stimulant upon the blood cells, producing the stable quality of the bone marrow. Others, on the contrary, believe that it enters immediately into combination with the blood. Be the blood ameliorating property of the iron what it may, the counting of the blood cells and the percentage determination of the blood stain makes it clear that in numberless cases in which iron is administered its distinct advantages in chlorosis and anæmia have been abundantly proved.

A few years since the compound syrup of a notable Hungarian druggist, Dr. Egger, enjoyed extensive popularity. In every 5 grammes of this syrup 0·7 calcium, 0·06 potash, associated with hypophosphic acid, further 0·05 quinine, and 0·0005 tincture of nux vomica, is found. As in this preparation the iron is present in an inorganic form, and because according to my experience it never upsets digestion, indeed, on account of the stomatics contained therein rather improving the appetite, I thought it would not be superfluous if I controlled its action also with blood examination, the result of which I give in the following.

It should be remarked that in the determination of the hæmoglobin I used the decidedly more accurate, though rather more troublesome, method of Fleischl-Mischer, being more perfect because it renders the measuring of the blood quantity more accurate; further, because every single determination is established with two vases, of different size, with the aim of reciprocal control, the old method of counting being apt to give erroneous ideas on the hæmoglobin contents of the blood. If, for instance, we see stated that the hæmoglobin is 45 per cent., those not often occupied with blood examination might easily believe that this blood contained really 45 per cent. hæmoglobin, although it was in reality stated that this contained only 45 per cent. of the normal hæmoglobin contents,

(a) Specially reported for THE MEDICAL PRESS AND CIRCULAR by Dr. Adolf Erdős, of Budapest.

the quoted number indicating only the relative hæmoglobin contents. It is, therefore, much simpler to give the absolute hæmoglobin value in the first instance, or the reckoning of one value against another can be made very simple, according to the following table :—

$$X = \frac{14 \times R}{100}$$

According to T. G. Otto the blood of a healthy man contains 14 grammes of hæmoglobin.

R = relative hæmoglobin value.

X = absolute hæmoglobin value.

Taking, for example, 45 per cent. relative hæmoglobin contents—

$$X = \frac{17 \times 75}{100} = 6{\cdot}75\ \%$$

is the absolute hæmoglobin.

The cases wherein I experimented with the Egger compound syrup are as follows :—

CASE I.—K. E., æt. 26, a female teacher, has been a few years anæmic, but for the last half year she has wasted considerably, and has been very pale, lacks appetite, suffers from palpitation, headache, constipation, and vertigo. She is very excitable and neurasthenic. During the first blood examination she fell from the chair in collapse. She came under treatment on September 29th. Three teaspoonfuls of Egger syrup in half a glass of water after meals were taken daily. In two weeks the headaches and vertigo had already disappeared, the appetite also had improved considerably. At the end of the first month her appetite became satisfactory, her face had an animated and fresh appearance, and parallel with this there was elevation in the number of the red blood cells. Since this time the patient has taken daily three tablespoonfuls of the syrup. At the end of the first month neurasthenia had decreased, and her face took more colour. She continued this treatment up to December 28th, when the number of the red blood corpuscles became well-nigh normal, the patient bodily and mentally fresher; appetite and stools normal.

1901.	Absolute hæmoglobin contents.	No. of red blood cells.
Sept. 29th	10·5%	3,200,000
Oct. 30th	11·18%	3,750,000
Dec. 28th	12·78%	4,100,000

CASE II.—O. L., æt. 20, suffered from chlorosis for a few years, her menstrual periods had not presented themselves for months together, frequent headaches and vertigo troubled her, she got easily tired, walking upstairs only with effort. There was indigestion, lack of appetite, and constipation. The visible mucous membranes were conspicuously pale, heart sounds weak, over the left jugular vein distinct murmur was heard. She underwent treatment on September 29th, and takes daily three tablespoonfuls of syrup hypophosph. compositi sec. Egger. On November 15th the headache, vertigo, and appetite had already improved, the quantity of blood pigment, likewise the number of red blood cells, have been considerably elevated. From this time the patient took, three times daily, a tablespoonful of the syrup. On December 15th the appetite was good, stomachic pains after meals had subsided, the mucous membranes were more coloured, the murmur heard over the jugular vein had ceased, and the patient was able to take longer walks without getting tired.

1901.	Absolute hæmoglobin contents.	No. of red blood corpuscles.
Sept. 29th	6·38%	3,089,800
Nov. 15th	7·98%	3,750,000
Dec. 25th	10·86%	4,208,000

CASE III.—T. T., æt. 13, schoolboy, had become considerably emaciated and anæmic on account of a long-standing colitis. After subsidence of the diarrhœa, the patient began to take the syrup, nominally three teaspoonfuls daily. Scarcely six weeks elapsed and the boy's face assumed a healthy colour, weight increased, and the hæmoglobin contents of his blood became much greater, likewise the number of red blood corpuscles had conspicuously increased.

1901.	Absolute hæmoglobin contents.	No. of red blood corpuscles.
Sept. 29th	10·22%	3,700,000
Oct. 20th	12·76%	7,200,000
Nov. 6th	13·7%	7,800,000

CASE IV.—O. T., a girl, æt. 18, pupil at a high school, anæmic, no appetite, and complains of indigestion, headache, and vertigo. She underwent treatment on September 29th, 1901. In two weeks the subjective complaints already were set aside. She has since taken three times daily a tablespoonful of the syrup, and in two months was quite well.

1901.	Absolute hæmoglobin contents.	No. of red blood corpuscles.
Sept. 29th	10·57%	3,500,000
Oct. 30th	11·18%	7,200,000
Nov. 29th	12·76%	7,600,000

I obtained very good results in two other cases, subsequent to antisyphilitic mercurial cure, when this has been followed by want of appetite, emaciation and anæmia.

CASE V.—G. Gy., æt. 28, lawyer.

1901.	Absolute hæmoglobin contents	No. of red blood corpuscles.
Aug. 4th	8·94%	3,800,000
Sept. 10th	12·18%	7,400,000

CASE VI.—C. O., æt. 21, a clerk.

1901.	Absolute hæmoglobin contents.	No. of red blood corpuscles.
Sept. 3rd	9·26%	3,800,000
Oct. 15th	13·70%	7,500,000

I believe that the benefit derived from the use of this compound syrup is rather to be attributed to its iron contents than to its other constituents.

The Out-Patient Departments.

THE CANCER HOSPITAL.

Under the Care of Mr. CECIL H. LEAF.

THE following three cases are shown to illustrate the connection between local injuries and the production of epitheliomata :

CASE I.—D. R., a healthy-looking man, æt. 60, attended as an out-patient in May, 1902. On examination, it was found that he had a ragged, somewhat irregular ulcerated surface at the back of the right thigh, which measured some four or five inches in its transverse, and about three inches in its vertical diameter. Round the ulcerated portion there was a considerable quantity of dense fibrous tissue; the edges of the ulcer were raised, but not much everted. From its appearance and from the manner in which it gradually extended, there could be no doubt as to its epitheliomatous nature. On a similar place on the right thigh there was an area of dense white fibrous tissue, but nothing suggestive of epithelioma. The following is the patient's history : Thirty years ago he

was working with Whitehart varnish and methylated spirit (Whitehart varnish is composed of shellac, best resin, and best gum, and is of a superior quality). Whilst diluting the varnish with methylated spirit, it took fire by accident, with the result that all the patient's clothes were burnt off down to his knees, he trying to extinguish the flames with his apron, which caught fire. He was not conscious of being burnt more on his right than on his left thigh. After the accident, he was taken to a hospital, where he remained six months. During this time the sore on the right thigh would not heal. Six months afterwards, however, it healed entirely, and nothing remained but white scar tissue. Twenty years after the accident, the white scar tissue began to "grow out like a peach-stone," and the raw surface soon afterwards began to extend. Ten years after this, or thirty years after the accident, he again went to a hospital, where, after the growth had been microscopically examined and pronounced to be cancer, amputation of the thigh was proposed. This, however, the patient refused. After his admission into the Cancer Hospital, the question of amputation could not be entertained, owing to the impossibility of obtaining sufficient healthy tissue to form the necessary flaps. The X-rays were tried, but without the slightest benefit. In spite of all treatment, the ulcer gradually extended, and no doubt could be entertained as to its malignancy. Mr. Leaf remarked that the case was one of great interest in showing the length of time which might elapse between the irritative cause and the subsequent development of the epithelioma. It was further of interest in showing that the same cause had produced an epithelioma on one side and simple fibrous tissue on the other. This, he thought, was probably due to a difference in intensity.

CASE 2.—M. B., æt. 52, attended as an out-patient on January 28th, 1903. She complained of discomfort in her private parts. On examination it was found that she had a large epithelioma, about three inches by three and a half inches, and involving the two labia of the left side. It extended upwards into the posterior wall of the vagina for about one inch. The centre of the growth was excavated. Two of the horizontal inguinal glands on the left side were felt to be considerably enlarged. The history of this patient was as follows: In her last confinement, twenty years ago, she had a very tedious labour. According to her own account, there was considerable difficulty in the delivery of the head and shoulders. Two years afterwards a lump was noticed in the left labium; this gradually grew, and after the age of 48, when her courses stopped, it increased rapidly, and eventually reached the condition noted above. The patient states that in her previous confinement the child's head remained in the vagina a month before it was born, and that she herself could feel it, and that it was so uncomfortable she could not sit down at all. The facts of this case go to show that the epithelioma resulted from undue pressure. Mr. Leaf first removed the primary growth, and at a later period the glands in the groin. He pointed out that the latter subsided very considerably after removal of the primary growth, and that at the subsequent operation for their removal they were only detected with the greatest difficulty, though previously they had been unusually large. He also laid stress on the fact that though he had found it necessary to remove about one inch of the recto-vaginal septum, the patient had not got entire incontinence, being able to retain semi-solid fæces entirely, and liquid fæces for nearly a minute.

CASE 3.—W. C., æt. 75. Occupation, a moulder. Attended Out-patient Department, November, 1902. Patient complained of a growth in his right thumb. On examination he was found to have a large epithelioma over the terminal phalanx of the right thumb. No enlarged glands could be felt. The patient is a "core maker," the cores being moulds from which iron pipes are made; they are made of sand and horse-dung. Patient had been at this work for nearly sixty years. He stated that eleven years ago he noticed a little soreness at the end of his thumb, which "broke out." He was treated by a doctor, and remained well for two years subsequently. The sore then broke out again, and gradually got larger, and developed into a well-marked epithelioma. Mr. Leaf removed the two terminal phalanges and head of the first metacarpal bone. The patient himself attributed the cause of his trouble to working with the "loom," which, he said, got into the "cracks and caused chaps." Mr. Leaf thought there was little doubt that the prolonged irritation which had extended over so many years was the *fons et origo* of the epithelioma. He finally commented on the fact that the clinical causes of the epitheliomata in each of the above-mentioned cases were entirely different in each instance.

Transactions of Societies.

BRITISH GYNÆCOLOGICAL SOCIETY.

MEETING HELD THURSDAY, JULY 9TH, 1903.

HEYWOOD SMITH, M.D., President, in the Chair.

PROFESSOR J. W. TAYLOR, of Birmingham, opened a discussion on

LACERATIONS OF THE CERVIX AND THEIR CONSEQUENCES,

with an introduction, which will be found on page 77.

Dr. WILLIAM DUNCAN felt that they were all deeply indebted to Professor Taylor for his admirable introduction to the discussion of a class of accidents that were continually coming before them both in hospital and private practice. Perhaps, inadvertently, no mention had been made of the serious immediate result of laceration, namely, severe hæmorrhage. He (Dr. Duncan) had on three occasions been consulted because of severe arterial hæmorrhage immediately after delivery. In one case in the country, after a breech presentation, the patient was supposed to be bleeding to death from post-partum hæmorrhage, and was certainly in a very bad condition when he arrived, but palpation proved that the uterus was well contracted, and he found that there was a very extensive laceration of the cervix. By separating the edges of the laceration with tenacula he was able to discover and suture the bleeding point with silkworm-gut with perfect success. In similar cases of hæmorrhage it was sometimes sufficient to use the hot-water douche, or at most to apply a tampon of perchloride of iron solution on cotton wool, but he thought it better surgery to secure the bleeding vessel and sew up the laceration at once; indeed, he was not sure that even when there was not bleeding an extensive tear should not be repaired immediately. With regard to the remote consequences, it was true that when lacerations extended above the vaginal roof and were not properly treated, sepsis was very liable to occur, with the danger, even if the patient recovered, of adhesions contracting and dragging the uterus over to the side affected, and of various ill results afterwards, but in his experience the great majority of tears in the cervix, especially of those affecting one side only, required no treatment at all. When the laceration was extensive it might lead to the evil consequences mentioned by Professor Taylor. One of such consequences, the thinning of the uterine tissue in the neighbourhood of the tear, had not been brought under his notice before, but would probably account for an accident he had lately had to deal with. A lady from the Cape, who had had an extensive unilateral laceration of the cervix, the edges of which had healed perfectly—nothing else appeared wrong with the cervix and there was no distension of the glands—consulted him for bulky subinvoluted uterus with menorrhagia and leucorrhœa, and he recommended that the uterus should be dilated and curetted. The dilatation was conducted with ease, and was almost completed, when, on withdrawing one of the higher dilators, which had been passed quite easily without the slightest extra force, there was furious hæmorrhage. The uterine artery, to his surprise, and not a little to his horror, had been torn. He was able to seize the bleeding point in a pair of long pressure forceps, which were left on for forty-eight hours. He curetted the uterus, and the patient did perfectly well.

Mr. W. D. SPANTON said that the recognition of the importance of laceration of the cervix had been of comparatively recent date. No mention was made of it in the books of one's student days. Its greater frequency now might be due in part to the freer use of instruments, as well as the impatience of the younger race of practitioners. They now had to deal with lacerations of uterus and perinæum, where formerly they had to remedy fistula of various kinds caused by pressure from undue delay. The chief significance of lacerated cervix lay in the fact of its capacity for developing troubles in the future. Recent lacerations were, however, sometimes a source of grave danger. He had lately been asked to see a woman in good circumstances on whom forceps were used, resulting in a tear of the cervix so deep as to lead to septic cellulitis, and death within a week. The practitioner in charge had sutured the tear in the perinæum, but had ignored the graver mischief higher up, which led to the patient's death. Such calamities might, of course, happen to anyone, but they ought to be recognised and properly treated at once. At the same time he dissented from the opinion of those who would stitch up every laceration immediately. The slighter ones did no immediate harm, and might safely be left. The more serious ones, however, might properly be tackled as soon as recognised. He had seen several cases where a lacerated cervix had resulted first in chronic hypertrophy of the lips, and afterwards in malignant growth, and had been led to the conclusion that a considerable proportion of the cases of epithelioma met with had their origin in this manner. He need not speak of the minor troubles, such as chronic cervical metritis; they were well recognised, and known to require active treatment. Except in the early stages, palliatives did not avail much, and he always now advised and relied upon more active measures, and in the whole course of his experience of a very large number of such cases had never seen any evil result, and thought none such ought ever to occur when proper precautions are taken. In those cases in which there was a simple laceration with ectropion he found Emmet's operation the best; but when the lips were large, whether from simple hypertrophy or glandular fulness, by far the best method was to excise an ovoid wedge from each, carrying the incisions laterally through the dense tissue of the tear so as to leave the mucous lining practically intact, and then suture the cut surfaces on each lip and at each side. This method he found gave the best results. In women past the menopause is was far better to excise the whole of the lower portion of the cervix and make a sound stump of normal tissue. A lady for whom he had done this about ten years ago, whose cervix, according to the microscopical report, was undergoing degenerative changes, described as very suspicious, recovered completely and never had further trouble. Details of such cases were needless in such a Society; one rather aimed at expressing conclusions definitely arrived at after a long and varied experience. He was firmly convinced that much harm was done by tinkering, and the safest as well as the quickest method of curing the after-results of a lacerated cervix was to excise all unhealthy tissues and replace them, as far as possible, by others from the immediate neighbourhood which were in a normal condition.

Mr. BOWREMAN JESSETT said it was an interesting question whether lacerations of the cervix were more common now than formerly. In his earlier years, when in general practice, he did not remember having had to deal with a single laceration of the cervix, though he must have attended about 1,500 cases of midwifery. But in that large number of cases he did not apply the forceps more than half a dozen times. He shared the opinion of Mr. Spanton that, owing to the general practitioners being more in a hurry than formerly, or perhaps because they were more adept with the instruments, they were apt to apply forceps and deliver the child as soon as possible, and that therefore there were more lacerations of the cervix than there used to be. His own experience in regard to epithelioma differed from Professor Taylor's, for he had in a considerable proportion of cases of that disease found that it had been preceded by laceration of the cervix, but he could not assert that the laceration was the cause of the epithelioma. He thought if these injuries were detected, and when deep were sewn up at once and kept aseptic, evil consequences would, to a great extent, be avoided. Complete hysterectomy seemed to him to be rather a radical measure, but in several cases of deep laceration he had performed supravaginal amputation of the cervix with perfectly good results. In women before the menopause some care was required to keep the canal open afterwards.

Dr. T. A. HELME warmly acknowledged the interesting way in which Professor Taylor had been able to bring a rather hackneyed subject before them in his very able address, but could not sympathise with the views expressed, for, as far as he was concerned, he had to a great extent relegated cervical lacerations and the tinkering operations done for them to the limbo which had received the écraseur and old-fashioned clamp for hysterectomy. Professor Taylor had drawn a harrowing picture of the ills that might result from tears in the cervix, but in his (Dr. Helme's) opinion the cervical lacerations were merely antecedents, not causes, and there was little use in locking the stable door after the horse had been stolen. He admitted that such injuries increased the risks of childbirth, but not that they might cause subinvolution or displacement of the uterus; and when lateral flexion of that organ occurred after tears of the cervix, in his experience it had been not towards the side of the tear, but in the opposite direction. Such flexion he attributed not to the tear, save so far as the tear preceded the subsequent inflammation in the cellular tissue, which was the real mischief, and he could not see that any good would be done by stitching up the tear afterwards. He had never yet been able to satisfy himself that any evil followed a laceration of the cervix which was allowed to heal in the usual way, not by union, but by covering over the torn surfaces. He was convinced that mere laceration of the cervix was in itself of no importance, and that it did not require operation. The evils that might ensue he attributed to infection. He agreed with Dr. Duncan that severe hæmorrhage after labour might be caused by deep laceration of the cervix, and in one instance of such he stitched up the cervix, when the woman was almost dying, with silver wire; the wire was removed at the end of a week, but secondary hæmorrhage came on with a fatal result. He thought sufficient importance was not laid on the primary results of laceration; he did not advocate looking at the cervix after every labour, and stitching it up for every little tear. If hæmorrhage were combined with ill-health, the patient should be examined and steps taken to relieve her. Inflammation, when it followed laceration of the cervix, was not limited to the cervix, and even amputation left the mischief behind. It might be one's duty, as had been necessary in many cases already, to remove the uterus to give the patient a chance of health.

Mr. SKENE KEITH thought that Professor Taylor might perhaps have been led to advise the removal of the uterus in cases of extensive tears of the cervix because he had not quite realised the absolute necessity, when operating for the repair of a laceration, of removing every atom of cicatricial tissue. This could generally be done without causing much hæmorrhage, but he did not agree with Dr. Helme that such operations could be termed "niggling" methods; he had known instances as formidable as removal of the entire uterus.

(Dr. HELME explained that he spoke with regard to results only. It was the gravity of the operation compared with its possible advantages that he objected to.)

Mr. SKENE KEITH, continuing, said the majority of women who had borne even one child had a lacerated cervix, but in ninety-nine cases out of one hundred the tear gave no trouble, for laceration might not leave any hard tissue. But if a woman had a big, eroded cervix she did not conceive, or, if she did, she aborted. If the hard tissue due to a laceration were completely excised, and no new hard tissue were allowed to form, the leucorrhœa would cease, and the

woman would within a comparatively short time regain her health, and very possibly conceive. Even in cases in which the ovaries had suffered and their removal been advised, he had been able to put the woman right by attending to the cervix in the manner he had described. He had no doubt that the rupture of the uterine artery described by Dr. Duncan was due to the presence of cicatricial tissue. He had not for a long time had much experience of midwifery, and could say little of the results of immediately stitching up a laceration. A general practitioner, with no one but a nurse to help him or give chloroform, could hardly be expected to do such an operation as the repair of a torn cervix at the end of a probably long confinement. Under such circumstances he thought it would be better for him not to undertake it. The relation of cancer to laceration of the cervix was not determined, but he had never seen cancer in a virgin uterus.

Dr. MACNAUGHTON-JONES said that there was a point with regard to diagnosis worth drawing attention to. Many lacerations escaped detection owing to the examination being made with Fergusson's speculum, which compressed the lips of the os together. To see the extent of the laceration a Sims' speculum, and hooks to separate the edges of the laceration, were necessary. It should not be forgotten that the clinical importance of laceration of the cervix was fully recognised and insisted upon by the older obstetrical authorities. Mauriceau and Smellie, Hamilton of Edinburgh, Collins of Ireland, had specially referred to them. The negative view of the influence of laceration was represented in its extreme shape by Noeggerath, who denied its bearing on conception, as well as almost all the clinical consequences which were usually believed to follow on the lesion. It was not, however, to be supposed that authorities such as Mundé, Emmet, and Thomas in America, or Schroeder in Germany, with all their great experience, were mistaken as to such effects. He (Dr. Macnaughton-Jones) was speaking of serious lacerations such as those Mr. Taylor had referred to. There could be no doubt that associated with these lacerations of the cervix were found retroversion, subinvolution, hyperplasia, endometritis, erosions and ectropion. Relaxation of the uterine supports, associated with the general flabbiness of the uterus, produced the displacements. The characteristic appearances of the cervix graphically described by Mr. Taylor were familiar to all, and hæmorrhage or menorrhagia was no infrequent complication. As to the cause of laceration, it should be remembered that it followed even in the most experienced hands, and was not necessarily due to instrumental delivery. In view of certain consequences found in the wake of the lesion, he maintained that operation was the only satisfactory treatment, and that in the graver cases amputation of the cervix was called for. Palliative treatment by tamponning with ichthyol and glycerine, or glyco-thymoline, while it might benefit some milder cases, had no effect on the more serious. As to carcinoma, though he had only seen two cases in which it had followed upon extensive laceration, it could not be denied that extensive erosions and ectropion did predispose to the subsequent malignant degeneration. The scar tissue referred to by Dr. Skene Keith compressed and obliterated the vessels and glands of the cervix, while the compression of its nerves undoubtedly led to reflex neuroses. It was not possible to speak definitely of the effects of laceration on subsequent pregnancy and labour, but that it must have some effect on these was certain. He did not think that, save in the case of hæmorrhage, it was well to interfere at the time of labour with the laceration, but he thought it was a moot question if it would not be advisable within a given time after labour, when the delivery was instrumental or *in primipara*, always to make an examination to ascertain the condition of the uterus. The discussion was one which would prove useful by directing renewed attention to the consequences of a lesion which interferes with the integrity of the uterus, and which practitioners had constantly to treat.

Dr. MANSELL MOULLIN agreed with the opinion that had been so generally expressed that laceration of the cervix, in itself, was of little importance; still, it was often complicated in a way that called for active treatment. One of its most frequent complications was inflammatory disease of the adnexa with perimetritis. Quite recently he had had to remove the ovary and tube from one side of a patient on account of inflammatory trouble following laceration of the cervix, which occurred six years ago. Another condition which called for interference was ectropion of the mucous membrane, for which Emmet's operation appeared to be the most beneficial treatment. There was no evidence to show that laceration led to malignant disease; more than once he had seen such disease of the cervix within a year of Emmet's operation, but that merely showed how difficult it was to diagnose malignant disease in its early stage.

Mr. GEORGE KEITH concurred with what had been said about the absolute necessity of removing all cicatricial tissue. Occasionally, when it had been necessary to follow it up very high, he had known the patient, on the evening of the operation, to become suddenly very ill, with a quick pulse and subnormal temperature, probably because the peritoneum had been caught in the suture; at all events, all the symptoms disappeared in an hour or two after the top stitch had been removed.

The PRESIDENT thought the discussion had been a most instructive one, and it would be an encouragement to those practising midwifery to know that in the opinion of so many of the Fellows of the Society, provincial as well as metropolitan, lacerations of the cervix, unless they were extensive, were not generally followed by mischief. But it should not be accepted that the consequences of a laceration were to be absolutely measured by its depth. Sepsis might follow a small tear and give rise to most serious trouble. The presence of scar tissue might lead to ectropion, and when the lips of the uterus were everted and the power of inhibition lost, conception was impossible; for this condition Emmet's operation was a most valuable proceeding. There were other conditions following laceration in which operation was not absolutely required, as the tear was not a deep one. He entirely agreed with Mr. Skene Keith in attributing persistent backache and bearing down to the presence of scar tissue, and, when the knife could be dispensed with, very great benefit might be derived from the careful application of potassa fusa. This was better than the actual cautery, the action of which was limited by its own scar, whereas, under the action of the caustic potash, when the outer shell had been pierced, the scar was pressed forwards by the contractile tissue behind it, and by successive applications could be destroyed as completely as necessary. There was no doubt that the adnexa might be involved in the inflammation set up in the cervix and uterus. On the whole, he thought that after the discussion that evening, the conclusion must be that lacerations of the cervix, though frequently giving rise to no serious trouble, were by no means unimportant, and that their effects upon the patient's local and general condition should be carefully watched, with a view to treatment according to the indications of each individual case.

Professor TAYLOR, in reply, explained that as the immediate results of laceration were rather obstetrical than gynæcological, he had not dwelt upon them, but, of course, serious hæmorrhage after labour was often due to a torn cervix. In a small cottage with poor light and insufficient help it might not be possible to do as Dr. Duncan had done, and secure the bleeding point, but one might then sometimes stop the hæmorrhage by carefully applying a volsella, which might be left in position for twenty-four or thirty-six hours. It had been well brought out in the discussion that laceration of the cervix was to a very large extent preventible, and though, as Mr. Spanton pointed out, we did not now so often as formerly see some evil results, such as fistulæ, he thought there was in the midwifery practice of the present day too great a tendency to

hurry. He quite agreed with those who said that minor lacerations of the cervix were generally unimportant, and with Dr. Helme that trouble after a laceration was largely due to sepsis, either primary or secondary. But deep laceration of the cervix materially altered the circulation of the blood in the part, and the inflammation which occurred in such a cervix was altogether different from that which attacked one in which the blood-vessels were controlled by the integrity of the tissues. Therefore, while admitting that the sepsis was the most important matter, he held that the laceration in the cervix should be repaired, and he fully recognised that all cicatricial tissue should be removed; indeed, he had said in his paper that it should be removed widely from the tear. He thought that as diagnosis became more accurate, fewer cases would be met with in which it seemed clear that epithelioma had followed directly upon laceration of the cervix.

THE GENERAL MEDICAL COUNCIL OF EDUCATION AND REGISTRATION.

SPECIAL SESSION.

FIRST DAY.—WEDNESDAY, JULY 15TH.

Sir WILLIAM TURNER, F.R.S., K.M.G., President, in the Chair.

THE PRESIDENT, in opening the Special Session, remarked that, it having been found impossible to fully consider all business brought before the Council last May, extra meetings were found necessary for the consideration of a report by the Education Committee, already presented and entered in the Minutes on the returns from teaching institutions furnished by the Conjoint Examining Board in England; also for consideration of reports on the inspection of the primary examinations of the Conjoint Examining Board of the Royal College of Physicians, the Royal College of Surgeons, the Apothecaries Society, and the inspection of final examinations of Oxford and London Universities. After making a few suggestions as to the mode of procedure in dealing with the questions under consideration, he called upon

Sir JOHN TUKE, who said that, in asking the Council to adopt the reports of the Examination Committee, they had considered it their duty to summarise the reports laid before them. It had been concluded unanimously in 1890 that the curriculum should extend over five years of medical study, on the understanding that physics, chemistry and biology should be included. That plan had for three years been fully acted upon, but in 1893 the first note of discord had been struck. The regulation of the Conjoint Board authorised the completion of these studies before registration, but this was done without reference to the General Medical Council, which Council met and agreed that such studies antecedent to registration might be accepted. In every way the Council had made efforts to meet the wishes of the Conjoint Board, but the latter had stuck to their legal rights instead of yielding in the least in order to promote the uniformity of medical education. When that Board thus set aside the old system, they had accepted institutions without due inquiry, and it had been shown that although such institutions possessed laboratories and teachers, yet the scientific instruction did not receive proper attention. The Board gave no indication of the time to be spent weekly on this branch of study, but fifteen hours were given as the minimum. After speaking on one or two desirable changes, Sir John Tuke added that the dispute had been going on for ten years, and all necessary steps prescribed by law had been taken by the Council. They had now to determine their position, and to do so they must make representations to the Privy Council. If that Council was of opinion that they (the General Council) were in the wrong, that would be an end of the matter.

A motion that the report of the Education Committee be adopted was then proposed by Sir JOHN TUKE, seconded by Dr. BENNETT, and carried *nem con.*

Mr. BRYANT then read the comments of the Examination Committee on the report by the inspectors of the examinations in chemistry, physics and biology of the Conjoint Examining Board in England, in which it was stated that at the examinations of July and August, 1902, sixty-five candidates had presented themselves in biology and 109 in chemistry and physics, all the examinations being oral, a procedure which the visitors condemned as ill-adapted to elicit "whether a candidate had been properly taught or merely crammed," and they gave it as their opinion that "the omission of any practical examination was an element of weakness in the particular instances under consideration." To which the Royal Colleges replied, that with a wide experience of biological examinations they considered "the present method was that most suited to the circumstances." With regard to chemistry and physics, ninety-five candidates came from medical schools, of whom 69 per cent. passed and 30·5 per cent. failed; fourteen candidates came from other schools, and of these 50 per cent. passed. In the inspector's opinion the practical examination was well conducted, but the syllabus was described by the visitors as "extraordinarily defective alike in matter and arrangement"; also that "the candidates were so badly prepared that a higher standard than the one used would have led to the rejection of the majority of them," and "the main portion of the practical examination was empirical and not scientific, being no test either of sound principles or of practical efficiency." Mr Bryant then commented on the expressions made use of, adding that observations had been made by visitors, but he (Mr. Bryant) had not been allowed to offer anything in the way of explanation. The examiners did not look upon the subject of biology in the same light as the visitors, but considered the present mode of conducting the examinations particularly well adapted to requirements.

Sir VICTOR HORSLEY wished to draw attention to a certain statement which, if taken in full, seemed extremely considerate, but if it were asked what the words really meant a different conclusion would be arrived at. The phrase ran that "the present mode of conducting the examination was that *most suited to the circumstances.*" What were the "circumstances"? He had written to the examiners, who had referred him to the Royal College of Surgeons. He therefore wrote to the President of that College, and the answer might be interpreted that the educational standard of the candidates was so low that the examination was very well suited to their knowledge, or, rather, to their ignorance. It was not quite fair for the representative of the College of Surgeons to represent to the Council that gentlemen who were first-class teachers of biology had said one thing while meaning another.

Dr. WINDLE remarked that he would like to comment on the curious fact of the chairman of the Examination Committee moving the adoption of the report in language which damned that report. He (Dr. Windle) recognised the very high character of the four examiners, and had they said that the examination was excellent he would have adhered to the views he had previously expressed, in that it was suited to a number of boys ill-educated at school; but to say it was a good examination was absurd. The fact that successes had been gained at the Army Final had very little bearing on the examination taken. There were such gentlemen as Army coaches, and the fact of these gentlemen supplementing the work done at other institutions did not affect the case. Dr. Windle also objected to the wording of the report where it was stated "that the visitor and inspector make the following important 'admissions.'" Why "admissions" when it was supposed to be a statement of fact? With regard to the study of biology, it was stated in the report that "a smattering of knowledge was all that students could be expected to obtain." But biology was useful as an introduction to the methods of observation which were the foundation of

physical and natural science. They (the Council) would suggest a short practical examination as advantageous. If cutting sections took a long time it was the more necessary to begin early. Nothing revealed "cramming" more than practical tests. There should also be a written paper and a short oral examination on the top of it. Speaking of the examination in physics, Dr. Windle went on to say that under the Conjoint Board it was nothing less than a farce, throwing dust in the eyes of the public. Matters were much better in Scotland and Ireland. The practical part of chemistry also was extremely important as tending to usefulness in manipulation. They had no oral examination in chemistry, though there was one in the Society of Apothecaries and in Scotland and Ireland. It was distressing also to find signs of such bad preparation on the part of students (the visitor and inspector found it "difficult to understand why some, the depths of whose ignorance was almost unfathomable, were ever allowed to present themselves for examination"), and little seemed to have been retained of the first year of study. No good conclusion had been arrived at with regard to the best methods of study. It would be better to set aside disputes in the Council and agree to a curriculum.

Dr. PAYNE said some conclusion ought to be come to with regard to the number of subjects to be studied, and how far the year of scientific knowledge was to be separated from anatomy.

Mr. TICHBORNE urged that the knowledge of chemistry should be developed; hitherto it had been kept down to the standard of candidates, and he urged that qualitative analysis was extremely necessary. He had seen medical men carrying out bacteriological investigations, and he had not been favourably impressed owing to the display of such a lack of knowledge in manipulation.

Dr. NORMAN MOORE thought the Council should bear in mind that they were considering the best way of beginning the education of medical students. Biology might be ruled out, but physics was a very necessary subject. How much of each subject should be exacted was a matter for thorough discussion, but general arrangements for the rest of medical education would cause any arrangements to fluctuate. Speaking of the Conjoint Board, he said that the criticisms and suggestions of the visitor and inspector were under consideration by the Royal Colleges. The Council took one view concerning places of study, the Royal College of Physicians another. He maintained that the Council had no right to enforce its regulations as to the choice of institutions where such instruction might be imparted.

Dr. MCVAIL remarked that Dr. Norman Moore had declared the report to be a just one, that he had no fault to find with it, yet he refused to vote for its adoption. Moreover, the report was that of the Examining Committee and in no way dealt with questions of medical politics, but Dr. Moore had introduced that subject. Instead of devoting his attention to the report he went on to observe that the Council was a body well fitted to give opinions on the curriculum, and his College (of Physicians) would give any motion adopted by the Council its "careful consideration," but were in no way bound by their charter to do more. The Council decided that the curr culum was insufficient, but further action had been stopped to allow of a visitation under Section 18 of the Medical Act, and they were now considering the results of that visitation. Had Dr. Norman Moore and Mr. Bryant nothing to tell them of any chance of agreement, or were they (the Council) to wander everlastingly round the same point? He, personally, would exceedingly regret their quarrel being brougnt before the Privy Council, because that also meant making it public. He had hoped that the adjournment would have been productive of better results, and that a committee would have been appointed to discuss the matter with the two colleges.

Dr. PYE SMITH suggested that before presenting anything to the Privy Council the Council should make sure of their own position. The whole difference of opinion was the result of the Council decreeing that physics, chemistry and biology might be carried out in medical colleges *and ordinary teaching institutions*. The question now before them was to get a better curriculum, especially during the first year. Physics, biology, and chemistry might form a primary examination. Members of the Education Committee urged that the five years course had been maintained, but the three subjects were removed to allow students to take these subjects before registration. Before reporting a body for not keeping up to the standard he thought they ought to secure that the requirements of the General Medical Council were perfectly consistent. He was, however, prepared to admit that the Royal Colleges had not treated that Council with proper consideration.

The PRESIDENT then moved that the report by the Examination Committee be adopted, and this was agreed to.

Notice of motion was given by Sir VICTOR HORSLEY, seconded by Dr. BRUCE, that (*a*) "The examination in chemistry, physics and biology of the Examining Board in England was, in the opinion of the General Medical Council, insufficient"; and (*b*) "The courses of study in many of the teaching institutions recognised by the Examining Board in England, but not approved by the Council, were, in the opinion of the General Medical Council, insufficient." He remarked that the Council had appointed visitors to inspect the examination, but all the comments were not, he regretted to say, before the Council. The attitude of the two bodies towards the Council was bad. There was no union. The College of Surgeons, said the report, was all that could be desired, but the College of Physicians merely said the matter would be "taken into consideration." The two Colleges had taken diverse views and had placed the Council in an awkward position, and the whole affair was a scandal in medical education. He would ask the Council to support the visitors and inspectors in saying that the examination was insufficient.

The motion (*a*) was carried, and after a short discussion, in which Drs. Norman Moore, Dr. Atthill and Dr. McVail took part, motion (*b*) was carried also.

Dr. ATTHILL remarked that it would be no use going into committee; the matter would have to be laid before a legal tribunal, and the Council's rights clearly defined.

Sir V. HORSLEY moved (seconded by Dr. B. MACKAY), "That the Council do represent to his Majesty's most Honourable Privy Council that the courses of study and examination to be gone through in order to obtain qualifications for registration from the Examining Board in England of the Royal College of Physicians of London and the Royal College of Surgeons of England are not such as to secure the possession by persons obtaining such qualifications of the requisite knowledge and skill for the efficient practice of their profession."

Six o'clock having arrived, the debate was adjourned until the following day.

SECOND DAY.—THURSDAY, JULY 16TH.

Sir WM. TURNER, F.R.S., K.M.G., President, in the Chair.

Sir VICTOR HORSLEY, alluding to his motion of the day before, said that Dr. Windle, seconded by Sir Christopher Nixon, would give notice of an amendment to the effect that a committee be appointed to confer with representatives of all the licensing corporations with a view of some decision regarding the first year's study, and "(*a*) the subjects in which instruction should be given; (*b*) places where instruction was to be received; (*c*) examinations to be held and standard required; (*d*) whether any subjects now in that year could advantageously be made subjects of preliminary examinations." But he (Sir Victor Horsley) protested that this amendment embodied two distinct propositions, and two propositions could not be presented for one voting. The second amendment was from Dr. MacAlister to the effect that (1) the President be requested to forward to the Presidents of the Royal College of

Physicians of London and the Royal College of Surgeons of England copies of the reports of the Education Committee and of the Examination Committee now adopted, together with the resolutions expressing the deliberate judgment of the Council thereupon; (2) that the President be further requested to call the serious attention of the Royal Colleges to the unsatisfactory state of matters in regard to the course of study and examinations in chemistry, physics, and biology which these reports disclose, and to urge that in the interest of medical education immediate steps should be taken to remedy the defects in the regulations of the Royal Colleges which have led thereto." If that amendment were in priority and submitted to the Council for decision, he (Sir Victor Horsley) would be very glad to vote for it, on the understanding that he had simply held over his own until November. He thought the Council should in its own interests come to an early decision, and could only do so by approaching the Privy Council; but he quite recognised that they (the General Medical Council) had no memorandum ready to forward to that body, and it would be necessary to give the Privy Council a few months to make observations on memoranda if they thought fit. It would be better to simply communicate their finding, and for the Privy Council to answer in a constitutional manner in November next, when he (Sir Victor Horsley) would move his resolution founded on added information.

Dr. MCKAY considered the Privy Council would be justified in asking if these important facts had been communicated to the Royal Colleges. He (Dr. McKay) claimed the right as a member of a governing body of such a college that the matter should be laid before the Fellows, who were entitled to an opportunity of discussing the matter. With regard to scientific schools, he did not consider the good done in the past ten years to be commensurate with the damage done to general education. That being the case, and in view of the very guarded answer given by the College of Physicians, he was sure this last body would give the subject careful consideration.

The PRESIDENT remarked that he quite recognised what Sir Victor Horsley had said, and agreed that when a motion or an amendment contained two propositions the voting should be on its constituent parts.

Dr. WINDLE declared himself quite ready to accept Dr. MacAlister's two propositions, with certain additions, and would vote for them if proposed one by one.

Sir VICTOR HORSLEY added that if Dr. Windle withdrew his amendment he would ask Dr. MacAlister to withdraw the resolution standing in his and Dr. MacAlister's name.

Dr. MCKAY considered that priority in the discussion should be given to Dr. MacAlister's motion, because the Council ought to show the Privy Council they were prepared to take the consequences of their act. It would be best to lay down what they (the Council) thought to be a reasonable course of instruction in schools.

The PRESIDENT said he understood then that Dr. Windle was to be asked to modify his amendment, and Sir Victor Horsley would postpone his motion.

Dr. NORMAN MOORE wished to point out that they were all trying to do their best to put an end to a state of things which the Royal Colleges had no share in bringing about. It, however, added to the difficulties of discussion when a clause, perhaps he might say a minatory clause, was held over them, and such a clause he (Dr. Norman Moore) considered Sir Victor Horsley's postponed motion to be.

Sir VICTOR HORSLEY interrupted that he had not asked for the postponement in the way of a bargain.

Dr. NORMAN MOORE thought that when a resolution like that had been made public it ought either to be carried, rejected, or entirely withdrawn because not furthering in any way the discussion. He wished Dr. MacAlister would always attend at the College of Physicians, then he would become acquainted with the statutes and learn that the duty of the College representative was to forward the College a full report of the proceedings of the General Medical Council. A formal vote, in his (Dr. Norman Moore's) opinion, should be taken one way or the other on Sir Victor Horsley's motion.

Sir VICTOR HORSLEY intimated that he was willing to withdraw his resolution until next November.

Dr. MCVAIL asked if it was understood that Sir Victor Horsley asked leave to withdraw his motion.

The PRESIDENT replied that it was not quite so simple, because Sir Victor Horsley had specified a date.

Dr. PYE-SMITH then spoke on the question of schools for scientific subjects, saying he had always opposed them. Though some were doing admirable work, it was difficult to know where to draw the line. His opinion, however, had been shaken by the fact that a distinguished man like Sir William Gardiner had again and again spoken favourably of such schools. As to the method of examination, he (Dr. Pye-Smith) agreed with much that had been said as to its inadequacy, and would gladly believe the General Medical Council were strengthening the hands of those who were trying to make that examination more practical and useful. The subject need not necessarily lead to discord, nor the Royal Colleges be antagonistic to the Council. Dr. McVail had again and again spoken of "we," but no member should assume the position of expressing the opinion of the whole Council. What were they asked to do if Sir Victor Horsley's resolution were withdrawn and they were to go up to the Privy Council? Were they going to abdicate their powers and ask the law to decide between them and the two Colleges? What would any judicial body say to that? Doubtless that they had differed as to a minor point of education, and if they could not solve it they (the Privy Council) could not. So many colleges, meant, necessarily, differences of opinion. They (the Privy Council) were told, on the one hand, that the examination was so very bad, and by men like Sir William Gardiner and Sir William Church that it was very good; yet they were asked to interpose.

Sir VICTOR HORSLEY protested against the insinuation of his being a member of an extreme party. If the dignity of their Council was to be preserved they must conduct their business in a logical manner. His (Sir Victor Horsley's) motion was not threatening, but only to be postponed that the members of the Royal Colleges might be informed.

The PRESIDENT then asked Dr. Windle to bring on his motion, his (Dr. Windle's) amendment having been changed into such on the withdrawal of Sir Victor Horsley's motion.

Dr. WINDLE then read: "that the President be asked to forward reports of the Education Committee to the two Royal Colleges expressing the judgment of the Council thereon, and urging that immediate steps be taken to remedy the defects, and a further resolution was adopted authorising the President to join with him in conferring with representatives of the Royal Colleges should it appear that discussion was desired."

Dr. ATTHILL remarked that there was not the slightest doubt that the first year of medical study was a failure. The majority of boys leaving school were supposed to have fifteen hours a week study, but the lectures were not every day, and the work each day was only one and a half hour, so it could hardly be expected that boys could scrape through.

Sir VICTOR HORSLEY suggested adding to the motion that the Committee should report in the following November.

Dr. NORMAN MOORE considered it would be hardly courteous to fix a time. The Royal Colleges would not enter into the matter without serious attention, neither would the Council. The matter should be left unfettered.

Dr. LINDSAY STEVEN regretted that Dr. Windle had withdrawn his first amendment, as in his (Dr. Lindsay Steven's) opinion it pointed clearly to a way out of the difficulty.

The motion was then carried.

Sir VICTOR HORSLEY urged that the matter in hand should not be discussed at the cost of the profession any longer, but it would be unless brought to a close in November.

Mr. BRYANT then read the report by the Examination Committee on the report by the visitors of the examinations in chemistry, physics and biology of the Apothecaries Society of London. There was, it seemed, in biology, no paper and no practical test, the examination being wholly oral. In physics there was both written and oral work. In chemistry the practical examination did not include the preparation and exhibition of specimens of compounds. This was to be regretted, and the visitors neither reported the standard to be too low nor regarded the examination as a sufficient test for medical students at the end of their first year. The Committee agreed with the visitors "that the average training of candidates was insufficient for men commencing medical studies."

The report was then adopted, being moved by Mr. BRYANT and seconded by Mr. YOUNG.

Sir HUGH BEEVOR said that he neither opposed nor supported it. With regard to the question of training, suggestions made by visitors were perhaps not so clear as they might be, nor should the visitor be asked to pronounce on questions of study. This report ought to receive more than ordinary attention.

The report having been adopted,

Dr. MCVAIL remarked that the finding was that the training in physics given was "of no value in after life," that the training furnished to the students was insufficient. What then would be the position of the Council if the counsel acting for the Royal Colleges before the Privy Council should show that the General Medical Council, with regard to a report similar in character, had contented itself with simply calling the attention of the Apothecaries to the matter. He (Dr. McVail) then moved "That in the opinion of the General Medical Council the examination in chemistry, physics and biology of the Apothecaries Society in London was insufficient."

Sir VICTOR HORSLEY said it should be borne in mind that the Apothecaries Society had accepted the report of their visitor, whereas the College of Surgeons had not accepted it, and the College of Physicians was only considering it.

The motion for adopting the report, proposed by Dr. MCVAIL and seconded by Dr. BRUCE, was carried.

After long discussion, consideration of the Report was postponed: the President being asked to arrange for another inspection of the University of Oxford during the ensuing year, the Report to be considered by the Council before deciding as to efficiency of examination. The Council then retired *in camerâ* to receive a report from the Office Site Committee.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—IV.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

THE CONSUMPTION SANATORIA OF SCOTLAND—BRIDGE-OF-WEIR.

THE Orphan Homes of Scotland, established through the philanthropic labours of Mr. William Quarrier and his many willing helpers, at Bridge-of-Weir, in Renfrewshire, are deservedly famous throughout the world. A natural extension of the work of this excellent national institution has led to the building of two admirably-constructed pavilions for consumptives, each affording accommodation for forty patients. The pavilions face south, are built of red sandstone and brick, with stone stairs and floors of pine. Nearly all the bedrooms face south, the corridors run east and west, and the dining-hall is situated on the north side of one of the buildings. The rooms are not heated, but in the winter the corridors and dining-hall are warmed by means of steam radiators. Although the site cannot be considered perfectly ideal, the sanatoria are well designed, excellently equipped and ably managed. Since the sanatoria were opened, 540 female patients have been in residence, and 2,338 cases have received advice and treatment at the dispensary in Glasgow connected with the institution. The present accommodation of eighty beds is proving altogether inadequate for the immense demands, and large numbers of cases are always awaiting admission; £6,000 is required annually for the maintenance of the present sanatoria, and £30,000 are needed for three additional sanatoria for women, and £70,000 for five sanatoria for men. As far as we can gather, the management is economical, and yet wisely generous; it is stated that 30s. a week is the cost of each patient. Hitherto admission of necessitous cases has been free, but recently a small payment is required, although the right to admit free cases is retained. The last medical report shows that during the year 230 patients were discharged, and the average period of residence was approximately four months. We do not altogether approve of the manner in which the statistical results are expressed. To return 16·27 per cent. as "cured," and 27·9 per cent. as "relatively cured," seems open to serious objection, although the words used are defined: "under 'cured' are placed those patients in whom we regard healing to have taken place with the formation of cicatricial tissue, and 'relatively cured' is applied to those patients who are practically well, and physically fit to return to suitable employment and earn their livelihood."

The sanatoria are under the direction of a resident physician, Dr. H. Hyslop Thomson, who acts under an advisory Board, of which Dr. T. M'Call Anderson is Chairman. The hygienic management of the consumptive patients is thoroughly controlled and much attention is devoted to dietetic arrangements. Koch's tuberculin is occasionally used for diagnostic purposes. Careful scientific records are kept, and the clinical work is thoroughly carried out.

The sanatoria are well equipped with steam dynamo, boiler room, laboratory, and other necessary offices. The cost for building is said to have been about £250 per bed, and about £50,000 have been spent on the estate.

The sanatoria are easily reached by trains, which run every hour, from St. Enoch's Station, Glasgow. From Bridge-of-Weir Station to the sanatoria is a mile and a half, but arrangements are made whereby a carriage will meet any train.

These pavilions admirably illustrate the manner in which provision may be supplied for the consumptive poor, and indicate also the wisdom of associating such an institution with other forms of philanthropic enterprise.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, July 19th, 1903

AN EXTRAORDINARY CASE OF SWALLOWING FOREIGN BODIES.

A VERY curious case of gastric tolerance was told by M. Monnies at the last meeting of the Académie de Médecine. In May last a young country boy, æt. about 18, and of a very limited intelligence, entered the hospital complaining of great pain in the epigastrium. Examined, nothing very definite could be found as to the cause of his suffering, and milk diet was ordered. However, fifteen days afterwards the house surgeon thought he perceived by palpation a foreign body in the stomach. He drew the attention of his chief to his suspicions. After a careful examination, M. Monnies could distinctly feel an elongated body lying across the large curvature of the stomach. Gastrostomy was decided upon, and when the organ was opened two teaspoons were easily extracted quite

black. Passing his finger into the incision, he discovered a hard metallic mass in a pouch perpendicular to the large curve. From here he extracted successively six more teaspoons, a piece of a fork with three prongs, the handle of that fork broken, another handle of a fork, a very long nail, a shorter nail, a needle, the handle of a knife, a small knife blade, a small key, a tooth of a comb, and some broken pieces of iron, in all *twenty-five* articles, all of which Monnies presented to his colleagues. The patient made an excellent recovery. Being asked why he had swallowed these foreign bodies, the boy declared that he was rendered very unhappy, and, persecuted by his stepmother, he tried to put an end to his life by swallowing the teaspoons, &c.

M. Monnies passed in review the history of similar cases, and rightly concluded that his patient had beaten by long odds the record, not only as to the number of articles ingested, but as to the extraordinary tolerance of the stomach, for the patient must have possessed a regular ostrich's stomach to have tolerated the presence of so many sharp-pointed objects, which in others would not have failed to provoke perforation or ulceration of the organ.

PURULENT PLEURISY.

M. Léjars read a paper before the Société de Chirurgie on two cases of chronic purulent pleurisy treated by parietal resection according to the method of Schede, followed by decortication of the lung, as recommended by Delorme. The first operation was incomplete, and the speaker had to return three successive times at several weeks' distance. Finally the patient recovered without a fistula. In the second case, after two operations the result was equally satisfactory. M. Léjars said that in several cases he had to adopt this plan of successive operations.

M. Tuffier declared that he had completely renounced large operations in one sitting; he was a strong partisan of repeated interventions.

M. Ferrier treated an identical case as above mentioned. It was that of tuberculous purulent pleurisy. After a first costal resection improvement took place in the condition of the patient; he resected other ribs, and the suppuration diminished. After five or six operations he had to stop at the second rib, behind which was a vomica. The patient returned to his home, and from latest news he was very well.

CEREBRAL ARTERIO-SCLEROSIS.

A patient of about fifty years of age has hard and rigid pulse, complains of vertigo, often accompanied with epileptiform seizures. The urine contains traces of albumin, or perhaps none. What should be the treatment?

Professor Huchard, who is an authority on all therapeutical questions, recommends as follows:— First a lacto-vegetarian *régime*, with one or two days weekly of exclusive milk diet. Blisters are employed by a number of practitioners, but as a certain amount of kidney lesion exists, congestion of these organs might be provoked. Professor Huchard prefers the old-fashioned seton in the neck; it is much more certain in its effect, and causes but little trouble after the first few days. As intestinal revulsives drastics were indicated:—

Scammone,
Jalap.

in two powders, to be taken at twenty minutes' interval and repeated every ten or fifteen days.

In the interval and fasting a wineglass of some mineral water (purgative) every morning, or the following pill at night:—

Aloes, 1 gr.
Evonynine, 1 gr.]
Podophyllin, 1-5 gr.
Ext. of hyoscyamus, 1-10 gr.
Ext. of belladonna, 1-10 gr.

Twenty days a month the patient will take before dinner and supper a tablespoonful of

Iodide of potassium, ℥j.
Water, ℥x.

The remaining ten days theobromine as a diuretic and eliminator of toxins:—

Theobromine, x grs.
Benzoate of soda, v grs.
Carbonate of lithine, iij grs.

For one wafer; two daily.

If the theobromine is badly tolerated (pains in the head, gastric disturbance), one of the following powders will be substituted:—

Nitrate of potash, xv grs.
Bicarb. of soda, x grs.
Bicarb. of potash, x grs.

to be taken in a diuretic infusion, or, more simply, in Evian water.

In case of epileptiform seizures, bromide of potassium will be associated with the iodide:—

Iodide of potassium, ℥j.
Bromide of potassium, ℥v.
Water, ℥x.

Two tablespoonfuls daily.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, July 18th, 1903.

AT the Society für innere Medizin, Hr. Herbner brought forward a

CASE OF GENERAL INFECTION WITH THRUSH.

Only few such cases had been published, and besides this the case was one of great clinical interest. It was the first case in which such general infection had been diagnosed during life. The case was that of a weakly child, æt. 15 months, the weak condition being due to improper nourishment rather than to any particular illness. The body weight was only one-half of the normal. Four weeks before the death of the child a general illness came on, characterised by great paleness and loss of appetite. A diagnosis of diphtheria had been made before the child's admission, and it was placed in the diphtheria ward. After admission, however, this diagnosis was not confirmed. There was no proper membrane and no swelling of glands. Neither was there any diphtheria streptococcus; both streptococci and staphylococci were present in the deposit, but not in almost a pure culture as in scarlatina, but mixed with other micro-organisms. The fever was very high. Locally there was nothing special. The cry was loud, a good deal of dyspnœa, whilst there was no disease in the lungs, and the larynx was free. The temperature was at 41° C., frequent pulse, restlessness, and jactitation. The local condition was peculiar. The situation of the disease on the tonsils was quite different from what it usually was in diphtheria. The deposit was not pasty, but dry, almost crumbly; it could not be broken off, however, but stuck fast. The symptoms as a whole led to the thought that they might be due to general infection with thrush. On examination of the deposit aphthæ cells and threads were found in it; but only in the tonsillar deposit On demonstrating the child to the class, the speaker said the case was not quite clear, but possibly there was

passage of aphthæ cells into the circulation. After death the necropsy revealed nothing. No aphthæ were seen on the tonsils, both larynx and lungs were free. Some sections were, however, taken from the tonsils and the kidneys for further examination. The tonsillar preparation showed a decided necrosis of almost the whole tonsillar mass—an inflammatory hæmorrhagic necrosis. Besides this, there were larger cells of aphthous character in large masses, not only in the necrosed masses, but also in the lymph vessels there were small sproutings of vegetable cells. In the kidney preparation also there were these sprouting bundles, not only swimming in the vessels, but also particularly glomeruli. In cultures of scraped off material from the tonsils some cultures of plant cells developed. In bouillon the cells developed in a marked manner as aphthæ. Animal experiments were made, and the cultures proved highly pathogenic. A quarter of a syringeful was injected into rabbits. For two days they remained lively, jumped about and ate. On the third day, however, an illness like that of the child developed with high fever, dyspnœa, gradual paralysis of all the limbs; the animals cried out and groaned as if in great pain. The animals most infected died on the fifth day; one died on the seventh. The blood serum of the dead rabbits did not seem to be poisonous to other animals. Examination showed all the organs to have accumulation of aphthæ that looked to the naked eye like miliary tubercle, but particularly in the kidneys and heart. Professor Reinhardt, of the Botanical Institute, declared the organisms to be identical with aphthæ. It was certain that the general infection had been caused by the thrush, as nothing else was found in the kidneys.

The thrush infection had taken the same route as streptococcous infection in scarlatina. The localisation of the poison cells in a few places on the fauces and tonsils, while the tongue and mucous membrane of the tonsils were quite free, was not usually the case in thrush. The lungs were free also in the rabbits. They were present, however, in the kidneys, the heart, brain, spinal cord, the liver and spleen, but less numerous in the latter. There was no inflammatory reaction in the different organs. Death was not due to paralytic symptoms, but to a mechanical cause. Possibly a poison had developed out of the cells, but it had not caused the death. There were no miliary nodules in the kidneys, as in the case of the rabbits, possibly for the reason that the onset of the disease had been a destructive one. The cortical substance of the kidneys showed an enormous general infiltration of vegetable cells.

Hr. Kraus remarked that three or four cases of the disease had been observed, as, for instance, by Zenker and Ritter, where a cerebral abscess developed in which the fungus was found. In Schmorl's case there were abscesses in the kidneys and spleen. Then there was an Italian case, but there was some uncertainty about it. On personal examination of the microscopical preparations it had struck him that nowhere was there any reaction from the thrush fungus. Stenier had described a similar case of general infection, but he found everywhere a small-celled infiltration.

Hr. Klemperen, who had made experiments on the subject, said that generalised thrush had a merely mechanical action, never a poisonous one. It was not possible to prepare a poison from it.

Hr. Heubner said that the absence of inflammatory reaction and abscess was possibly due to the rapid development of the disease, that caused death before inflammatory reaction had time to be set up. Concetto had said that thrush could develop a very active poison.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, July 18th, 1903.

THEOCIN IN STENOCARDIA.

PINELES brought forward three cases in the Gesellschaft für innere Medizin, which he has treated success fully with theocin.

This substance contains from one to three parts of dimethylxanthin, and relieves cardiac pain as well as the stenosis, and he considers it to be far superior to diuretin. Theocin is a cheap, tasteless powder having no bad effects on the stomach. It has a stimulating action on the nervous system of the neuropathic resembling caffein or trimethylxanthin. It is usually administered in doses of 0·2 gramme, or about 3 grains, after breakfast, which may be repeated with advantage in cases of angiosclerosis. Many patients bear 0·3 gramme of the drug with perfect ease. The three patients were now 3, 4 and 5½ months respectively perfectly free from pain or discomfort after treatment with the drug. After a short course of theocin the blood pressure is reduced, while the diuresis remained unchanged and without any recurrence of the pain.

Teleky found that in daily doses of 0·6 to 1·0 gramme in cases of arterio-sclerosis with anasarca, theocin was much more efficacious than diuretin. He found by experiment that the ingestion of from 3 to 3·5 grammes of diuretin was followed by an elimination of 500 c.c. to 700 c.c. of urine, while theocin gave 1,300 c.c. Theocin was therefore anti-asthmatic, as well as anti-sclerotic, and the results were uniform, whilst diuretin was unreliable, as he showed a patient, æt. 60, with sclerotic vessels, in whom it failed completely. This patient was relieved by the use of theocin.

Nothnagel said he had used diuretin for the last five years with varying success. He quite agreed with Teleky that it failed in many cases. As far as he had used theocin he was bound to speak in its favour as an anti-asthmatic and sedative remedy.

Pineles thought that Teleky's observations related more to arterio-sclerosis and cardiac insufficiency, the latter being the most prominent symptom, which was favourably acted on by digitalis; but where stenocardia was present the resulting disadvantages were great.

Pauli confirmed the antagonistic results of diuretin and digitalis. In cases of pure stenocardia, where diuretin is well borne, the asthma and cardiac symptoms are efficaciously relieved, but cardiac insufficiency is not to be relieved by any of the theobromate preparations, such as theocin, &c.

Reitter remarked that in Schrötter's Klinik diuretin was extensively used, and with excellent results, more particularly in stenocardia.

BILIRUBIN IN URINE.

Jolles reported a modification of his test for bile colouring matter in urine which he brought before the meeting three years ago. Briefly stated, 10 c.c. of urine are placed in a test-tube with 2 or 3 c.c. of chloroform and 1 c.c. of a 10 per cent. solution of chloride of barium, and well shaken. The whole is put into the centrifuge; the supernatant fluid is then poured off, leaving the chloroform and deposit, to which is added distilled water, shaken, and again centrifugated, and the supernatant fluid decanted. The chloroform and deposit are next treated with 5 c.c. of alcohol, well shaken and filtered. To the filtrate is now added two or three drops of the iodine solution, *e.g.*, iodine 0·63 gramme, mercuric chlor. 0·75 gramme, dissolved in alcohol 125·00 grammes, *i.e.*, the iodine and mercuric chlorid

in 125 cubic centimetres each. Mix these and add 250 c.c. of concentrated HCl, which should now be kept in a dark brown bottle for immediate use.

The slightest trace of bile pigment present in the prepared alcoholic chloroform solution will be detected by a green coloration after adding two or three drops of this solution. It may be a little slow in forming, but the coloration can be hastened by placing the test-tube in a water-bath for a few minutes.

When the urine is very concentrated and a rapid result is required, 5 c.c. of alcohol may be added to the urine and centrifugated, returned to a test-tube and treated with a few drops of the iodine solution, warmed and then filtered. A trace of bile matter will give a greenish-blue coloration to the filtrate. The reaction is not influenced by the presence of either indican, urobilin or hæmoglobin, or methæmoglobin. The quantitative test may be carried out by comparing an artificial urine containing 0·1 of a milligramme per cent. of bilirubin.

SUPRAPHRENIC ABSCESS.

Nothnagel demonstrated from an anatomical preparation the pathological history of a case of supraphrenic abscess. The patient was a female, æt. 32, who first complained of acute angina and occasional hæmoptysis. During this period there was intermittent fever and rigors. In the lungs there were symptoms of hæmorrhagic infarcts, in the sputum streptococci, with constant symptoms of mitral insufficiency. All the signs of phthisis were absent.

The diagnosis was septic endocarditis followed by angina and pulmonary infarct and terminating in a supraphrenic abscess. The patient died suddenly from collapse.

The post-mortem examination revealed traces of endocarditis, multiple pulmonary infarcts, and an encapsuled abscess between the diaphragm and base of the right lung, with which it communicated.

In the light of the post-mortem results we must assume that the angina arose from the small abscess near the base of the right lung, which at a later date formed the supradiaphragmatic abscess from which the emboli were carried by the vena azygos, vena cava, and through the heart into the lung. The insufficiency of the mitral valve was not due to any morbid condition of the valve or valvular affection, but rather to a functional or fatty degeneration of the myocardium, which might be due either to bicuspidal ostium dilatation or functional insufficiency of the papillary muscles.

Hungary.

[FROM OUR OWN CORRESPONDENT.]

BUDAPEST, July 17th, 1903.

AT the recent meeting of the Budapest Royal Medical Society Dr. Leinart related a case of

PRIMARY NASAL CANCER.

Cancer of the nose is of very uncommon occurrence. In literature on the subject we find altogether some eighty cases described. The growth was usually preceded by catarrh or affections of the accessory sinuses, sometimes after damage by harmful chemical vapours, trauma, &c.; but these influences cannot play a very important part in the etiology, because the symptoms are common to all nasal affections. As to the as yet unsolved problem whether benign polypi can be transformed into a carcinoma, the author quotes a case of his own where a cancer of multiple origin had its origin in the basal cell-layer covering the polypus, which became infiltrated with cancerous growth.

The earliest symptom of nasal cancer is persistent unilateral obstruction, and this is also the most frequent symptom, because the nasal bleeding, the discharge from the nostrils, the neuralgic pains, &c., either occur later or may be altogether wanting. In view of the site of the swelling in the recorded cases it appears that in half the cases the growth originates in the region of the middle turbinal, and only in exceptional cases from the inferior turbinal, the septum, the nasal roof, the cavity of Highmore, or the sphenoidal sinus. Later, the symptoms of the disease are—deformity of the nose due to the gradual increase of size of the swelling, pains, throat and ear affections, invasions of the orbit, and cerebral symptoms due to pressure on the brain. Metastasis was only observed in one case.

A cancerous tumour of the nose is easily distinguishable from the benign tumours of that organ; but to discriminate cancer from sarcoma we must rely on histological examinations. The treatment of cancer of the nose is necessarily surgical. In the initial stage, when the swelling is circumscribed, a radical operation is to be resorted to, and only in the later stage, when the disease can no longer be extirpated, are we justified in undertaking endo-nasal interventions, which may be indicated for the relief of the most troublesome symptoms. The prognosis is very grave, in fact, up to the present there are only two cases of recovery on record.

Dr. Fleischmann read a paper on

BACTERIOLOGICAL EXAMINATIONS IN OTOLOGICAL PRACTICE.

The author has made an extensive series of examinations in the clinic of Professor Böke. The subjects of examination were five cases of independently occurring middle ear catarrh. Examining the blood-stained discharge obtained by paracentesis he found therein red and white blood corpuscles with healthy and decomposed tissue elements. By inoculation in all the five cases pure cultures were obtained—namely, in one case pure staphylococcus albus; in two cases staphylococcus aureus; in one case the streptococcus, and in the last instance strepto- and staphylococci mixed. This state of things coincides with that found by Zoufal, who, in addition to the above-mentioned organisms, also recognised Fraenkel diplococci as an etiological factor in producing middle ear catarrh. The author opposes the conclusions of Lermoyer and Helme, who hold that the staphylococcal infections were mostly mixed ones, while he himself only found one among four of such a kind. It is, therefore, clear that in acute myringitis pus-producing germs are present even in the hyperæmic stage, a fact which justifies the performance of paracentesis practised on the ground of clinical experiences. Thereby we arrest the inflammation, which is favourable to the propagation of the germs, and would finally lead to middle ear suppuration.

The author cannot as yet draw any conclusions from his examination of the germs existing in chronic middle ear catarrh. However, he mentions a case wherein middle ear catarrh was accompanied by caries of the petrous bone, and in the discharge pouring therefrom he found abundance of tubercle bacilli. In another case pure culture of the bacillus pyocyaneus was obtained from the pus.

THE UNIVERSITY OF BUDAPEST.

This institution keeps pace with the Western universities. Recently, valuable prizes were offered for researches on the following subjects:—

Physiology.—To be examined: the quantity of the organic constituents of the saliva with special reference to the different circumstances of life in respect of alimentation, the quality and quantity of foods, rest,

and work, and the different periods of the day. Prize, 520 crowns.

General Pathology and Therapeutics.—Experiments to be made as to the nervous mechanism of giddiness due to labyrinthian disease. Prize, 170 crowns.

Morbid Histology.—(1) On the development of the Botalli duct and umbilical vessels. Prize, 120 crowns. (2) The structure of lymphosarcomas occurring in the digestive tract. Prize, 120 crowns. (3) The comparative value based on actual observation of the value of various new culture media for the diphtheria bacillus and gonococci, with special reference to rapidity and trustworthiness of the cultivation. Prize, 140 crowns.

Clinical Medicine.—The value of percussion-auscultation as contrasted with the methods hitherto applied. Prize, 520 crowns.

Surgery.—The value and results of the orthopædic surgical treatment of tuberculous arthritis. Prize, 140 crowns.

Obstetrics.—(1) Clinical and histological study of the changes in the tissue structure of the uterus, which predispose to uterine rupture. Prize, 140 crowns. (2) The etiological factors of puerperal diseases on clinical and bacteriological basis. Prize, 520 crowns.

Public Hygiene.—(1) Whether muscle, flesh, and other animal tissues which are used as foods can be substituted for each other according to their nitrogen contents, or in some other proportion. (2) The action of some of the more important mineral and organic disinfectants upon granulating surfaces, upon fungi and schizomycetæ, and upon certain enzymes, and whether the disinfectants in question form compounds with the protoplasm of the micro-organism or with their sheaths respectively with the enzymes. Prize, 170 crowns.

Dermatology.—To be discussed on ground of independent histological examination, the alterations which the human skin undergoes in acute and chronic eczema.

Medical Jurisprudence.—The statistics of inquests held between the years 1882-1901. Conclusions to be drawn as to the most frequent causes of suicide, especially bearing in mind those causes which lie in the various organic diseases of the subjects. Prize, 520 crowns.

The Operating Theatres.

ST. THOMAS'S HOSPITAL.

REMOVAL OF THE APPENDIX.—Mr. BATTLE operated on a man, æt. 35, a soldier, who had been sent to the hospital for removal of the appendix. He had had three attacks of appendicitis, of which two had been very severe. He was desirous himself of the operation. There was nothing to be found in the abdomen on external examination, and the temperature was normal. Mr. Battle operated by the method that bears his name; an oblique incision was made through the skin and subcutaneous tissue, midway between the anterior superior spine and the umbilicus; the inner side of the wound was then retracted towards the umbilicus and the anterior layer of the sheath of the rectus divided to the full length of the wound (about four inches); the rectus muscle was then separated from its sheath and drawn inwards; the posterior layer of the sheath and peritoneum were now divided about an inch to the inner side of the margin of the sheath; the finger was introduced through the opening thus made and an exploration of the cæcal region made with the finger; some adhesions were found, but the appendix could not be felt; there was, however, an unusual induration where the caput cæci came towards the iliac fossa; the deeper part of the wound was enlarged to its full extent, the appendix region isolated by means of gauze strips, and a search made for the appendix, of which there was no indication excepting the thickening mentioned. A longitudinal band was followed towards the appendix region, and where it was lost to sight a director was used to separate the overlying adhesions and peritoneum. About an inch from the commencement of this wound the proximal end of the appendix was exposed and its position fairly well indicated, but it was immovably fixed in the indurated part under the cæcum; this was very difficult to separate, and it was only by careful use of the knife that it was possible to get the distal end up. The adhesions were extremely hard, and the appendix bound down as if set in cement. The appendix was clamped with a special clamp and removed, but great difficulty was experienced in arresting the bleeding from a moderately sized artery of the meso-appendix which had been torn in separating the appendix from its bed; it was fixed in such dense material that forceps simply cut through it as if it were cartilage; it was only by taking a large piece of tissue that it was possible to secure it. No suppuration was found, but there were some large-sized spots of yellow colour that suggested that pus had been present at least during one of the attacks. The stump of the appendix was sutured into the wall of the cæcum by interrupted Lembert sutures, and the area of operation again made retco-peritoneal by means of similar sutures applied on both sides of the incision over the region around the cæcum. The peritoneum was cleansed, the strips of gauze removed and the wound closed by means of buried silk sutures, a horse-hair stitch being employed for the superficial part of the incision. The operation was carried out aseptically, the operator and assistants wearing sterilised gloves, as is usual in Mr. Battle's operations. Sterilised dressings were employed for the wound. Mr. Battle said that the case was an example of what is now well known, that the number and apparent severity of attacks of appendicitis are no criterion as to the condition which the appendix will present when operation takes place. Here the patient had had about three attacks of moderate severity, and the appendix was so imbedded in inflammatory tissue and adhesions that it was necessary to use a knife in order to free it, whilst it was concealed altogether from view. In another case recently in the wards, he said, the patient had had two or three attacks of moderate severity during the course of two years and about a hundred attacks of pain in the appendix region, and yet the appendix was free, not much enlarged, and presented only signs of a subacute inflammation. The difficulty in finding the appendix may be so great, he pointed out, that surgeons of some experience have failed to discover it and have been obliged to abandon the search for it after perhaps more than one operation undertaken for its removal. The appendix in the present case, he remarked, was about four inches long, and presented the usual changes following chronic inflammation; there was no concretion, nor was there any stricture. He also drew attention to the use of a clamp in the amputation of the appendix, as he considers it the quickest and most satisfactory method in use. The appendix having been freed, and its mesentery secured with artery forceps, the clamp is applied at the junction of the appendix with the cæcum, the meso-appendix is ligatured and divided, after which the clamp is removed and a fine silk ligature tied round the part which has been compressed; thus an extremely small strand of tissue is left to be sewn into the cæcum.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 22, 1903.

THE GENERAL MEDICAL COUNCIL AND THE ENGLISH CONJOINT BOARD.

THE long-standing dispute between the General Medical Council, as the supreme authority in matters concerning the educaton of medical students, and the English Conjoint Board has been advanced a stage at the special meeting of the Council which took place last week in that it has brought matters to a crisis. After long but, on the whole, temperate discussion, the Council has decided to refer the matter back once more to the colleges before taking the ultimate step of appealing to the Privy Council. Since the legal position of the Council in this matter is not clear even to the members thereof, we may be excused if we decline any special competence in the matter, our feeling being that if the Council do not in reality possess the powers which are claimed for it, the sooner the fact is established the better. We shall then know how we stand, and although an adverse decision might be productive of some amount of confusion and even humiliation, it would tend in the long run to place the authority of the Council in matters educational on a sounder basis. An interesting feature which results from the discussion is that the two partners in the Conjoint Board are not agreed on the merits of the question. We may even go so far as to admit that the attitude of the College of Surgeons on this, as in respect of sundry other questions, has been characterised by a moderation and sense of propriety which is sometimes wanting in that of the more autocratic College of Physicians. The recalcitrancy of the College of Physicians is the more surprising and regrettable in view of the remarkable statements of inspectors of examinations; , The visitor and inspector, for instance, expressed in their Reports their opinion that the syllabus is "extraordinarily defective, alike in matter and arrangement," while from observation of the candidates he is driven to the conclusion that "the candidates were so badly prepared that a higher standard than the one imposed would have led to the rejection of the majority." The Board's comment on this drastic phraseology is that "the present mode of conducting the examination is that most suited to the circumstances." In other words, we may infer that the ignorance of the candidates in respect of the subjects of examination is such that to seek to impose a higher standard would eliminate too large a proportion of the candidates. This is at any rate the construction placed upon the correspondence by Sir Victor Horsley. It is hardly to be supposed that the importance of a preliminary education in the elements of physical science can give rise to any serious difference of opinion between the Conjoint Board and the Council, nor can the question of the standard to be imposed give rise to much difficulty, yet we are confronted with the spectacle of a persistent revolt on the part of the Colleges against the beneficent authority of the Council which, unless modified, will leave the latter no alternative save to seek to vindicate its position before the Privy Council. Looking at the matter from a higher standpoint, the circumstances would certainly seem to reflect discreditably on the state of education in this country. When we learn on unexceptionable authority that the general standard of scientific education among young men destined to become members of a learned profession is so low that the examiners are fain to accommodate their requirements to the ignorance of the examinees, it becomes manifest that wide-reaching reform in educational methods is urgently required. Technical education in other sections of the community is advancing by leaps and bounds, at any rate in regard to the facilities for imparting instruction, but in our public schools little has apparently been done to improve on the old routine.

OPHTHALMIA NEONATORUM.

THE prevention of blindness, to however small an extent, clearly represents an important economic gain to the community, apart from its desirability on humane grounds. It so happens that a fruitful cause of blindness, ophthalmia neonatorum, has been given into the hands of modern science as an absolutely preventable disease. Competent authorities have estimated that purulent ophthalmia of newly-born children is answerable for upwards of ten per cent. of the total blindness in the United Kingdom. The cause of the malady is infection by one or more pus-producing micro-organisms, among which are pneumococci, Morax's diplobacilli, bacterium coli, and various cocci. The gonococcus, however, is by far the most common and serious form of infection. This important subject was discussed by the Obstetrical Society of London at a meeting held on July 1st. It was introduced by Mr. Sydney Stephenson, who, in addition to a wide general experience of eye diseases in chil dren

has found a special field of study as regards ophthalmia neonatorum in his capacity of Ophthalmic Surgeon to the Queen Charlotte's Lying-In Hospital. He pointed out that a baby's eyes might become infected with gonococci either in the maternal passages or immediately after or within a day or two of birth. His contention, which appears to be established beyond the shadow of a doubt, is that the whole sum of suffering and disability inflicted by ophthalmia neonatorum might be absolutely prevented by the use of a few simple precautions. The method advocated by Mr. Stephenson was the original one of Crédé, which depends on the routine treatment of the eyes of all newly-born infants with a solution of nitrate of silver. Other drugs were, in his opinion, inferior to that particular salt. The only disadvantage he admitted was the almost constant production of a slight conjunctival catarrh. That objection, however, was emphasised by members of the Obstetrical Society, who made the pertinent remark that an inflammation of a baby's eyes was not a trifling thing from the mother's point of view. One speaker said he had strongly advocated the legislative control of midwives, and had found his most telling argument in the preventability of this form of blindness. The strength of his position, however, was later honeycombed by the admission that he did not know whether the Midwives' Board intended to enforce any action with regard to the disinfection of the eyes of the newly-born. Nor did he approve, apparently, of a mid-wife carrying more than one kind of antiseptic, so that nitrate of silver could not be included in her already overloaded bag. Another leading obstetrician said he could not recall an instance in which he had received any clue to the diagnosis of gonorrhœa from the Bacteriological Department of Guy's Hospital. To make a public statement of that kind is surely to cast a serious and, we doubt not, unmerited slur upon the efficiency of the scientific staff of a great London Hospital. To diagnose gonoccal pus is now within the reach of any well-educated and well-equipped advanced student or medical man. On the whole, it seems that the Obstetrical Society, in approaching this subject, have hardly risen to the importance of the discussion. What would be thought of any learned medical society that belittled the importance, say, of the bacteriological diagnosis of throat secretions, or of pleuritic effusions, or of sputa? Yet the Obstetrical Society has failed to express any strong convictions either for or against a plan of prophylaxis whereby the sight of many children would be indubitably saved. Under present circumstances a plain verdict from an authoritative body would have had considerable value as an indication of light and leading. Non-committal counsel in so essential a matter simply amounts to a confession of weakness. The Crédé prophylaxis of ophthalmia neonatorum is either right or wrong. As Mr. Stephenson pointed out, no single instance was brought forward to show that bad results had followed the application of that method. Whatever the present attitude of learned societies may be with regard to this question, there can be, happily, no doubt as to the view that will be adopted by the coming scientific generation, with whom the old proverb, "Prevention is better than cure," will have acquired the weight of established and authoritative law.

THE PHYSIQUE OF URBAN POPULATIONS.

THE three speeches in the Upper House on July 6th of the Earl of Meath, the Bishop of Ripon, and the Duke of Devonshire, respectively, struck a very important note with regard to the actual or supposed degeneration in the national physique, especially in that of the large cities. The report of the Royal Commission on Physical Training in Scotland distinctly states that there is "an undeniable degeneration" in certain classes. It is not pleasant to be informed that physical inferiority is more marked among the poor than the rich, a state of affairs which can be readily understood, owing to wide differences in feeding and environment, but which should certainly not be allowed to continue without the strongest efforts being made to overcome the disparagement between the two classes. The learned prelate, though willing to admit that there had been an improvement in the direction of stature and mean longevity, alluded to the influence of restriction of population by artificial means as an important factor in the causation of the diminishing birth-rate, and held that the increasing luxury of modern times tended towards national degeneration. This is certainly true in regard to urban populations where time-saving appliances and conveniences conduce to lessened output of physical energy and exercise. The returns of the Inspector-General of Recruiting, although by no means conclusive in themselves, serve to show that there is a steady increase in the number of recruits rejected on grounds of physical inefficiency. Considering that most of these are drawn from the working classes, and that these inhabit the great urban districts, it is impossible to arrive at any other conclusion than that the physique of the urban populations is deteriorating. The fact, stated by the Director-General of the Army Medical Service in a minute brought before the Secretary for State for War, that one out of every three men examined by the medical officer of the recruiting department is rejected is sufficient to call for the most careful consideration of those who have the true welfare of the nation at heart. As has been pointed out, a large number of men are rejected by the recruiting sergeants themselves without ever being medically inspected, so that there is an even greater proportion of physically unfit than appears at first sight. From the social and economic standpoints, this is a serious matter, for it means that a considerable number of men employed in various civil duties are of inferior physique. There is no reason for supposing that the physical conditions of Scotchmen are in any way different from those of other countries of Great Britain, and it is to be earnestly hoped that the report of

the Scottish Commission will stimulate the Government to form a Royal Commission to investigate the whole subject of physical deterioration, a suggestion put forward in THE MEDICAL PRESS AND CIRCULAR for June 24th, 1903. It is a matter for great satisfaction that it is proposed by the Legislature to consult the Royal Colleges of Physicians and Surgeons, through their respective Councils, as to the best means of obtaining trustworthy information regarding the question of physical deficiency. It is the causes of this deterioration and the methods of its prevention which will, no doubt, occupy the most prominent place in the proposed investigations, and these preliminaries completed, the data furnished thereby should provide ample material for the consideration of a Royal Commission. The subject is admittedly a very wide one, including as it does questions of public and private hygiene, education and factory laws among other topics, but it is only by determined and persistent efforts to rectify shortcomings bit by bit that at last a revisal of the whole for the better can be ultimately attained.

Notes on Current Topics.

The Bloodless Operation of Lorenz.

THE introduction of the Röntgen apparatus as an aid to diagnosis has demonstrated that congenital dislocation of both hip-joints is a more common pathological condition than the older surgeons imagined. For the deformity very little was done until Professor Lorenz introduced his bloodless operation. The operation has proved so useful and so safe that it has become generally adopted, and with almost uniformly good results. This success of the operation, is, however, a source of danger; it makes surgeons less careful in the selection of their cases and more apt to run greater risks than they should. The unfortunate thing in the selection of a case for the Lorenz operation is that there are unsuitable cases that cannot be diagnosed as such, no matter what care is taken, cases in which the X-rays fail to detect the condition that makes success impossible. We refer to anatomical abnormalities of the capsules and round ligaments. In a case on which Professor Wilson, Philadelphia, operated this year the round ligament was found to be 5·5 cm. long, 0·4 cm. wide, and 0·2 cm. thick at its middle, expanding at both ends. The acetabular insertion was so expanded that it occupied all the interior third of the cavity. The capsular ligament was thick and loose, and slipped between the head of the bone and the acetabulum. The attempts to effect reduction failed, and after an hour and a half's trial the child was removed to its cot, where it died, after thirty hours' illness, from pneumonia and acute nephritis, resulting from etherisation. In this case the greatest trouble was taken to guard against failure. Skiagrams were taken, and the hip was freely manipulated to detect any abnormalities other than the congenital dislocation. That it was examined with the skill begotten of experience is proven by the fact that it was the only unsuccessful case of twenty-three cases operated on. We are not aware of any diagnostic sign that would detect the undue encroachment of the round ligament on the acetabular cavity; now that attention is drawn to it, some pathognomonic sign may be discovered, and we may be better enabled to select suitable cases for operation.

Conservatism in Operations on the Genitals.

DR. HOWARD KELLY'S remarks at the combined meeting of the Glasgow and Edinburgh Obstetrical Societies on the importance of conservatism in operations on the female genital organs will, we hope, be widely read. There is, we fancy, little doubt that in the past the relative importance of the uterus, the ovaries, and the tubes has not been correctly estimated, and that, in consequence, sufficient importance has not been attached to the preservation of the ovaries. As Dr. Kelly points out, these three organs may in their entirety be considered to be a complete building of three storeys, of which the tubes are the uppermost floor, the uterus the middle storey, and the ovaries the ground storey. For the complete performance of the genital functions all three storeys are needed. If, however, the upper story has to be removed, the lower two are left and continue to be of use. If the upper and middle storeys are removed, the lowest will still be of use. But, if the lowest is removed, the upper two fall to the ground and are valueless. In other words, if the tubes, or both tubes and uterus are removed, the ovaries can still functionate, and by so doing add to the comfort of the woman; but, if the ovaries are removed, the tubes and uterus cease to functionate, and hence may as well be also removed. Before this fact was recognised, the operation of election in cases of uterine myoma was the removal of the appendages and the leaving of the uterus.. Now, this operation is given up for many reasons, one of which being that a woman with her ovaries and no uterus is in a better position than a woman with her uterus and no ovaries. Also in operating for inflammatory conditions of the appendages there is not now the same hesitation in removing the uterus, if by so doing the operation is simplified, that there was formerly when the derelict uterus was believed to be of value.

The Dangers of Water-Gas.

THE greatly increased risk to life and health that has arisen from the addition of larger proportions of water-gas to coal-gas have lately attracted considerable attention. In America, the use of this gas is even more common than in this country, and consequently, the number of cases of poisoning by it are also greater. In 1901, 156 deaths from this cause occurred in New York alone. Dr. Pilcher, the resident surgeon at one of the Brooklyn hospitals, in the course of an interesting communication to the Medical Society of the County of Kings, describes, with some detail, the symptoms and results of a series of cases

which came under his care. Twenty-five cases were admitted to the hospital, and of these six died, at periods varying from eight hours to six days after the exposure to the gas. Only one of the patients who died recovered consciousness before death. In all the cases there was extreme cyanosis, considerable rise in temperature, and increased rapidity in the rate of the pulse and temperature. In the fatal cases the rise of temperature kept pace with the development of pulmo nary œdema. The line of treatment which appeared to be of most value consisted in free venesection, followed by the transfusion of normal saline solution with the object of breaking up the CO hæmoglobin. The administration of oxygen did not appear to be of much utility. Strong purges were also administered. In these countries we do not, fortunately, see many cases of water-gas poisoning.

The New Journal of the Army Medical Corps.

IT is with great pleasure that we welcome the birth of the *Journal of the Royal Army Medical Corps*, the first number of which appears this month. So long ago as 1864 it was felt that the production of a journal devoted to matters of professional and scientific interest was a necessity if the members of the Army Medical Service were to be kept in touch with one another, and if medical officers were to be afforded a chance of communicating their experiences to the scientific world. For years, however, the "rules and customs of the Service" killed such a project, and all communications by officers were condemned to what the Director-General terms "the limbo of the Army Medical Department Report." Now this is all changed, and the Treasury have at last been induced to give a grant for the working expenses of the journal; a paid editor has been appointed, and the journal has been started in a form and in a manner which will ensure for it the approval and active support of every officer in the corps and of many members of the general body of the medical profession. The present number contains a valuable report on hospital arrangements on board transports, by Captain G. B. Stanistreet, notes on a case of neurectomy of the sciatic nerve, by Lieut. Walter Stephenson, and several other communications. In addition to these, there is a carefully-written editorial on the enteric fever problem, and several pages are devoted to current medical literature. Finally, the journal closes with "Corps News." We are confident that the "hope" of the Director-General will be fulfilled, and that "not one officer will be found in the Corps who does not approve of the objects with which the journal has been founded, or who will refuse it his strongest support."

The Proposed Bazaar in Aid of the Mercer's Hospital, Dublin.

A CIRCULAR has been issued signed by several of the governors and members of the medical staff of Mercer's Hospital, calling attention to the fact that this—one of the oldest of Dublin hospitals—stands sadly in need of funds, and that it is proposed to hold a large bazaar in May, 1904, in its aid. Mercer's Hospital, or rather the ground on which it stands, dates back as a hospital site to the year 1344, when a lazar house was built there and called the hospital of St. Stephen. The present hospital derives its name from Mary Mercer, daughter of George Mercer, M.D., Vice-Provost and Fellow of Trinity College in 1686. That lady in 1734 settled the large stone house, which had apparently succeeded the lazar house, "by quadruple indenture," for the accommodation and use of such poor people as laboured under diseases of dangerous and hazardous cure. From that time on the hospital has continued, and although dependent wholly upon voluntary contributions, has done much good work amongst the poor of a very poor district. In the past, many distinguished people worked to assist it. The first performance of Handel's "Messiah" took place in the Fishamble Street Theatre for the benefit of the hospital. The Charitable and Musical Society gave yearly performances in its aid at which the Lord Lieutenant was accustomed to attend in state, and in 1859 the celebrated Jenny Lind lent her aid to an oratorio in aid of the hospital. It is sincerely to be hoped that the present time will not prove more unfavourable to the prospects of the hospital than has the past, and that the fullest assistance will be given to the governors in the bazaar which they propose to hold.

Antistreptococcic Serum.

THE use of this serum has been, for a good many years now, a very much debated point. The good results, however, which have been recently obtained by Menzer, working in Senator's Klinik in Berlin, ought to give much encouragement. In his first paper, which appeared about a year ago in the *Leitschrift für klinische Medizin*, he dealt principally with the treatment of rheumatism, his results being specially good in the chronic cases treated with this serum. He also attempted the treatment of acute cases in the same fashion, but the results were by no means so favourable. In his last paper, which appeared quite recently in the *Münch. med. Wochenschr.*, he has extended his treatment, as he has attempted the injection of cases of so-called chronic pneumonia and of lung tubercle in which there is a mixed infection. His results have been decidedly encouraging and open up a very interesting and valuable field of serum-therapy. As for the contra-indications to the use of this serum, Menzer strongly emphasises the necessity of using great care in the administration in every case, as the proper dose of serum has not yet been accurately gauged, the results with animals in this case not giving any aid in determining the effect on man. One must be particularly careful in cases where there is either a great pleural or pericardial exudation, also where, in phthisis, the disease has progressed as far as cavity formation. With regard to the heart, there are no contra-indications in acute

or chronic endocarditis, in acute or chronic rheumatism, except where there is great enlargement of the heart, and above all where there is endocardial trouble concomitant with stenosis of the mitral valve.

The Responsibility of the Tuberculous Patient.

Now that the consumptive is gradually but surely acquiring the status of an infectious individual with whom it would be desirable to associate on terms of intimacy as little as possible, the question arises as to what extent he is under a moral obligation to inform those round about him of the nature of his malady. The problem is a delicate one, for in spite of the growing tendency of public bodies and health authorities to advocate more generally the notification of phthisis, there are many who believe that by so doing the private rights of the individual are in danger of being outraged. This question does not arise in respect of the acutely infectious fevers, the notification of which is compulsory. The public wrath is rightly stirred up when a flagrant breach of the law is committed, because the evil consequences are more apparent. But the tuberculous patient is permitted to enter places of amusement, to frequent churches, to stay at hotels and boarding-houses without let or hindrance, to travel in exiguous cabins with other passengers on board ship, and even if he himself rightly appreciates the nature of his disease, he is affected by no scruples of conscience by so doing. His responsibility towards his fellow-men is really very great. It is not, of course, implied that his sufferings are to be increased by the ever-haunting fears of being a source of danger to others, but in the light of modern education on the subject it is quite possible for him to be made fully aware of the risks encountered by those with whom he comes into contact should he neglect ordinary sanitary precautions, without causing him unnecessary mental anxiety in this respect. If he conscientiously observe the rules of hygiene laid down for his guidance, there will be no necessity for him to proclaim from the house-tops with what disease he is afflicted, while he has the satisfaction of knowing that he is acting in accordance with the highest principles of ethics.

Arterio-Sclerosis and Nervous Diseases.

THE connection between certain forms of endarteritis and diseases of the nervous system is gradually becoming more recognised. Obliteration of the cerebral vessels is fraught with the gravest dangers to nervous tissue, and hemiplegia is only too often seen, both in children and adults, as a result of arterial disease. Dr. Allen Starr, of New York, in a paper read before the Practitioners Society of that city, lays stress upon the fact that many of the prodromal features of apoplexy, some of which occur months or years before the actual attack, are mainly due to arterio-sclerosis. The same condition is responsible for many affections of the spinal cord, a fact to which Williamson, of Manchester, was the first to call attention. Many of the symptoms thus produced are often erroneously put down to neurasthenia, so that it becomes a matter of great diagnostic importance to examine thoroughly the state of the cardio-vascular system. Even neuralgia may be due to sclerosis of the smaller arteries accompanying the nerve, as was shown by Dana. Professor Starr points out that in Graves' disease the high-tensioned pulse is absent, and he believes that the low tension is probably due to the excess of thyroid secretion in the blood. It has been found that a corresponding reduction in tension is produced by the administration of thyroid gland in myxœdema. Some analogy can be traced between an attack of migraine associated with high arterial tension and the physical conditions accompanying myxœdema. Dr. Starr, working on these lines, has had some beneficial results with thyroid medication in arterio-sclerosis, and even prefers it to the continued use of the nitrites.

The Xiphisternal Crunching-Sound.

A PECULIAR pericardial chisel-sound in the lower sternal region was described by Dr. F. J. Brown, of Chatham, in 1856, in a paper read before the Medical Society of London, as "that of a chisel or short plane used forcibly across the end of a piece of timber." Angel Money, Sansom, and Colbeck have since described similar murmurs. Dr. Solis-Cohen, of Philadelphia, records in the *American Journal of the Medical Sciences* six cases under his own personal observation in which this remarkable sound was heard. The patients were all men, the ages varying between eighteen and sixty-three. Two had indulged in alcohol to excess, and three were heavy smokers. The general symptoms displayed were anorexia, malaise, a certain amount of præcordial uneasiness, and some digestive disturbances. The average pulse-rate was 82, and it was regular. The sound is variously described as "crunching." "rough-rubbing," "scraping," or "brushing." Dr. Cohen believes that it is the same sound heard and recorded by the above-named observers, and considers with them that it is, in all probability, due to the presence of "white patches" on the pericardium. That these may, under certain conditions, give rise to stethoscopic signs is admitted by such authorities as Dr. Frederick Roberts and Dr. G. A. Gibson. The associated gastric irritation is believed to be due to the passive congestion of the gastric mucous membrane secondary to myocardiac weakness.

The Ignition Vacuum Bottle.

THE failure of the various forms of aspirating syringes and exhausting appliances to work at the critical moment has many times been a source of annoyance to the physician. Delay upon such occasions is especially objectionable, not only on account of their urgency, but also because the apprehensions of the patient are rendered greater by the unnecessary prolongation of operative preliminaries. It may be that the mechanism is imperfect, or that the apparatus

has been neglected; but whatever the cause, it is desirable that breakdowns should be avoided in clinical methods, from the point of view of the patient and the physician alike. Dr. Karl Connell, of New York, describes a very simple and inexpensive method of producing a vacuum, all that is necessary being a strong clear-glass five-pint bottle, fitted in the usual way with a perforated rubber stopper, to which is attached a suitable length of tubing. Three drachms of 95 per cent. absolute alcohol are poured into the bottle, which is then tilted so as to allow the whole of the inner surface to become coated with the spirit. The bottle is then placed upright and ignited quickly at the mouth. Directly the flame touches the bottom it is corked immediately. The aspirating needle can now be attached and the apparatus is ready for use. In the New York hospitals it has supplanted the older forms of syphon aspirators, and accidents connected with its use have never been known to occur.

The Dublin Hospitals Report.

THE annual report of this Board has been issued as a Parliamentary paper, and from the point of view of those interested in hospital management may be regarded as satisfactory, as the usual tribute is paid to the efficiency and management of these institutions. The report also briefly touches upon the principal causes which appear to "us" to predispose to disease and to tax the resources of the hospitals. In the main the causes enumerated consist of dirt, overcrowding, bad drainage, want of work, and insufficient washhouses. These are all obvious causes, and to them might be added a less obvious one to which the Board of Superintendence referred in a former report, *viz.*, the scandalous abuse of charitable relief which occurs every day in hospitals. The Board doubtless considered that having referred to this subject comparatively recently, they need not again touch upon it; but it is just one of those matters in which reform will only be effected by constantly and persistently bringing it to the public notice. We trust that in their next report the Board will again draw attention to it, and will also suggest officially to hospital authorities the importance of taking definite steps to prevent it.

A New Clinical Entity.

AT the recent meeting of American physicians in Washington, Dr. Osler brought under notice a new clinical entity, a condition of polycythæmia, in which the blood cells average from ten to twelve millons a cubic millimètre. In appearance such persons are livid, as those suffering from morbus cœruleus, or "blue" disease; but they do not suffer from dyspnœa. Happily, the disease is of rare occurrence, and from the cases on record it does not appear in any way to inconvenience those who have it. There is little doubt but that Dr. Osler's paper will stimulate clinical observation. We find no suggestion made for treatment, and we suppose that the majority of cases will demand little more medication than an occasional saline aperient to remedy the constipation which is usually found to accompany the polycythæmia. The cases recorded so far were old-standing ones of some years' duration. It would be very interesting to get a report of one in its early stage and learn something of its etiology and of its prodromata.

The Visit of Their Majesties to Ireland.

BY the time the present issue is in the hands of our readers, Ireland will be honoured by the presence of their Majesties the King and Queen, on their long-promised visit. In offering them a warm and heartfelt welcome on behalf of the medical profession in Ireland, we are only re-echoing the universal wishes of the profession, of whatever religion and whatever politics they may be. His Majesty has ever been a gracious friend, not alone to those members of our profession who have the honour to attend upon him, but to the general body of the profession, and to hospitals and other charities with which the profession is so closely connected, and to medical science generally. We regret that the length of his stay will not permit him to visit the Irish hospitals, as did her late gracious Majesty Queen Victoria, but on a future occasion he may confer that honour upon them. His Majesty has been graciously pleased to consent to accept addresses from the Royal College of Physicians and the Royal College of Surgeons.

The "Happy Medium" Operation.

A CONTEMPORARY draws attention to the fact that there is really little or no accommodation in London for patients with small means requiring a surgical operation, who, on the one hand, do not desire to be regarded as objects of charity, and yet, on the other, who cannot possibly afford the very large fees charged by surgeons of experience. The question is asked whether there be no "happy medium" between an operation costing from fifty to a hundred guineas at a patient's own residence or in a nursing home, and the same operation performed for nothing at a hospital. In addition to the surgeon's fees, there are extra fees for assistants, for after-visits, for the anæsthetist, and for the nursing, which, especially if the very high charges of a first-class nursing home or private hospital be superadded, compels middle-class and even some professional people to seek hospital charity under such circumstances. There are two remedies available for the proper adjustment of this only too obvious defect in the hospital system: one is the provision of paying wards or "pay-beds" in ordinary wards in the hospitals, the other is the establishment in different parts of the Metropolis of moderately-priced nursing homes. The former solution of the difficulty does not commend itself, owing to the natural aversion of many people to enter hospitals as patients, and also because the hospital itself very properly demands a considerable weekly sum to cover the cost of actual maintenance, while in many cases it objects to play the part of a nursing home when it was originally intended to be an entirely charitable institution.

The development of nursing homes at "popular prices" would be satisfactory alike to patient and surgeon, as tending to maintain the independence and self-respect of the former, and in the end to attract greater practice to the latter.

Asthma and Morbid Nasal Conditions.

IN spite of its strongly-marked characteristics and its common occurrence, spasmodic asthma is one of the diseases about which a great deal remains to be learnt. In severe cases the cough, wheezing, and intermittent dyspnœa, coupled with the sense of constriction in the chest, present a clinical picture of distress and urgency that, once seen, is not likely to be readily forgotten. The spasmodic contraction of the bronchi, which forms the essential morbid factor, may be due either to direct irritation of the bronchial mucous membrane or to reflex irritation. The discovery of the possibility of a remote irritant origin of the malady marked a new epoch in the treatment of asthma. One of the most promising fields of investigation thus opened up has been found in the relationship of morbid conditions of the upper respiratory tract to the symptomatic spasm of the bronchi. For some time past it has been established that by appropriate intra-nasal surgical treatment asthma may be sometimes relieved and sometimes even cured. Good results are obtainable in cases above and beyond those where polypi or other intra-nasal lesions are found by contracting the mucous membrane of the septum nasi. This point is of importance when the small percentage of asthmatics with gross intra-nasal morbid conditions is taken into consideration. At present this method of treatment is empirical, but for all that it affords a reasonable prospect of relief in so many instances that it deserves the careful attention of all medical men who are brought face to face with that most troublesome and rebellious symptomatic complaint, spasmodic asthma.

Anal Stenosis in Children.

THAT there may exist any degree of stenosis from absolute occlusion of the anus in children to normal potency is obvious to every one who understands the embryonic development of the rectum. But that varying degrees of stenosis do actually exist in practice without any marked influence on health is not so generally recognised. Some clinical observations, however, recently published (*a*) by Mr. Alan Mackay, of Melbourne, go to show that there is often not sufficient care taken to exclude the possibilty of stenosis before treating a child for chronic constipation, and that serious results may follow. In two children seen by him, aged about two years, and suffering from constipation, he found the rectum completely blocked by foreign bodies which had been collected by a partial stenosis of the anus. In one, a glove button had acted as a valve in the opening, and had behind it several pounds of fæcal matter, embedded in which were numbers of beads, fruit-stones, fragments of road metal, chaff, egg shells and straw. On dilating the anus and cleaning out the bowel the child was completely cured. In all cases of chronic constipation in young children a rectal examination should be made.

(*a*) "Intercolonial Medical Journal of Australia," May 20th, 1903.

The Indican Reaction.

So far chemical physiology and pathology have not, one regrets to say, been of any outstanding value to the science of surgery, at any rate, in the matter of diagnosis. In the above reaction, however, surgeons have a diagnostic aid which has not, at least in this country, been taken much advantage of. Its application is as a means of determining the approximate site of an intestinal obstruction, as indican only appears in excess in the urine when the obstruction occurs in the small intestine. Some observers record the rather curious fact that the indican is not increased if the obstruction takes place in the duodenum. Of course, obstruction is not the only cause of indican appearing in the urine, but, taken in conjunction with the ordinary symptoms of obstruction, it ought to be a valuable adjunct to the diagnosis of the site. In a recent publication by Ellinger and Prutz, experimental evidence fully backed up the worth of this test, which was proposed by Jaffé many years ago. In connection with this question, it is of interest to note that the substance tryptophane recently isolated from tryptic digestion by Hopkins and Cole appears to be the parent substance of the product which gives rise to indican, *viz.*, indol. The most satisfactory test for indican is that of Obermayer.

The Elections at the Royal College of Surgeons of England.

THE admission of voting papers sent by post evidently finds favour with the Fellows, only ten having taken the trouble to attend in person for that purpose. The result of the election to places on the Council was that generally anticipated. As announced last week, the successful candidates were Mr. H. T. Butlin, Mr. G. H. Makins and Mr. C. T. Dent, Mr. F. S. Eve following close on the heels of the last-named. Now that the demand of the members for admission to the governing body is in abeyance there is nothing in college politics to excite any particular interest, such interest as is manifested being obviously due to purely personal considerations. The moderate interest felt in college affairs receives further confirmation by the difficulty which is experienced in obtaining a quorum at the annual meeting, and it is probable that these meetings will ultimately be abandoned. The choice of Mr. John Tweedy for the post of President of the College is one which will command general approval. A man of culture, urbane and tactful in his manners, and of liberal views, the influence which Mr. Tweedy will now exercise will unquestionably make for the advancement of this great corporation in its widest and best sense. We

congratulate Mr. Tweedy on his election, and the College on its choice.

Small-pox in Cambridge.

IN spite of the assertion of a contemporary that the report of the existence of an epidemic of small-pox at Cambridge was of the nature of "irresponsible chatter," an allusion possibly to our own remarks on the subject, it is now officially stated that some seventy cases of variola are under treatment in the university city. As we previously mentioned, the cases were for a time diagnosed to be chicken-pox of an unusually severe type, but Dr. Wanklyn, of the Metropolitan Asylums Board, inclined to the view that the disease was small-pox, and the necessary precautions have now been taken. Admitting that the diagnosis in individual cases is often extremely difficult, it is not to the credit of medical science that an epidemic of this magnitude should be allowed to obtain a hold on a persistently mistaken view, and the evil is aggravated by its having occurred in a town inhabited by such a large number of young men, who, if not vaccinated, are likely to prove very susceptible to infection. So far only three deaths are reported, showing that the disease epidemic is of a mild type.

Mixed Bathing.

PUBLIC opinion is awakening to the absurdity of the drastic rules enforced in many English seaside resorts against mixed or family bathing, and there are signs that the local authorities at certain popular stations are disposed to take a more common-sense view of the matter. It is obviously absurd to prevent families bathing in common, provided the usual rules as to wearing a suitable and sufficient costume be enforced. Further than that there is no necessity for interference. There should be three separate bathing stations, one for women, one for men, and one for persons who desire to bathe in common, and the selection must be left to individual bathers. In order to overcome one possible objection it would not be unreasonable to insist on separate bathing machines for persons of different sexes, and with that precaution all conceivable objection to mixed bathing disappears. Mrs. Grundy, if she please, may bathe in exclusively female society, but she has no *locus standi* to interfere with the innocent enjoyment of others less sensitive than this eminently respectable person.

The Finsen Treatment of Lupus.

SINCE the application of the Finsen light to the alleviation of lupus, instrument makers, with true commercial instinct, have flooded the market with lamps, good, bad, and indifferent, the majority no doubt, as worthless as those of the five foolish virgins of old. It is not surprising therefore to find that Professor Finsen has at last broken silence. In a recent communication he shows that for satisfactory penetration of the tissues efficient lamps must be used. He finds that the best results are obtained by using a current of 60-80 ampères. By employing such, effects may be obtained in from 20–25 seconds, which with a 40-ampère lamp occupied 4–5 minutes. It will be well for operators in this country to overhaul their lamps.

The Germicidal Action of Radium Rays.

A PRELIMINARY report states that Dr. Pfeiffer and Dr. Friedberger, of Königsberg, have succeeded in demonstrating the efficient germicidal action of the radiation from radium-bromide. It would seem that the disinfecting properties of these newly-discovered radium rays surpass those of the Röntgen rays. The results of recent investigations seem to go far in showing that real practical service may be the outcome of these researches.

The British Medical Benevolent Fund.

THE sixty-eighth annual report of this fund testifies to much useful work, although its scope is necessarily limited by the lack of more ample means. Many of the recipients of relief have once been in good circumstances and have come to want through calamities entirely beyond their control; in fact, the allowances which they receive are often all that stands between them and parish relief. This sad record of suffering and misfortune should stimulate those on whom fortune has smiled to extend its sphere of usefulness by financial support. We are, however, fain to confess that neither providence nor charity are virtues adequately cultivated within the ranks of the profession, and we would gladly see it otherwise.

THE new pavilions of the Victoria Hospital, Craigleith, Edinburgh, which we described in a recent issue, were opened last week by Lord Rosebery, who pointed out that, excluding the infant deaths, that is, deaths under five years old, no less than one-seventh of the deaths in Edinburgh are from phthisis.

AT the forthcoming annual meeting of the British Medical Association at Swansea, the National Temperance League invite members to a breakfast on Thursday, July 30th, at 8 a.m., Dr. J. Adams Rawlings presiding. Invitation cards may be obtained on application to Mr. John T. Rae, Paternoster House, London, E.C.

THE Enno Sander prize of the Association of Military Surgeons of the United States Army has been awarded to Major Frederick Smith, D.S.O., of the Royal Army Medical Corps, for his article on the "Differential Diagnosis of Typhoid Fever in its Earliest Stages."

THE twelfth annual dinner of the Incorporated Medical Practitioners' Association was held at the Trocadero on Thursday, the 16th inst.

THE death is announced of Dr. J. A. Reardon, Assistant-Surgeon in the service of the Straits Settlements.

THE Cancer Investigation Committee of Berlin has instituted a special journal, in which will be published all the latest discoveries relating to this malady.

PERSONAL.

DR. ROBERT REYBURN has been elected first President of the recently constituted Medico-Legal Society of New York.

MR. J. S. GRIFFITHS, of Redland, Bristol, has been created an Associate of the Order of St. John of Jerusalem by H.M. the King.

H.R.H. PRINCESS HENRY OF BATTENBERG opened the newly-built Belgrave Hospital for Sick Children, in Clapham Road, on the 20th inst.

DR. ALFRED HILL has been presented with a handsome silver tea and coffee service on his relinquishing the post of Medical Officer of Health for Birmingham.

DR. G. H. MOUNSEY, of Lincoln, has been presented by his medical friends with a piece of plate as a mark of their esteem on the occasion of his leaving the city after practising there for fifteen years.

Special Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

[FROM OUR SPECIAL CORRESPONDENTS.]

CONTINENTAL SUMMER RESORTS.

LAKE LEMAN AND THE RHONE VALLEY.

THE Arve is said to be the sole French river which is "heaven-born"; springing not from the ground or rocks, but flowing from the snows and ice-fields of Mont Blanc. So the medical scientists of Champel (where the yellow Arve rushes by to mingle with the blue Rhone) claim for their baths and douches special merit, as their hydros are superabundantly supplied from the Arve stream with the coldest of glacial waters, enriched by copious mineral waters, gathered up *en route* by the Arve, from the St. Gervais and other springs. Dr. Strœhlm also asserts that "in their rapid course, continually tumbling over stones and rocks, the Arve waters become saturated with a greater amount of oxygen than the atmospheric air, and acquire by constant friction an important electric tension."

Champel, a pleasant suburb of Geneva, has two hydropathic institutions—that of Dr. Tacke, where modifications of the Kneip treatment are given; and the older, better-known Beau-Séjour establishment, presided over by Dr. Glatz, popular with summer patients here, and in winter at his Belvedere Hotel Hydro, at Nice.

Near Geneva, in the Pays de Gex, the Divonne Hydro is also well known for its cold douches, administered personally by resident physicians, among whom Dr. Roland (speaking English and of great experience with Divonne waters) is in much request by Anglo-American visitors. Not far from Divonne, but perched picturesquely on a projecting spur of the Juras, at 3,500 ft. altitude, and overlooking grand views, is the summer climatic resort of the Grand Hôtel de l'Observatoire, St. Cergues-sur-Nyon, under the able management of Mr. Gimpert, who in winter is likewise at the Belvedere, Nice.

Quite modern in its building and equipments, in a country noted for forests of immense firs, and on a fertile plateau feeding much cattle and abounding in flora, the Grand Hotel of St. Cergues offers many inducements for a summer's sojourn, especially to the convalescent and all seeking rest in a tonic mountain atmosphere of moderate elevation. It is conveniently situated for an "after-cure" for those who have been under medical treatment at Aix-les-Bains, St. Gervais, Champel, Thoron, Evian, and Divonne.

Across the lake, on the Savoy shore, are the spas of Thonon and Evian. The Thonon alkaline springs (cold, bicarbonated, with resinous odours and traces of copper, iron, and arsenic) merit to be made more known to British visitors. Evian is thronged during the hot months, chiefly by Continentals; and its waters are appreciated for their tonic and diuretic qualities. Among the summer physicians here is Dr. Falibos, of Nice, speaking English, and favourably known to the profession at home and in the Colonies.

From the decks of the steamers crossing the lake, at its widest part, from Evian to Ouchy, the Swiss towns of Lausanne, Vevey, and Montreux appear to advantage; and attention is attracted by the massive arches and great extent of the Palace Hotel at Caux, a truly palatial structure in a superb position. Caux is reached from the steamer-quay and the Jura-Simplon railroad station at Territet, by a cable-road to Glion and a rack and pinion railway thence, past Caux, to the Rochers de Naye. The Caux station (3,500 ft. altitude) is on a level with the upper floor of the Palace Hotel, from which an *ascenseur* descends to the salons, dining-rooms and bed-chambers. The Palace Hotel is an all-year-round residence, built with every latest device for comfort, elegance, and health, ranking high among the luxurious hostelries of Europe, and conducted with appropriate care by the director, Mr. Eulenstein. From every floor the panoramic prospects are widespread and beautiful. The Grand Hotel at Rochers-de-Naye (6,500 ft. altitude) is admirably placed for sunset and sunrise views, commanding excellent prospects over the Bernese, Vaudois, Valais, Savoy, and Dauphiny Alps.

At Montreux-Territet are several English physicians, among them Dr. Tucker-Wise (who resides here winters only) and Dr. Stuart-Tidey, formerly at Florence and Maloja (who practises here all the year).

Leaving the lake at Villeneuve (where is the good Hôtel Byron), the Jura-Simplon railroad proceeds to Aigle, near which station are the Montreux Golf Links. An electric tram runs from the station to the Grand Hôtel, Aigle-les-Bains, a capital house at nearly 2,000 ft. altitude, amidst attractive shady gardens (a pretty English church in the grounds), and in the immediate vicinity of large beech and pine woods. Connected with the hotel is a well-arranged hydro-annex for alkaline and saline baths and douches, electro-therapy, and scientific massage. The cold bicarbonated alkaline spring here yields very abundantly a water excellent for drinking and medicinal purposes, "diuretic, tonic, digestible," similar to the springs of Evian and the Vosges. (See MEDICAL PRESS AND CIRCULAR of June 10th this year.)

From Aigle station also an electric funicular ascends to the three Leysin sanatoria, *viz.*, Grand Hotel Sanatorium (Dr. Exchaquet), Mont Blanc Sanatorium (Dr. Meyer), Chamossaire Sanatorium (Dr. Jaquerod).

These institutions for tuberculous complaints are each of the most modern construction, most comfortable in every respect, open throughout the year, and at altitudes of 4,500 to 4,800 ft., in a locality unexcelled for purity of air.

From Bex station, trams run past the saline baths and springs to Gryon, Chesières, and Villars-sur-Ollon. At Villars is the much-appreciated Grand Hotel of Mr. Freudwieler, who is in winter at his popular Hôtel Alsace-Lorraine, in Cannes. Located about 4,500 ft. above sea-level, the Grand Hotel of

Villars is a very desirable summer home for those wishing a high altitude with an atmosphere tonic, pure, dry, yet remarkably mild.

(For full particulars of the Bex waters, baths, and hotels, see MEDICAL PRESS AND CIRCULAR of June 25th, 1902.)

Past Bex, and near the ancient town of St. Maurice, are the Lavey Baths, open from May to October, under the experienced care of Dr. Suchard. Lavey is of old and good repute for its strong and abundant sulphur spring (118° F.), having a sodium-potassium base, and adapted to both interior and exterior administration. Hydrotherapic and other treatments of many kinds are given at Lavey, including a unique pulverisation obtained by great pressure from a cold copious spring, 2,700 ft., above the establishment.

In and near the Rhône Valley are a variety of other mineral springs of local fame, the most important being the Leuk Baths, about three hours drive from the Jura-Simplon Loueche station and two hours' walk from the celebrated Gemmi Pass, situated at 4,700 ft. altitude amidst green meadows, in a valley where the sun disappears even in midsummer at 5 p.m.

The Leuk Springs are numerous, impregnated with lime, and of much efficacy in arthritis and skin diseases. The peculiarity of Leuk is the large mineral water common baths, where patients of all ages and diverse characteristics are immersed to the waist for several hours daily, promenading therein, eating, drinking, sewing, reading, writing, playing cards and ping-pong on small floating tables, and gazed upon from galleries by non-invalid spectators, who frequently join animatedly in the gossips and discussions of the bathers. Sage old Montaigne said a goodly part of the benefit from a sojourn at a thermal resort was derived from the amusing society and lively conversations found there. Leuk can respond to Montaigne's idea. But new ideals and individual bath-tubs are invading even Leuk, and those admiring "good old customs" should come here soon; and the lovers of the picturesque should select moonlight evenings, when the perpendicular Gemmi rocks stand out weirdly.

Around the Rhône Valley are also many summer resorts which are not spas—"health and pleasure" places of great variety and at prices to suit all purses. Among these Zinal is this season drawing many visitors. It is the most readily accessible, from the Sierre Station of the Jura-Simplon railroad, through the Val d'Anniviers. At 5,500 ft. altitude, encircled by some of the grandest heights and glaciers of Valais, and an excellent starting point for mountain ascensions and excursions, Zinal has hitherto been chiefly known to members of Alpine clubs, or to such others who "although on pleasure" bent, had yet "a frugal mind."

This year, under new management, Zinal takes a new departure, and promises with every succeeding season to gain additional prestige. It has three hotels, (Diablons, Durand, and Besso), and an English church, service in summer.

From the Viège Junction, the Viège-Zermatt railway ascends the Visp valley. Admittedly one of the most picturesque railroads of the world, and the route to one of the greatest of mountain resorts, its comfortable carriages are now crowded daily; for the cosmopolitan popularity of Zermatt and of its Seiler hotels increases steadily. As descriptive of its claims to such growing prosperity, we quote from Emile Yung's "Zermatt and the Valley of the Viège":—

"In this little corner of the world is to be found the wherewithal to excite the curiosity of the learned and to satisfy the aspirations of the artist; to move the most sluggish mind and to strengthen the most desolate soul. For such reasons as these it is, no doubt, that in our restless times thousands of travellers flock yearly to this spot. The weary and the pessimist assuage their moral lassitude, and those whose malady is merely physical are restored and, as it were, transfigured, by the revivifying breath of the heights. All carry away with them fresh energies and aptitudes for feeling, comprehending, and, in a word, for living."

SCOTLAND.

HOSPITAL ACCOMMODATION IN GLASGOW.—At the present time the hospital accommodation in Glasgow is being taxed to its utmost. Last week's report, issued by the superintendent of the Western Infirmary, showed the large number of 411 patients awaiting admission, and the report for the previous week, 409. It was stated in the report of the superintendent of the Victoria Infirmary for last week that 116 were waiting for admission. We are glad to know that the reconstruction of the Royal Infirmary is to be commenced forthwith, after what certainly appears to be unnecessary delay. The completion of the entire hospital will occupy a considerable time, and will, of course, in no way relieve the pressure for accommodation which at present exists. Soon, at any rate, this will in some degree at least be met for the poor of the City by the large hospital which is in course of erection by the Town Council, and which will have somewhere about 1,200 beds. Small district hospitals are also being built in the Northern and east-end portions of the city.

SMALL-POX IN EDINBURGH AND DUNDEE.—A bad case of small-pox has been reported in Edinburgh. The patient, a man, contracted the disease in Antwerp, and on arriving at Burntisland he was sent on to the Edinburgh hospital. Six cases of the disease are at present in the Dundee hospital, and twenty contacts are in the reception house. What about re-vaccination? We do not hear whether this is being carried out in Dundee. The epidemic in Glasgow shortly before the opening of the exhibition was quickly stamped out by the extremely energetic measures which were adopted for having the citizens re-vaccinated. The success which followed was most gratifying, and the spontaneous and hearty manner in which the people co-operated with the medical officer of health and the Health Committee of the city on that occasion has warranted and encouraged the municipal authorities to recommend periodic re-vaccination, which it is to be hoped will be carried out in due course.

GLASGOW SAMARITAN HOSPITAL.—The sum of £1,000 has just been given to this useful institution by Mr. A. Cameron Corbett, M.P., to name a ward in the new wing "The Alice Mary Corbett Ward," in memory of his late wife, who was president of the Ladies' Auxiliary Association. A considerable number of the leading ladies of the city have been interesting themselves much in this hospital recently, by having "American teas" at their respective homes, where the numerous guests are charged a certain sum, which goes in full to the hospital. In this somewhat unique way a large sum has been collected, and, as we stated some time ago, a bazaar is to be held in the winter for the extension of the institution, and at which the opening ceremony is expected to be performed by H.R.H. Princess Christian. From its humble beginning only a few years ago, it may truly be said that its lines have fallen in pleasant places. Lord Blythswood and Lord Provost Sir J. Primrose, Bart., and other influential gentlemen are interesting themselves in it.

EXTENSION OF GLASGOW UNIVERSITY.—A considerable extension of the university buildings will be commenced shortly for the departments of materia medica, physiology, and medical jurisprudence and public health. The cost, including their complete equipment, will be between £90,000 and £100,000. The site is on the south side of the main road which extends from the front of the present buildings to the Western Infirmary. The style of architecture adopted is a phase of modern Renaissance, selected mostly for its ready adaptability to the requirements of the buildings as well as its simplicity and economy in design. On account of the varied levels of the site it has been possible to arrange the plan so that the second floor plan, the highest in the building, is, in reality, but one storey high above the point from which it is entered. The plans have been prepared by Mr. James Miller, F.R.I.B.A. When these extensive buildings are completed, Glasgow University will

be very thoroughly equipped for teaching purposes, and will compare most favourably with any other university in this country.

BELFAST.

THE NEW ROYAL VICTORIA HOSPITAL to be formally opened by his Majesty the King on Monday next, is a building of great interest to all medical men, as in many respects the structure is novel. It is built to replace the old Royal Hospital in Frederick Street, and though its position is not so central, it is much better from the sanitary standpoint. It is at the top of Grosvenor Street, on rising ground, with the Dunville Park to the north, and its own grounds, six acres in extent, afford an open space on the south, and adjoin the grounds of the old Asylum for Insane. The new hospital has 300 beds (in place of 180 in the old), and has been designed by Messrs. Henman and Cooper, of Birmingham, in accordance with Mr. Henman's theories.

The " backbone " of the building is the main corridor, 460 ft. long, running east and west. From it seventeen side corridors open south, each leading to a complete " unit," consisting of a large ward with fourteen beds, one or two small wards with two beds each, kitchen, bath-room, &c., and either a clinical lecture-room or an operating theatre. The large wards lie side by side, only a dividing wall between two, and are lit by lantern lights in the roof, and a large French window at the south end of each opening on to a balcony and looking into the garden. This method of construction is only possible where, as here, the Plenum system of ventilation is adopted. The air is admitted by three openings on each side of each ward, seven feet from the ground, and escapes by a number of smaller openings at the level of the floor. The seventeen units are distributed two each, a male and female, to the four senior surgeons and four senior physicians, and one to the gynæcologist. The ophthalmic unit is on the north side of the main corridor, and contains two wards with six beds each, and an operating theatre with good western light. There are, besides, detached buildings for septic and infectious cases, and a pathological building. Opening off the main corridor on the north are the administration block, including a wing for the resident medical staff and one for the nursing staff, and the extern department. The latter consists of a large central hall, lighted from the roof like the wards, and surrounded by about eighteen smaller rooms, including medical (male and female), surgical (male and female), gynæcological, ophthalmic, emergency, recovery, &c. The two large wings of the central administrative block are the only parts of the entire building rising above one storey. No patient need ever be carried up or down a single step. The ventilating system is arranged to give an entire change of air seven times an hour in winter, and ten times in summer. The cost of the hospital works out at between £300 and £350 per bed—it is hoped nearer the former than the latter.

DOCTORS AS WITNESSES.—At a meeting of the Belfast Board of Guardians on the 14th inst, a letter was read from Dr. H. R. Irvine, a dispensary medical officer, stating that he was summoned as a witness for the Crown at a case in the forthcoming assizes, and that his neighbour, Dr. Heron, would do duty for him subject to the approval of the guardians. The chairman said that Dr. Irvine was continually making such applications, and the ratepayers were again and again having to put their hands in their pockets for him. Personally, he protested strongly against the whole matter. The work was not in connection with the union, but in connection with inquests, and the doctor was paid for it. He thought they ought to put the whole matter before the Local Government Board. This suggestion was adopted.

DR. LOUIS W. SAMBON, in the July number of *Climate*, publishes a valuable paper on the chief disease-scourges of the tropics in their relation to the development of Greater Britain.

Correspondence.

THE HOSPITALS OF UTOPIA.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Thinking that your readers may wish to know something of the hospitals of Utopia, to which the Archbishop of Canterbury made recent reference, I transcribe the following from a modernised copy of Ralph Robinson's translations of the right worthy and famous Sir Thomas More's fruitful, pleasant, and witty work " Utopia " :—" In the circuit of the City, a little without the walls, they have four hospitals, so big, so wide, so ample, and so large that they may seem four little towns, which were devised of that bigness partly to the intent the sick, be they never so many in number, should not be too strong or strait, and therefore uneasily and incommodiously; and partly that they which were taken and holden with contagious diseases, such as be wont by infection to creep from one to another, might be laid apart from the company of the residue. These hospitals be so well appointed, and with all things necessary to health so well furnished, and moreover so diligent attendance through the continual presence of cunning physician is given, that though no man be sent thither against his will, yet notwithstanding there is no sick person in all the city that had not rather lie there, than at home in his own house. When the steward of the sick hath received such meats as the physicians have prescribed, then the best is equally divided among the halls, according to the company of everyone, saving that there is had a respect to the prince, the bishop, the trainbores, and ambassadors and all strangers." The Utopians were not unmindful of sanitation for Raphael Hythloday tells us of the citizens of Amaurote, the capital, that they did not " suffer any thing that is filthy, loathsome or uncleanly, to be brought into the city, least the air by the stench thereof infected and corrupt, should cause pestilent diseases." And again he tells us that in the vegetable, fish, fowl, and meat markets, " the filthiness and odour thereof is clean washed away in the running river without the city in places appointed for the same purpose."

I am, Sir, yours truly,

GEORGE FOY.

Obituary.

FRANCIS HARRISON WALMSLEY, M.R.C.S., L.S.A.

WE regret to announce the death, in his 75th year, of Alderman F. H. Walmsley, which took place on the 16th inst., at his residence, Belmont, Higher Broughton. Mr. Walmsley, who had been in failing health for some time past, was a native of Manchester, being the son of a medical man in practice in the city. He studied at the Manchester Royal Infirmary, and was entered also as a student at the Pine Street School of Medicine, since incorporated in the medical school of Owens College. In 1849 he obtained his diploma, and soon obtained an extensive practice. In 1855 he was appointed honorary and ultimately consulting surgeon to the Salford Royal Hospital, in which institution he always took the keenest interest.

He was first elected to the Salford Town Council in 1864, and he had been the " father " of that body for some time at the date of his death. Discussions of sanitary and educational matters in the Council always found him among the speakers, and the ability which he displayed on those occasions speedily obtained for him recognition from his colleagues as an authority on questions of sanitation and health. He was placed on the aldermanic bench in 1874, and he had, therefore, upheld the dignity of the aldermanic order for nearly thirty years.

Shortly after the passing of the Public Health Act, 1868, Mr. Walmsley submitted to the Council a scheme, which was adopted, for the formation of a health department, and the appointment of a medical officer of health. The question of river pollution entailed much

labour upon a committee of which he was a member, and whose efforts, along with those of other authorities, eventually culminated in the formation of the Mersey and Irwell Joint Committee, which has since been constantly endeavouring to improve the condition of our polluted rivers and streams. He was among the early members of the Joint Committee, and acted for some time as chairman of its chemical section. Mr. Walmsley was appointed chairman of the Health Committee of the Salford Corporation in 1877, and in the same year he became chairman of the River Irwell Conservancy Committee. As he was, further, one of the Commissioners for dealing with the upper reaches of the Mersey, it will be seen how far-reaching were his efforts with regard to that particular branch of sanitation which seeks to cleanse the water courses of an industrial district.

He was for many years an active member of the first School Board formed in the borough on the passing of the Education Act of 1870. Later he was a representative of the magistrates of the borough among the governors of the Manchester Grammar School, and also sat in the Court of Governors of the Owens College as a representative of the Salford Corporation. His scientific bent led him into an honorary secretaryship of the Manchester and Salford Sanitary Association. He was also an old member and ex-president of the Manchester Clinical Society, an ex-president of the Medico-Ethical Society, one of the ex-presidents of the Certifying Surgeons' Association, and a member of the British Medical Association. The Manchester Statistical Society claimed him as a member for a considerable period, and he sat, too, upon the Lancashire Asylums Board, the Prestwich Asylum Visiting Committee, and the Board of Governors of Sir Ralph Pendlebury's Orphanage at Stockport. The deceased alderman's magistracy dated back to 1877, and upon the borough Bench, as in every other department with which he was connected, he devoted his time and talents unstintedly to the discharge of his duties.

SAMUEL FARRANT, M.R.C.S., L.S.A.

THE death is announced of Mr. Samuel Farrant, M.R.C.S., L.S.A., of Taunton, one of the best-known medical practitioners in the West of England, who died at his country residence, Amberd, Pitminster, aged 65. He had been Mayor of Taunton and Surgeon-Lieutenant-Colonel of the West Somerset Imperial Yeomanry, and was also a member of the Somerset County Council.

Gordon Blackmailing Case.

IN addition to the list of subscriptions received and acknowledged in our last issue, the following additional sums are hereby acknowledged:—

	£	s.	d.
Received from Editor MEDICAL PRESS up to last issue	26	5	0
T. E Gordon, F.R.C.S.I.	1	1	0
Martin Dempsey, M.D.	1	1	0
John M. Day, M.D. ...	1	1	0
George Goldie ...	1	1	0
Wallace Beatty ...	1	1	0
J. Magee Finny, M.D.	3	3	0
Edward H. Bennett, F.R.C.S.I.	1	1	0
John Knox Denham, F.R.S.C.I.	1	1	0
J. J. Garland		10	6
Wm. R. Evans ...	1	0	0
P. W. Maxwell, F.R.C.S.I.	1	1	0
A. H. Benson	1	1	0
Sir F. Cruise	1	0	0
John Lentaigne, F.R.C.S.I.	5	5	0
Robert McVittie, M.B.	1	1	0
Wm. J. Martin, M.D.	1	1	0
Sir Charles Nixon, M.D.	1	1	0
Alfred Barnes ...		10	6
Joseph Redmond, M.D.	1	1	0
Edward Glenny ...	1	1	0
R. D. Purefoy, F.R.C.S.I.	5	5	0
Sir Thornley Stoker ...	1	1	0
John J. Cranny, F.R.C.S.I.	1	1	0
J. O Connell Redmond		10	0
James McWalter, L.R.C.S.I.		10	0
Robert Woods, F.R.C.S.I.	1	1	0
John O. Duffy, L.D.S.		10	6
John Wilkinson, L.R.C.S.		10	6
George Scriven, M.D.	1	0	0
W. B. Scriven	1	0	0
Albert E. Wynne, F.R.C.S.I.	1	1	0
A. W. Baker, M.D.	1	1	0
H. R. Swanby, F.R.C.S.I.	1	1	0
John A. Dockeray, M.B.		10	0
George Wigoder, M.D.		10	6
James Pollock, F.R.C.P.I.	1	1	0
Sir Charles Ball, F.R.C.P.I.	2	2	0
Sir Philip Smyly, F.R.C.P.I. ...	1	1	0
Patrick Barry, L.R.C.S.I.	1	0	0
Sir Robert Jackson ...	1	0	0
J. H. Clendenning, L.R.C.S.I.	1	1	0
Steward Woodhouse, M.D.	1	1	0
James Raverty, M.D.	1	0	0
Henry Hadden, M.D.	1	1	0
	79	7	6

ANDREW J. HORNE, Hon. Treasurer.

The Annual Meeting of the British Medical Association.

THE seventy-first annual meeting of this Association will be held next week at Swansea, on July 28th, 29th, 30th, and 31st, under the presidency of Dr. Thomas Dryslwyn Griffiths, who will deliver his Presidential Address on Tuesday evening, July 28th, at the Albert Hall, to be followed by the presentation of the Stewart Prize to Frederick Walker Mott, M.D., F.R.S. The meeting will be preceded by a Cathedral service at 11 o'clock, when the sermon will be preached by the Lord Bishop of St. Davids. On Wednesday, Frederick Thomas Roberts, M.D., senior physician, University College Hospital, will deliver an address in medicine at 8.30 p.m. in the King's Hall. On Thursday, A. W. Mayo Robson, F.R.C.S., Professor of Surgery, Yorkshire College, will give an address in surgery at 2 p.m. The scientific work of the meeting will be conducted in eleven sections, *viz.*, medicine, surgery, obstetrics and gynæcology, state medicine, psychology, pathology, ophthalmology, diseases of children, laryngology, tropical diseases, Navy, Army, and Ambulance. The sections meet Wednesday, Thursday, and Friday, from 10 a.m. to 1 p.m., and the work promises to be active and of unusual interest. The General Meeting of members will be held in the King's Hall, on Tuesday, at 2 p.m., when the President-Elect for 1904 will be nominated. At 7.30 p.m. on Thursday, the dinner of the Association will be held in the Albert Hall, under the presidency of Dr. T. D. Griffiths. The customary hospitality will be extended to members, and the entertainments are numerous.

The summer general meeting of the Irish Medical Schools' and Graduates' Association will be held at 2.15 p.m., on Wednesday, July 29th, 1903, in the board room of the Higher Grade Schools, Swansea, the President, Dr. P. S. Abraham, F.R.C.S.I., in the chair. One of the items on the agenda paper is: "To consider what action the Association should take towards assisting the removal of the grievances of Irish dispensary doctors."

The Fourteenth International Congress of Medicine, Madrid, 1903.

A MEETING of the National Committee of Great Britain and Ireland was held in the rooms of the Medical Society on Wednesday, July 15th, 1903. Dr. Pavy, F.R.S., the President, in the chair. A report was read about the Madrid Congress, stating that 238 persons had enrolled themselves members of the Congress from the United Kingdom, and that of this number 150 were present in Madrid, of whom several were appointed to honourable offices in various sections of the Congress. It was noticed with regret that certain radical alterations had been made in the constitution of the Congress without any previous consultation with the National Committee for Great Britain and Ireland. The second article, for instance, of the General Regulations for the last Congress enacted that the Congress shall be composed of medical men, pharmacists, veterinarians, and other persons practising one of the different branches of medical science, and that anyone who holds a professional or scientific title shall be admitted to take part in the Congress on the same terms as members of the medical profession. The admission of a large number of members apart from medical men made the Congress unwieldly in point of size, and to a large extent frustrated the objects for which it was founded. It was further reported that much confusion had been caused by the omission of the Congress authorities to communicate the names of the official delegates to the National Committee. A full discussion took place upon the report and it was decided to appoint a sub-committee to inquire into the subjects complained of and to suggest the most efficient remedy. It was announced that the next Congress would be held at Lisbon in the year 1906. A letter was read from the Medical Society of London suggesting certain alterations in the constitution and duties of the National Committee. The letter was referred for consideration to a sub-committee consisting of the President (Dr. Pavy, F.R.S.) and the two

secretaries (Dr. P. Horton-Smith and Mr. D'Arcy Power), Sir John W. Moore, M.D. (ex-President of the R.C.P.I.), Sir Dyce Duckworth, M.D. (Treasurer of the Royal College of Physicians, London), Dr. Allchin (ex-President of the Medical Society of London), and Dr. J. F. Sutherland (Deputy Commissioner for Lunacy in Scotland). The meeting adjourned after passing a vote of thanks to the Medical Society of London for the use of the rooms.

Central Midwives Board.

A MEETING of the Central Midwives Board was held at the Privy Council, Whitehall, on July 14th, 1903, Dr. Champneys being in the chair. Dr. J. R. Kaye, County Medical Officer for the West Riding of Yorkshire, Dr. G. Reid, County Medical Officer for Staffordshire, and Dr. Shirley Murphy, County Medical Officer for London, attended as a deputation from the Conference of County Medical Officers in order to make certain suggestions with reference to the administration of the Act in county areas. At the conclusion of the discussion the chairman thanked the members of the deputation for their attendance and for pointing out how certain difficulties in the administration of the Act might be overcome.

Suicide of an English Practitioner at Ostend.

MR. HUNTER URQUHART WALKER, L.R.C.P., L.R.C.S. Edin., of Clapton, committed suicide last week while on a visit to Ostend. Mr. Walker was the divisional surgeon of police for his district and medical officer to the Hackney Public Dispensary. He was a popular man, with a large practice, and no reason is assigned for the act.

The Supply of Vaccine in Scotland.

IN reply to the deputation who waited on him to urge a better provision of vaccine lymph for Scotland, Lord Balfour pointed out that the question of providing practitioners generally with Government lymph was an Imperial matter and could not be dealt with in respect of any one division of the Kingdom. He added that in Scotland, as in England, public vaccinators were supplied with Government vaccine; moreover, whereas in England 56 per cent. of the total vaccinations were performed by public vaccinators, in Scotland only 2 per cent. had recourse to their services. He declined to be a party to any step likely to extend the English system to Scotland. Moreover, no complaint had been made against the lymph in general use in Scotland, and for the time being he declined to commit himself to any statement on the question of the gratuitous supply of lymph.

Odontological Society of Great Britain.

THE following officers for the ensuing Session have been elected:—President: Arthur S. Underwood. Vice-Presidents: (Resident) W. H. Woodruff. E. G. Betts, L. Matheson; (Non-Resident): W. B. Bacon (Tunbridge Wells), H. B. Mason (Exeter), Dr. J. Arkövy (Buda-Pesth). Treasurer: C. F. Rilot. Librarian: H. Baldwin. Curator: J. F. Colyer. Editor of Transactions: H. Lloyd Williams. Hon. Secretaries: J. H. Mummery (Foreign), M. F. Hopson (Council). G. Hern (Society). Councillors (Resident): R. Denison Pedley, J. Percy Smith, A. Hopewell-Smith, E. Preedy, Carl Schelling, W. Rushton, H. W. Messenger, J. B. Parfitt, D. P. Sabell; (Non-Resident): J. J. H. Sanders (Barnstaple), E. A. Bogue (New York), J. F. L. Pike (Sheffield), G. W. Watson (Edinburgh), Kevin E. O'Duffy (Dublin), John E. Grevers (Amsterdam), J. C. Foran (Eastbourne), W. S. Holford (Sutton), O. Fergus (Glasgow).

St. Bartholomew's Hopital Medical School.

AT the distribution of prizes last week the following awards were made *inter alia*:—The Kirkes Scholarship and gold medal to Mr. C. M. H. Howell; the Brackenbury Surgical Scholarship to Mr. F. J. Faulder; the Brackenbury Medical Scholarship to Mr. C. H. Howell; and the Lawrence Scholarship and gold medal to Mr. A. A. Meaden.

Dinner to Professor J. McFarland, of Philadelphia.

DR. J. MCFARLAND, professor of pathology and bacteriology at the Medico-Chirurgical College of Philadelphia, was passing through London last week, and some medical friends took advantage of the opportunity to entertain him at dinner in the Louis XV. room of the Hyde Park Hotel, Albert Gate, S.W., on Tuesday evening. The chair was taken by Dr. Alfred S. Gubb, who was supported by a number of well-known members of the profession. Among those present was Dr. F. de Havilland Hall, Dr. G. Danford Thomas, Dr. F. J. Allan, Dr. F. S. Palmer, Dr. A. E. Giles, Mr. W. McAdam Eccles, Dr. H. Campbell Thomson, Mr. G. Lenthal Cheatle, Mr. de Santi, Mr. H. Percy Dunn, Dr. Rolleston, and Mr. J. Y. W. MacAlister. In proposing the health of Dr. McFarland, Dr. Gubb insisted on the cordial feelings which the profession in Great Britain felt towards their American *confrères* and on the benefits likely to accrue from such opportunities of social intercourse. Dr. McFarland responded to the toast in his honour by a humorous speech and a very agreeable evening was spent.

University of Glasgow.

THE following have passed the fourth (final) professional examination:—

(A.)—For M.B., C.M. Charles Lorn Stewart Gibson. (B.)—For M.B., Ch.B. Robert Adam, John William Arthur, Thomas Ballantyne, Thomas Bennett, M.A., Archibald Grainger Bisset, Alexander Blair, Robert George Bradford, John Brown, Carl Hamilton Browning, Robert Bruce, Robert Bryson, Daniel Lyall Carmichael, Alexander Adam Carruthers, Walter Bartlett Chapman, Alexander Erskine Clark, Andrew Connal, Samuel Campbell Cowan, John Cross, David Dickie, David Garfield Dykes, James Eadie, Cunison Charles Finlator, James Forsyth, James Glover, John Hanson, M.A.; William Harvey, Malcolm Hutton, M.A., B.Sc.; John Muir Kelly, Alexander Dingwall Kennedy, Thomas Walker Love, Thomas Lovett, Donald Macaulay, James Duff M'Culloch, John Finlay Macdonald, Norman Alexander Macleod, James Anthony Macvea, Alexander Matheson, M.A., B.Sc.; Spencer Mort, John Baird Morton, Gavin Muir, James Carmichael Pairman, M.A.; George Richmond, Daniel Falconer Riddell, M.A.; Peter Hamilton Robertson, William Garrow Shand, John Black Stevenson, William David Henderson Stevenson, M.A.; William Stewart, Arthur William Sutherland, M.A.; John Wilson Sutherland, Peter Lindsay Sutherland, John Allan Thom, John Restell Thomas, Joseph Walker, M.A., William Norman West Watson, Robert Tait Wells, M.A.; John Forrest Weston, James Wilson, John Young (Glasgow), Watson Young. Women—Jeanie Auld, Helen Stephen Baird, B.A.; Gertrude Dorman Bostock, B.Sc.; Mary Charlotte Cameron, Jane Campbell, Jessie Galloway Duncan, Kate Fraser, B.Sc.; Jane Reid Foulds Gilmour, Jessie Seath MacEwen, Anna Pollock Martin, Eliza Jane Miller, Isabel Deane Mitchell, Mary Ann Thompson Ritchings, Martha Hunter Scott, Elizabeth Helen Smith.

Conjoint Board for Ireland.

THE following candidates have passed the second professional examination of the Royal Colleges of Physicians and Surgeons:—

Old Regulations.—A. Passed in all subjects; T. A. Burke, M. Cohen, J. Gaffney, W. Glennon, C. W. Greene, H. M. Harrison, J. B. Kelly, M. J. Kelly, W. P. Kelly, T. H. Massey, W. S. L. Moorhead, Jas. O'Brien, G. Petit, W. H. Soady. M. Walters. *B. Completed Examination:* F. P. Byrne, H. Hipwell, R. Martin.

New Regulations.—A. Honours, in order of merit: J. Prindiville, P. Foran, M. O'Connor, H. J. Perry. *B. All subjects, alphabetically;* M. D. Healy, C. F. Murphy, T. O'Brien, P. J. Rooney, J. R. Talbot, C. H. Waddell, C. M. Wilson. *C. Completed examination:* J. Burke, E. C. MacDermot.

AN interesting lawsuit is down for hearing to-day at the First Chamber of the Civil Tribune, Paris, which will be called upon to try an action brought by Mr. Bertie Marriott, a well-known Anglo-French journalist of thirty-three years' standing, against Dr. Ferré, of the Bicetre Asylum. The plaintiff was placed under restraint as of unsound mind at Charenton for the space of fifty-seven days on the certificate of the chief physician at Bicetre. He only regained his liberty, it is asserted, through the intervention of the British Embassy. The damages are laid at 50,000f.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

CONTRIBUTORS are kindly requested to send their communications, if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

DR. J. C. MCWALTER.—Your paper is marked for early publication.

ERRATUM.

IN the article on "The Mechanical Treatment of Pertussis" in last week's issue, page sixty-seven, the belt recommended should read "elastic" and not "electric."

DR. ERDOS (Budapest).—Communication to hand.

DR. DOYEN (Paris).—Regret the additions to your paper arrived after the journal had gone to press.

A FINE LINE.

YOUNG DOCTOR: "I find it hard to draw the line between a common cold and influenza." His Senior: "It is hard, my boy; but social distinctions have to be made—there's no help for it."—*(C. & D.)*

M. R.—You should apply to the secretary of the fund, who will doubtless furnish the information you require and which we are unable to supply.

D. R. C.—Your MS. has been received and will receive attention.

THE ANNUAL TEMPERANCE BREAKFAST.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—I shall feel obliged if you will kindly allow me to announce that the Annual Temperance Breakfast, by invitation of the National Temperance League, will be given at Swansea on Thursday, the 30th inst., at 8 a.m. J. Adams Rawlings, Esq., M.R.C.P., will preside, and I shall be glad to send card to any members of the Association who will kindly apply to

Yours faithfully,

Paternoster House, London, E.C. JOHN T. RAE,
July 15th, 1903. Secretary.

THE SCOTCH QUARRY MEDICAL DISPUTE.

THE secretary of the medical committee representing the quarrymen at Ballachulish, who unanimously object to the arbitrary dismissal of Dr. Grant (their medical officer) has issued the following protest:—

TO THE MEMBERS OF THE MEDICAL PROFESSION.

We, the Medical Committee, representing the 400 quarrymen at Ballachulish and Glencoe, hereby give notice that we will not accept of the services of any medical officer, who is not appointed by ourselves.

ANGUS CLARK,
Ballachulish, Secretary, Medical Committee.
16th July, 1903.

Appointments.

BONNY, W. F. VICTOR, M.D.Lond., F.R.C.S.Eng., Obstetric Registrar and Tutor to the Middlesex Hospital.

BURTON, JOHN S., L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., Assistant Resident Medical Officer to the St. Mary's Hospital for Sick Children, Plaistow.

DUNLOP, JOHN BEATTIE, M.A.Cantab., M.R.C.S., L.R.C.P.Lond., Resident Medical Officer to the Royal United Hospital, Bath.

HANDLEY W. SAMPSON, M.D., M.S.Lond., F.R.C.S.Eng., to the Richard Hollins Research Scholarship in the Cancer Department of the Middlesex Hospital.

HARTIGAN, T. J. P., F.R.C.S.Eng., Medical Officer in Charge of the Light, X Rays, High Frequency Departments, &c., to the Hospital of Diseases of the Skin, London.

LAZARUS-BARLOW, W. S., M.D., F.R.C.P.Lond., Director of the Cancer Research Laboratories, Middlesex Hospital.

OGILVIE, W. M., M.B., C.M.Aberd., Senior Assistant Medical Officer to the Croydon Asylum and Mental Hospital, Warlingham, Surrey.

PLAYFAIR, HUGH JAMES MOORE, M.D.Lond., F.R.C.S Eng., M.R.C.S. Lond., Assistant Obstetric Physician to King's College Hospital.

PRICE, HENRY J., F.R.C.S.Eng., Medical Referee under the Workmen's Compensation Acts, 1897 and 1900, of Braintree, Chelmsford, Colchester, Dunmow, Halsted, Harwich, and Maldon.

REED, WALTER HUGO, M.R.C.S., L.S.A.Lond., Medical Officer of Health of the Westbury (Wilts) Rural District.

Vacancies.

Ballyshannon Union.—Medical Officer. Salary £100 per annum, with vaccination fees; also to act as Medical Officer of Health at a salary of £20 per annum. Applications to J. B. Chism, Clerk of Union. (See advt.)

University College of South Wales.—Professor of Anatomy. The Salary is £350 per annum. Applications to J. Austin Jenkins, B.A., Registrar, University College, Cardiff.

State of Sarawak.—Government medical officer for the tropics. Three years' agreement. Salary 300 dols. a month and free quarters. Unmarried and not more than 28 years of age. Applications, the Borneo Company, Sarawak Government Agents, 28, Fenchurch Street, London.

Metropolitan Asylums Board.—Second Medical Officer at the Asylum at Tooting Bec. Salary £180 per annum, rising to £200, with rations. Forms of application at the office of the Board, Embankment, London, E.C.

Somerset and Bath Asylum, Cotford, Taunton.—Assistant Medical Officer. Salary £160 per annum, increasing to £200, with apartments, board, &c. Applications to the Medical Superintendent.

General Post Office (Medical Department).—Second Assistant to the Medical Officers. Salary £200 a year, rising to £300. Information as to the duties can be obtained from the Chief Medical Officer, London.

Blaenavon Workmen and Agents Doctor's Fund Committee require on the 1st day of Oct. next, 1903, the Services of a Gentleman to take Charge of a large Colliery and Ironworks Practice. Salary £500 per annum, with free house, etc. For further particulars apply to the Secretary, Mr. William Griffiths, 38, New William Street, Blaenavon, Mon.

Nottingham General Dispensary.—Wanted, at once. Assistant Resident Surgeon. Salary £100 per annum, increasing by £10 every year. Furnished apartments, attendance, light, and fuel are provided. Apply to the Secretary, M. I. Preston, Journal Chambers, Nottingham.

Clayton Hospital and Wakefield General Dispensary.—Junior House Surgeon. Salary £80 per annum with board, lodgings, and washing. Applications to the Hon. Sec., Clayton Hospital, Wakefield.

East Suffolk and Ipswich Hospital.—A House Surgeon. The salary is £110 per annum, with board, lodging, and washing. Applications, with testimonials, must be received on or before July 28th.

Haydock Lodge Asylum, Lancashire.—Assistant Medical Officer. Salary £200 a year, with board, washing, etc. Apply to Dr. Street, Haydock Lodge, Newton-le-Willows, Lancashire.

Births.

GIRLING.—On July 16th, at Holly House, Birstall, Leeds, the wife of Charles J. Girling, M.B. (Lond.), of a son.

PEDLEY.—On July 8th, at Peckham Road, Camberwell, to Ada Elizabeth and S. Edward Pedley, M.R.C.S., L.R.C.P.Lond., a son.

Marriages.

ACKERLEY—RAVENHILL.—July 14th, at St. Mark's Church, Surbiton, Richard Ackerley, M.A., M.B., of Croft House, Surbiton, to Constance Mary, youngest daughter of the late William Waldron Ravenhill, Barrister-at-law, of Surbiton.

CAREY—BLAKE.—On July 9th, at Wivenhoe Church, near Colchester, Conrad de Lisle Carey, B.A., M.B., B.C.Cantab., of Guernsey, to Emmeline A. M. Blake, only daughter of the late Rev. W. Aston Blake, of Melton, Suffolk.

CALLENDER—HOYSTED.—On July 15th, at St. John's Church, Sidcup, Thomas Marshall Callender, M.D., C.M. (Edin.), to Charlotte Eliz. Marie Rose, eldest daughter of Colonel Hoysted, R.A.M.C. (retired), Sidcup.

HARPER—SCOTT.—On July 16th at St. Mary's Church, Wimbledon, Alexander Harper, M.D., of Eastbourne, son of James P. Harper, M.D., of Hertford street, Mayfair, and West Norwood, to Constance Evelyn, daughter of Charles Scott, of Homefield Road, Wimbledon.

RELPH—MACPHERSON.—On July 7th, at Christ Church, Brondesbury, Arthur Ernest Relph, M.R.C.S., L.R.C.P.Lond., L.D.S.Lond., to Mary Stewart, eldest daughter of Robert Macpherson, Brondesbury.

SEQUEIRA—ADAMS.—On July 16th, at St. Nicholas Parish Church, Kenilworth, James Harry Sequeira, M.D. Lond, to Nellie, daughter of Mr. and Mrs. J. E. Adams, of the White Lodge, near Stafford.

SPOONER—BRADLEY.—On July 16th, at St. George's Church, Bloomsbury, William Casswell Spooner, M.B., eldest son of the late Edward Monro Spooner, M.D., of Blandford, Dorset, to Edith Maud third daughter of the late William Tenny Bradley, L.D.S.R.C.S., of Chichester, and the late Mary Bradley of Lynwood, Fareham, Hants.

WISELY—EDWARDS.—On July 15th, at St. Mary's Collegiate Church, Port Elizabeth, Cape Colony, Henderson Wisely, youngest son of the Rev. George Wisely, D.D., Malta, to Annetta Ellen, only daughter of W. H. Edwards, M.D., of Port Elizabeth.

Deaths.

FOWKE.—On July 15th of malaria, at Tasati, India, Arthur Basil, third son of Frederick William Fowke, M.R.C.P., M.R.C.S.Eng., Byfield, Northamptonshire.

GINGELL.—On July 17th, at Park Bungalow, Minchinhampton, Margaret Elizabeth, widow of Daniel Gingell, M.D., of Morton Thornbury.

HILL.—On July 4th, from gastritis, at Hong-Kong, Charles Marshall Hill, L.R.C.P., M.R.C.S., of Priory Place, Doncaster.

SLY.—At Nimule, Nile Province, Uganda Protectorate, Edwin Sly, M.B.Lond., Uganda Medical Service.

THOMAS.—On July 17th Cadwallader Philip Thomas, M.A. Oxon, M.R.C.S. Eng., formerly of Cape Town.

WEBB.—On July 14th at Lulworth House, Cheadle, Stoke-on-Trent, Henry Langley Webb, M.R.C.S. Eng., L.S.A.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVII. WEDNESDAY, JULY 29, 1903. No. 5.

Original Communications.

ATONIC DYSPEPSIA. (a)

By PROF. A. H. CARTER, M.D., F.R.C.P.,

Senior Physician to the Queen's Hospital, Birmingham.

GENTLEMEN,—The subject upon which I am announced to address you this afternoon is "Atony of the Stomach and its Treatment and Management." When, however, I came to gather my ideas together on the subject and to put them into shape, I found that the term "atony" was, perhaps, a little too narrow and restricted for my purpose, and therefore I thought it desirable to substitute the term "motor insufficiency" for "atony," as being somewhat larger in its connotation, and somewhat better adapted for the object I have in view. Now, atony and motor insufficiency are by no means convertible terms. It is perfectly true that motor insufficiency invariably occurs where there is atony, but motor insufficiency is a functional sign which may arise under different circumstances. Under no circumstances do we find it occurring as a primary condition. Reduced to its simplest expression, motor insufficiency is, I take it, simply a difficulty, and therefore delay, on the part of the stomach in getting rid of its contents. Now every degree of delay may be met with from a length of digestive period which is scarcely in excess of that which is required under normal conditions for the digestion of a good meal, up to a condition in which the stomach cannot get rid of its contents at all. It would seem, therefore, at first sight, impossible to classify a condition exhibiting so even a gradation. But two well-marked groups may be recognised, according as the stomach empties itself once in the twenty-four hours or not. On the first occurrence of motor insufficiency, the prolongation of the digestive period may be such that it may not interfere with digestion at all—by which I mean that the interval between any two consecutive meals is such that although the process of digestion is slow, still the stomach manages to empty itself before the next meal. Under these circumstances there is no reason that there should be any symptoms at all; but as soon as the delay is increased beyond this point, you begin to get symptoms. It is absolutely necessary that the stomach should have an interval of rest in which to prepare for the work it has to do; and it is impossible for that work to be done comfortably and effectively if further food is introduced into the stomach before the last meal has been disposed of. The interval between the last meal in the day and the first meal on the following day is so long in comparison with the time separating any other two consecutive meals, that a patient will for a long time complain of a trouble which is confined to the day, and which is put right at night by the fact that the stomach has time to empty itself and start fair again on the following morning. Gradually even this period becomes insufficient, and then it comes about that the stomach is never empty. These two groups are distinguished by various terms, *e.g.*, motor insufficiency of the first and second degree respectively; simple motor insufficiency and motor insufficiency with dilatation; and stagnation and retention are used by some authorities to indicate these two stages of motor insufficiency. It is, however, a matter of very little importance what name you employ so long as you recognise that in the progress of motor insufficiency there is a point at which the general condition, signs, and indications for, treatment are unmistakably changed; and the process which underlies this change is summed up in the one word fermentation. I do not mean to say that fermentation never occurs in the simple form of motor insufficiency, but it is occasional and quite subordinate; on the other hand, in retention it is a prominent feature and dominates the whole clinical situation. With regard to the relation of motor insufficiency to dilatation, clinical teaching is rather apt to create the impression that these two things amount to much the same thing, *i.e.*, that dilatation is nothing more than the anatomical sign of the functional process. Now, that is not strictly true; you may have motor insufficiency without dilatation, but the existence of dilatation does not always imply motor insufficiency. For instance, in simple obstruction of the pylorus the stomach behaves very much as the heart behaves behind a constricted aortic orifice. The point is this—that you may have a large stomach in which there are no symptoms for a time of motor insufficiency because that motor insufficiency is compensated by hypertrophy of the muscular walls of the stomach. Therefore, from a practical point of view I think it would be better to discard the term dilatation altogether, for the only trouble arising out of dilatation for which relief is sought is motor insufficiency, which has a clear and definite meaning. With regard to the classification of motor insufficiency, it is clear that it may be due to one of two causes, or a combination of both; that is to say, deficient propulsive action on the part of the stomach, or some mechanical impediment to the escape of the gastric contents. Thus we have two groups of cases, which may be conveniently recognised as the non-obstructive and the obstructive. The former may be subdivided into (*a*) simple atony, and (*b*) atony associated with gastritis; nor is their management the same; nor does motor insufficiency occur equally with all forms of gastritis. There is a chronic gastritis (hypersthenic) characterised by increased glandular activity and superacidity, and in all cases of superacidity there is more or less motor insufficiency. These two conditions, atony and gastritis, are very frequently associated, but they may occur alone, and it is therefore convenient to recognise two different causes of motor insufficiency without obstruction. In the obstructive group we find again, like the non obstructive, it admits of a twofold division, according as the obstruction is simple or malignant. If simple, the obstruction may be due either to a simple fibrosis of the pyloric orifice, or to a displacement of the stomach by anatomical disturbance of the relations of

(a) Abstract of a Clinical Lecture delivered at the Medical Graduates' College and Polyclinic.

the stomach. If malignant, the obstruction is produced by malignant disease of the pylorus. To sum up, we have four groups of cases :—

1. Those in which the motor insufficiency depends upon simple atony.

2. Those in which it depends upon atony with gastritis.

3. Those in which it depends upon some simple direct or indirect mechanical obstruction.

4. Those in which it depends upon malignant disease of the pylorus.

These four divisions do not admit of a hard and fast distinction. On the contrary, two or more of them are often present in the same case. Thus the fermentation processes associated with well-marked atony may give rise to superacidity, or superacidity may be complicated with atony, or, again, atony may lead to displacement of the stomach and relative obstruction, while pyloric obstruction almost always, sooner or later, leads to marked atonic relaxation.

[The lecturer then gave a short clinical sketch of a fairly typical case of each of these four conditions, and also related a case of partial pyloric obstruction from cicatricial contraction following upon an old ulcer close to the pyloric opening.]

I now pass on to a brief consideration of the general diagnosis of motor insufficiency in reference to the circumstances of its occurrence. First of all, we have to establish the existence of motor insufficiency. Of all signs available for this purpose there is no doubt with certain precautions that the splashing sounds obtained on succussion may be relied upon as the most characteristic. This is known as Chomel's sign. For its validity two conditions are essential: First, that it exists throughout the digestive period, and this makes it a measure as well as the index of motor insufficiency, for as long as you get the sign there is something in the stomach which the stomach has not got rid of, and therefore if you obtain splashing sounds in the morning you know that there must be retention, and, on the other hand, if Chomel's sign is unobtainable in the morning, in all probability if there be motor insufficiency it is a case of simple stagnation. Of course, you must make allowance for those cases in which the abdominal walls are very thick, and those in which a nervous person keeps his abdomen very tense. Secondly, you must be careful to exclude those cases in which acidity is present. Wherever the tube can be passed you will get evidence that is, of course, of a much more conclusive nature. People in this country do not take kindly to the tube, and, indeed, any doctor who went about with a tube in his pocket to put down the throat of every patient who happened to consult him for indigestion would rapidly lose what practice he had managed to obtain. Still, for educational purposes in the hospital, and as an aid to diagnosis in difficult cases, there is no doubt that the use of the tube is of the greatest value. It enables you to ascertain not only when the stomach becomes empty, but also if it contains anything at a time when it should be empty; together with the nature of the contents; and thus you may diagnose both the presence and the degree of motor insufficiency.

The next thing to consider is whether the motor insufficiency is obstructive or non-obstructive. You must examine very carefully for a tumour in the ordinary way and palpate with a flat hand, and always take the precaution in a case of difficulty to give an enema first to empty the colon, so as not to run the risk of confounding the fæcal contents of the colon with a pyloric induration.

If there is no tumour there may still be obstruction. For instance, there may be gastroptosis. It is quite easy to inflate the stomach with a powder containing forty grains of soda and twenty-five grains of tartaric or citric acid. That will be found quite sufficient for ordinary purposes, and is not attended with any really serious risk. Of course, you would not give it in a case where you suspected ulceration. A history of previous ulceration accompanied by a steadily progressive increase of symptoms over a long time points to some mechanical obstructive or organic disease. With regard to inflation, I should say that if you give too large a dose your patient will be frightened and upset. Speaking broadly, marked retention is mostly the result of obstruction. On the other hand, where stagnation has existed for a long time without going on to retention, you may be fairly certain that you have only a functional condition to deal with.

With regard to the diagnosis of atony, remember that the evolution of atony is very slow and mild, whereas the evolution of obstruction from malignant disease, which is its most common form, is rapid, painful, and stormy in character. Examination of the urine, again, will often help you a good deal in diagnosis. The urine is much less diminished in obstructive than in atonic motor insufficiency, owing to the fact that fluids are more readily passed on from the stomach in the former than the latter; obstruction chiefly delays the passage of solids, but atony delays the passage of fluids equally as much as or more so than solids.

A great deal of information may be obtained from the vomit; for instance, in simple atonic stagnation vomiting is quite rare, and practically never occurs. But in obstructive stagnation or obstructive retention vomiting occurs much more frequently; in the former it is common. In atonic retention vomiting is less frequent and more copious; in obstructive retention it is more frequent and occurs oftener as the climax of the trouble excited by the day's meal, and is often preceded by pyrosis.

I must now pass on to some practical points in treatment, and shall have to omit some points I had wished to deal with in regard to the diagnosis.

In the treatment of atony the first thing in all cases is to examine for causes; this may seem a commonplace. The course now taken by modern medical therapeutics is the following up of, and inquiry into, causal etiological indications, and nowhere is this procedure more necessary than in dealing with diseases of the stomach. Avoid getting into that common habit of ordering drugs—whether acids or alkalies—simply because a person complains of dyspepsia. Examine the case with a view of eliciting the causes. Get some idea of how the patient lives and passes his day. The things to look to are the actual amount of food taken at one meal, the time occupied by the meals, the condition of the teeth, the taking of alcohol, the nature of the work and business of the patient, the conditions under which the work is done, the exercise taken, the arrangement of clothing, and the question of corsets in dealing with women. The vast majority of cases of simple indigestion in women arises from the way in which they dress. In such cases of dyspepsia I am strongly of opinion that an abdominal support which presses the abdomen upwards instead of downwards should be substituted for the corset, if it is possible to persuade the patient to wear it.

With regard to diet in simple stagnation or motor insufficiency of the first degree, the most important thing is to give a diet of such a quality and quantity that the stomach shall empty itself before the next meal. That may be done in one of two ways, either by giving small quantities and rather frequently, or by lengthening the intervals between the meals. Perhaps the latter is the better plan for getting enough nourishment into the tissues. In an ordinary case of atony the best plan is to begin with a glass of hot water in the morning; this helps the stomach to empty itself and start fair on the day's work. Do not let a meal be taken for at least an hour afterwards, during which 15 or 20 minutes' exercise may be taken. Then a plain breakfast consisting of cereals with a little milk, such as shredded wheat, or a little well-cooked oatmeal and milk if the stomach will tolerate it; very little fluid must be taken with the meals. This may be supplemented if necessary with a little stale bread, plain or toasted, with some fatty food, which is best tolerated at the first meal of the day. Nothing should be taken after breakfast before the middle-day meal, except, perhaps, a glass of hot water. At the mid-day meal you must be careful to

avoid all easily fermentible foods, and keep almost exclusively to nitrogenous food, but in an ordinary case of simple stagnation you may generally give some carbohydrates. Otherwise the "pudding course" must be avoided. Very little must be given in the shape of fluid. In atony a little alcohol may be desirable, either diluted spirit or light wine, but in cases where the appetite is fairly good and the patient has not been accustomed to take anything of the kind, alcohol is better omitted altogether from the dietary. I do not object to afternoon tea provided nothing is eaten with it. A cup of weak tea freshly infused, taken when hot, and about three or four hours after the mid-day meal, I think helps the stomach to get rid of its contents. I have in my own cases found this distinctly advantageous. If, however, anything is eaten at the same time, especially bread and butter, much harm is done, and the value of the tea itself destroyed. The next and last meal—the evening meal—is very much on the same lines as the mid-day meal. In all cases a rest after meals of at least half an hour is most desirable. A patient suffering from motor insufficiency of whatever kind should never start a meal directly after taking exercise.

You will find in the majority of cases there is more or less general looseness of the abdominal walls. No doubt in women this is to a great extent due to the clothes they are accustomed to wear; but in those who do not take enough exercise the abdominal walls lose a large part of their normal tone. The actual power of the abdominal walls in health contribute very largely to keep their contained viscera in position, and if those muscles get out of condition, and become atonic and flabby, the mere weight of the viscera, especially when there is any flatulency and distension, causes the walls to yield. You see now the reason why exercise, directed to the development and increase of the efficiency of the muscular walls of the abdomen, is so beneficial. It is in accordance with the same principle that the application of an abdominal support is so valuable.

Massage in cases where exercise cannot be taken may do a great deal of good, but do not order massage if there be any fermentation, and do not allow it to be conducted until at any rate two hours have elapsed since a meal; otherwise you will do more harm than good. There are certain forms of hydrotherapy which are useful, among these there is nothing more so than the alternate douche. Of all tonics for a person suffering from the simple form—non-obstructive—of motor insufficiency, there are few which take precedence of the alternate douche of hot and cold water (sometimes called the Scottish douche), either in the form of a single douche given from a hose, in which the temperature can be quickly modified, or in a "needle" bath, in which the patient stands upright. Of course, you would not dream of ordering a person of weakly physique to turn out of bed in the morning the first thing and go through such an ordeal. With such a patient, the best time would be in the morning about 10.30 or 11 o'clock—*i.e.*, two or three hours after breakfast—and this would be only practicable in persons entirely giving themselves up to treatment.

Electricity may do a good deal in the way of exercise and increase of tone to the abdominal muscles. But owing to the innumerable quacks and faddists in this direction, one likes to be careful what one says about the use of faradism and galvanism in the treatment of diseases of the stomach.

A great many of these patients suffer from constipation, and get into the habit of systematically taking aperients. I should think that next in importance to the adjustment of clothing in women is the abolition of this habit. Women get into the way of dosing themselves with all sorts of aperients indiscriminately, and you cannot cure a person of a tonic motor insufficiency so long as that evil lasts. The best way of doing away with this is the proper arrangement of diet, thereby encouraging the bowels to act; massage is also useful, as are occasional injections of glycerine suppositories. Exercise should be encouraged, and also the plan of drinking hot water in the early morning (whenever it can be tolerated); a little fruit should be taken. In fact, everything that can be thought of should be tried before resorting to aperients. When aperients become your last resource, always proceed on the principle of giving the mildest and the least in point of dose to start with. A saline aperient is perhaps the best. A very favourite form in which I give this is to mix the phosphate and bicarbonate of sodium. Two ounces of the former with half an ounce of the latter are pounded up so as to make a fine powder, and the dose is one teaspoonful in a glass of hot water in the early morning. This does not irritate the stomach and is very efficient in many cases.

Medicines I have left to the last beause that is the position of their usefulness in these cases. In the above forms of obstruction, strychnine is far and away the most beneficial and valuable.

In the severer forms of motor insufficiency, where there is fermentation, you must rely in the first place as far as possible on nitrogenous, proteid food-stuffs, for these are the foods which a fermenting stomach takes to best. Any fat, carbohydrate, or succulent food at once gives rise to fermentation. With not bulky but fairly concentrated proteid foods (meaty food) you can sometimes get along fairly well, but, of course, a patient cannot be kept on this diet for a great length of time, and it is then a good plan to supplement with rectal nutrient injections, containing fat and starchy matter. By this means you can very often keep up the nutrition of your patient. The dilemma is this: if you give enough carbohydrate food to effect proper nutrition, the stomach is upset, and if you only give as much as the stomach can bear, the patient is imperfectly nourished.

With regard to antiseptics, I do not believe much in medicinal antiseptics. Resorcin is the one that suits best, but all antiseptics are more or less irritating to the stomach. However, if the stomach can bear them, you have great advantage.

The last part to which I would refer is the use of the tube. In any case of well-marked retention, I am quite sure that you cannot do justice to yourself, the complaint or its treatment without occasionally washing out the stomach, and the best time for doing this is in the early morning.

Gentlemen, I must apologise to you for the fragmentary nature of my lecture, which was unavoidable, both from the extent of the subject and the short time at my disposal.

SERUM-THERAPY IN THE TYPHOID FEVER OF CHILDREN.

By DR. ALBERTO JOSIAS,
Physician to the Bretonneau Hospital, Paris. (*a*)

[SPECIALLY REPORTED FOR THE MEDICAL PRESS AND CIRCULAR.]

THE discovery of the antitoxin serum of diphtheria marks the beginning of an era in medicine. The success naturally led to the prosecution of research for the discovery of the antitoxin of typhoid fever. Chantemesse and Widal, in 1892, took the initial steps in this investigation. They inoculated animals with gradually increasing doses of bacillary cultivations of the typhoid bacillus, living and dead, and finally obtained a serum which possessed prophylactic properties, that is to say, it conferred protection on animals, so that they bore a lethal dose of the typhoid toxin; but it did not neutralise typhoid in the human being. At the 1898 International Congress of Medicine at Madrid, Chantemesse announced that by cultivation products he had secured a toxin from which, by the removal of the bacilli by filtration, he got an antitoxin possessing both prophylactic and curative properties. He now had a working formula, and could produce the antitoxin. He noted the circumstances, favourable and unfavourable, for its production, and the effects of heat and oxygenation on its properties.

(*a*) Paper read at the International Medical Congress at Madrid.

He found the horse very susceptible to typhoid toxin and slow and difficult to immunise; he therefore experimented no more with it.

From his experiments on animals, and from the use of the antitoxin as a therapeutic agent for human beings, he from the first concluded that in the typhoid antitoxin we had a powerful prophylactic and curative remedy. His experiments threw a great light on the therapy of typhoid antitoxin and its action, as the following experiments illustrate. He took two rabbits, one of whom he injected with the antitoxin, which we will call the protected rabbit, and the other remained unprotected. Both animals were injected with an emulsion of typhoid bacilli, the protected animal receiving a dose twice as large as the unprotected one. In six hours the serum of the unprotected rabbit was found to be as rich in Eberth's bacilli as if it were a gelatine culture, the serum of the protected one was rich in mono- and polyneuclear leucocytes, in the protoplasm of which the typhoid bacilli were found motionless. From this he concluded that the antitoxin, by arresting the functional activity of the bacillus, played the part of a true preventive. The curative action was, in his opinion, shown by the survival of the protected animal under twice the dose of the toxin that produced a fatal result in the unprotected one in thirty-six hours.

The antitoxin treatment cannot, however, be deferred too long; if postponed until the typhoid poison is producing its full physiological effects the reaction is inhibited. The leucoplakia so marked in the body of the unprotected animal was not found in that of the protected one. It is fair from the above experiments to conclude that the anti-typhoid serum of Chantemesse has both antiphlogistic and curative properties. It intensifies the activity of the phagocytes and leucocytes, and stimulates their production, and it also appears to have a physiological excitant action on the lymphatic system. To secure its therapeutic action it should be administered early in the disease and in doses sufficiently large to counteract the severity of the attack. Has the typhoid antitoxin a prophylactic and curative influence on man? This question cannot be answered until a comparison is made by careful and prolonged observation of the results obtained by the serum treatment and the older remedies. To make this comparison, Chantemesse for twenty months devoted himself to the study of the typhoid fever mortality tables of the Parisian hospitals, and spent twenty-nine months in the examination of those of Bastian. In the Bastian Hospital the administration of anti-typhoid serum and the use of the cold bath is the routine treatment; in the other hospitals the bath and the usual pharmacological remedies are used. Here are the results of his industry:—

From April 1st, 1901, to December 1st, 1902, there were 1,478 cases of typhoid fever in the hospitals of Paris, of which 286 died, giving a mortality of 19·3 per thousand.

From April 1st, 1901, to December 20th, 1902, M. Chantemesse treated in the Bastian Hospital 186 cases of typhoid, of which 7 died, giving a mortality of 3·7 per 1,000.

These results were so much better than those obtained in the Parisian hospitals that he ascribes them to the use of the anti-typhoid serum. Having employed the cold bath with the patients to whom the anti-typhoid serum was administered, some have said that the good effects were due to the baths and not to the serum. This argument will not, however, bear examination. M. Chantemesse has found that under the most perfect hydropathic treatment the statistics of the hospitals never showed a less mortality than 12 per 1,000.

The complications in the cases treated by M. Chantemesse have been few, with the exception of a perforation of the small intestine, which occurred five times in the 186 cases. From an examination of the statistics of Murchison, Griesinger, and Flint he finds that perforation of the small intestine occurs in 2·75 to 3·00 per cent. of cases.

Including the cases under the care of M. Chantemesse in Toulon, as well as those in Paris, the number treated amounted to 507, of whom 30 died, a mortality a little under 6·00 per cent. The cases in which perforation occurred were those in whom the inoculation with the typhoid serum was not done until after the ninth or twelfth day of the disease. Not a single case of perforation occurred in those cases in which the anti-typhoid serum was administered early in the sickness. Perforation is due to the necrosis of the intestinal wall, which, as a rule, commences at the beginning of the second week. If the serum is to be of use in such cases it must consequently be injected in time to prevent the gangrene spreading the whole thickness of the intestinal wall. In the Hôpital Saint-Mandrier, at Toulon, where the anti-typhoid serum is injected at the beginning of the fever, Drs. Plante and Foucault have had but one case of perforation of the bowel in 151 cases of typhoid, and that was the case of a man who was not inoculated until the eighth day of his illness. The value of the antitoxin is also shown in the benefit that local lesions derive from it during the convalescence of the patient. M. Chantemesse tells of the good results he has had in osteitis and periostitis occurring during convalescence by the injection of one or two drops of the antitoxin repeated at five-day intervals.

Before submitting to the Congress any personal statistics of this treatment carried out in fifty cases of typhoid fever in the Hospital for Children in Paris, the Hôpital Bretonneau, I will place before you a short summary of some of M. Chantemesse's experiments and clinical studies in the serum-therapy of typhoid fever. The accounts published were so encouraging that I had no hesitation in adopting the remedy in the treatment of my little patients, in whom, I am glad to say, no minor accidents occurred. I commenced the treatment boldly, not tentatively, and of the fifty children so treated, some few of them suffered from polymorphic eruptions similar to those following the use of anti-diptheria and anti-streptococcus serum. The doses injected were small, 1 c.c. of the serum to every 30 kilos. of the weight of the patient, in such cases as come under treatment from the onset of the fever. When the fever is at its height, the patient adynamic, delirious, or ataxic, the dose must be reduced to half or even less. My rule is to inject the serum into the forearm with all aseptic precautions, and cover the point of injection with surgical wool. The syringe used is that known as Lier's. For twenty-four hours after the inoculation the diet should be confined to water and two or three litres of a light fruit drink. During the second twenty-four hours a litre of milk may be added, and in the third twenty-four hours the amount of milk may be increased to two litres, and on the fourth day milk and broth may be substituted.

When the temperature rises to 102·6° F. the child gets a bath, the water being 72° F.; when the temperature does not reach such a height we confine ourselves to cold sponging of the body. This combination of serum inoculation and cold bathing, or sponging, is our routine treatment when the diagnosis of typhoid is made, either by Widal's test or by the presence of the rash. The effect, in each case, of the serum is tested by a mixture of a drop of typhoid serum and fifty or a hundred drops of the Eberth bacillus cultivation. The characteristic reaction was obtained in forty-five cases out of the fifty. The serum injections were made at the stated intervals as follows:—Three children were injected on the sixth day of their illness, five on the seventh day, ten on the eighth day, seven on the ninth day, eight on the tenth day, five on the eleventh day, three on the twelfth day, two on the thirteenth day, one on the fifteenth day, three on the seventeenth day, one on the eighteenth day, and one on the nineteenth day. As a rule, the inoculation was found to influence the temperature curve; a descent was noticed on the day the injection was given, and this fall was gradual, and so continued daily until convalescence. In some serious cases, however, the fall of temperature which took place for a few days after inoculation was not

maintained; but the temperature did not afterwards attain to a dangerous pyrexia. The marked and steady fall of temperature after inoculation, without any subsequent elevation, took place in fully one-third of our cases. We conclude that the best results are obtained when the serum is used at the beginning of the illness before the strength has been sapped by the toxin. Patients who have been inoculated before the seventh day of the attack make a good and quick recovery. In those cases where inoculation was not performed until after the eighth day the pyrexia was more marked and the duration of the fever was greatly prolonged, reaching to thirty and even thirty-nine days. In a great majority of the cases the initial injection was sufficient. In a few cases of a decidedly grave character the serum did not appear to influence either the temperature or the duration of the fever. But in the great majority of them the inoculation plainly lessened the temperature and cut short the attack. In the case of children it is difficult to get the urine kept, and to estimate the quantity passed in the twenty-four hours; but from what we could learn we believe that the inoculation did not diminish the amount, neither could we find more than a mere trace of albumin in the secretion, and in no case did we meet with nephritis.

The symptoms and effects that follow from the use of antitoxins in the treatment of disease call for careful observation from many standpoints. From many observations on the use of the anti-typhoid toxin, in all of which the subcutaneous injection has been followed by a gradual fall of temperature until it reached the normal, I have noticed a slight relapse, a mere recrudescence of a very mild type of the fever, which disappears in four or five days, or ten at the furthest; for this there seems no other reason than the elimination of the serum from the system. In four of my fifty typhoid patients treated by the antitoxin I have had relapses; in three cases it occurred on the twenty-second day after the subcutaneous injection, and in one case on the ninth day. These relapses have all been of short duration and of a very mild type. Complications are the exception. In one case, however, there was perforation of the bowel, followed by death; in this case the subcutaneous injection was not given until the ninth day of the illness. Another case developed laryngitis and broncho-pneumonia, another slight otitis, and a fourth contracture of the left hand. In the case of young children complaints are sometimes made of pain in the bowels after a subcutaneous injection of the antitoxin, of such a severe character as to create the suspicion of peritonitis. This pain usually commences some days after the injection. No hæmorrhage from the bowels or other of the complications of convalescence have come under my notice. Two patients succumbed to diphtheria, which they contracted under especial and somewhat peculiar circumstances. On March 1st, 1903, I took charge of the diphtheritic wards of the Bretonneau Hospital, and some days after diphtheria appeared in the fever wards, undoubtedly conveyed by some of the pupils of the institution. Several cases were infected. The first to succumb was a little girl suffering from typhoid fever with marked prostration, without, however, any complications. The attack was marked by a copious exudation of a greyish, gangrenous-looking membrane which covered the isthmus faucium, the tonsils, pharnyx, and so forth, and was followed by infiltration of the neck, cardiac weakness and death. The treatment consisted of the injection of anti-diphtheritic serum. An autopsy revealed the beginning of cicatrisation of the ulcers in Peyer's patches. The second case was that of a young woman convalescing from typhoid fever. She died suddenly. In her case the Peyer's ulcers were completely cicatrised; her larynx was thickly coated with a membrane rich in the bacilli of Loeffler. These two patients died of diphtheria, not from the typhoid fever. They were on the direct road to recovery when they were infected by the diphtheritic toxin. For this reason I consider it unreasonable to include them in the death-rate table of typhoid fever. The therapeutic power of the anti-typhoid serum over the fever is to me very clear. I admit that typhoid fever in children is generally of a mild type, although Brand asserts the contrary. M. Chantemesse examined the bills of the mortality of typhoid fever of the Hospital for Children for the years 1899 and 1900, and up to October 18th, 1901; during that time 404 cases of typhoid fever had been treated in the institution, of whom forty died, giving a death-rate of 10 per cent. If we compare for the same time the death-rate of the other hospitals in Paris in which the serum treatment is not used, and the statistics of my hospital, the Bretonneau, where the use of the typhoid antitoxin is supplemented by the use of baths at a temperature of 72° F., we find the following:—

1. Official statement of children cases treated for typhoid fever from March 1st, 1902, to March 1st, 1903.
   a. Hôpital Trousseau, 67 cases with 13 deaths.
   b. Hôpital Herold, 20 cases with 3 deaths.
   c. Children's Hospital, 82 cases with 8 deaths.

Total number 169 cases, with 24 deaths—a death-rate of 14·2 per cent.

2. Official statement of the children treated for typhoid fever in the Hôpital Bretonneau, from March 1st, 1902, to March 1st, 1903. In care of Dr. A. Josias, fifty cases, of whom two died—a death-rate of 4 per cent. The good results obtained by the same treatment approximates closely to the results obtained by M. Chantemesse in the case of adult patients. From his experiences with serum he concluded that: (1) The average death-rate caused by typhoid fever among children in the Parisian hospitals, where they are treated by cold bathing and drugs, averages 14·2 per cent. (2) The average death-rate among children suffering from typhoid fever in the Bretonneau Hospital, where they are treated by anti-typhoid serum and cold bathing (72° F.), is 4 per cent. These statistics are most gratifying, and establish beyond doubt the value of anti-typhoid serum. The use of cold baths of 72° F. are, in my opinion, of the ulmost value, and materially assist in producing the good results. I do not wish to pass judgment on the ordinary treatment of the disease or to dogmatise on the serum cure, but I cannot find such good results following from any other line of treatment. I hope the day is at hand when we shall have a sufficient number of reported cases treated by the anti-typhoid serum to allow of an accurate deduction being made of the value of the remedy. The discovery of the serum by M. Chantemesse is a distinct advance in scientific medicine, one destined to rescue many patients from an untimely grave.

Dr. A. Josias then read a detailed clinical account of his fifty young patients. The clinical history of each case is, however, told with so much detail that space does not admit of its being published.

CHRONIC ANTIMONIAL POISONING. (*a*)

By J. C. McWALTER, M.A., M.D., D.P.H.Dublin.

A RECENT sensational poisoning case afforded an opportunity for one of his Majesty's judges to suggest that members of the medical profession are not so keen to detect the effects of certain well-known poisonous minerals as he would have expected. Certainly, the expert evidence of Dr. Stevenson at the trial brought to light the remarkable anti-putrefactive properties of antimony so luridly as to be almost a revelation to many who had been aware that it possessed a certain power of checking decomposition. Again, the epidemic of arsenical poisoning at Manchester seems to demonstrate that, where the effects of a poison are such as are common to many toxic substances, it may have wrought widespread havoc before its exact nature becomes

(*a*) A Paper read before the Liverpool Congress of the Royal Institute of Public Health, July 15th, 1903.

elucidated. A further lesson of that epidemic has been that many tests hitherto relied on to demonstrate the presence of arsenic have really been equally ready to respond to the presence of selenium or even of antimony.

These preliminary remarks are intended as an apology for attempting to show that persons who work with compounds of antimony, and, most notably, printers, who handle type containing it, are subject to a species of chronic antimonial poisoning, which manifests itself chiefly as a neuritis, allied to arsenical neuritis, and which is essentially distinct from lead poisoning, to which they are notoriously subject.

The apology appears to be needed, because it may seem that if any considerable number of printers do suffer from chronic antimonial poisoning, attention would certainly have been drawn to it already. I happen to live in a part of Dublin which is the centre of the printing industry, and have had a series of compositors and others coming to me with an affection characterised by the ordinary symptoms of peripheral neuritis, accompanied by marked affections of the bladder and prostate, acute headache, abdominal tenderness, dry, glazed, and irritable conditions of the gums, tongue, throat, and digestive tract, as well as a characteristic and intense depression, at times bordering on a suicidal tendency, which series of symptoms appeared to me to be evidently due to the absorption of antimony during the course of their work.

Sir P. Manson, it will be remembered, states that a similar neuritis is often occasioned in the tropics, because of the ingestion of tin compounds. Some thirty years ago Dr. Smith was appointed by the Home Office to investigate and report on the health of printers in London. He describes them as we know them now, mostly pale, thin, nervous, and anxious-looking, with large and prominent eyes, often myopic, having a chronically tired air, almost invariably with decayed and defective teeth, and often victims of eczema or other skin affections; usually sufferers from liver troubles and piles, and almost always dyspeptics, though not unfrequently with fair, but dainty appetites. They are often subject to colicky attacks and other indications of lead poisoning; generally with long and clubbed fingers, peculiarly irritable, and often morose and melancholy. Often affected with bladder and prostate troubles, very frequently of alcoholic habits; usually a short-lived race, and prone to die of paralytic affections.

The general tendency has been to attribute the affections of printers largely to their night work, to the usually ill-ventilated character of printing offices, to the habits of life, engendered by their modes of living, and most of all to their alcoholic proclivities.

It is precisely this last factor which has been made the scapegoat for very many affections which would otherwise have demanded strict scientific investigation, in order to discover their exact etiology. Obviously the proprietor of a printing office is more prone to suppose that any symptoms of nerve trouble which his employés may exhibit are rather due to the indulgence in intoxicants than to the results of working in a tainted atmosphere. And I fear we medical practitioners are rather inclined to class every neuritis as probably due to alcohol, and so often fail to trace its real cause. I believe that many of the symptoms above described are largely due to antimonial poisoning.

Antimony being unquestionably present in type along with lead, there appears at once an *à priori* reason why those who handle it should be liable to antimonial poisoning. But, according to my observations, it seems more prevalent of late years, when the actual handling of type is not so common, on account of linotype machines and other contrivances. Further, many have questioned whether it is possible to absorb any notable quantity through the skin, although it is notorious that tartar emetic, when employed in the form of an ointment, at once provokes a reaction and brings out a typical pustular eruption.

Van Hassler, indeed, states that chronic antimonial poisoning is common among those working with that metal, but it rather seems to me that the cases which now occur in printing offices are mostly due to anti monurretted hydrogen. This gas is an active poison, and more readily evolved from alloys, like printers' type, than from the pure metal. It is readily disengaged by the action of sulphuric or hydrochloric acids, which are now often used in printing establishments for etching purposes, and most readily of all by nascent hydrogen, which is now of common occurrence in all buildings where accumulators for the storage of electrical energy are used. Hydrogen is, indeed, commonly found about any electrical apparatus, and hence it seems that the production of antimonurretted hydrogen must be commoner now in places where antimony is employed than it was before the introduction of electric light.

Besides the ordinary symptoms of neuritis and the mental depression in cases of apparent antimonial poisoning which have come under my notice, some have been marked by feeble action of the heart. This is to be expected, as antimony is known to be a powerful cardiac poison. The liver appeared enlarged, and that antimony has a specific action in inducing enlarged liver in geese and fowls has long been known to fowl farmers, who put grey antimony into the drinking water of geese. An obvious difficulty in the diagnosis of antimonial poisoning is the differentiation from lead poisoning, this being harder, as the same patient may have both affections.

In the former disease there is not quite the same cachexia nor the same wasting of the muscles; the extensor muscles of the forearm are not always attacked, and the blue line in the gums is absent, although the gums may be tender and red and the teeth loose. The small muscles of the hand are not generally affected in antimony poisoning, whilst they are, of course, usually in saturnism.

Sensory disturbances are commoner in the former, reaction of degeneration in the latter.

Colic is seldom found in antimony poisoning, though the abdomen may be distended and rather tender.

To distinguish from arsenical neuritis one must rely largely on the history of the case, but it is seldom so painful as arsenical neuritis, neither is there the glossy skin, the pigmentation, or the herpetic eruptions. The comparatively chronic course also tends to differentiate it. From alcoholic neuritis the distinction is not always plain, but one finds a neuritis in total abstainers, and like antimonial neuritis generally it is accompanied by a general feeling and air of melancholia and depression, which contrasts it strongly from the exuberant optimism of the mere alcoholic.

It would be improper to enter minutely into the pathology or treatment of the affection before this Section, which is rather concerned with the prevention of disease.

As regards the therapeutics, cases seem to improve under the usual nerve tonics, such as phosphorus, nux vomica, and quinine, with fresh milk and fresh vegetables, where the patients were removed for a time from their printing office.

The question of prevention obviously turns on the sufficiency of the air supply, the proper ventilation of the rooms, the limitation of the number of hours spent therein, the avoidance of the presence of electrical generators or accumulators near the place where type is stored or handled, together with the usual precautions recommended in cases where lead poisoning is liable to occur. If the existence of antimonial poisoning as a common affection among printers be admitted, local sanitary authorities will doubtless endow their medical officers with sufficient power to deal with it from the prevention point of view.

AN action was tried last week at the Manchester Assizes in which Dr. Blacklock sought to recover a sum of money due in respect of the purchase of a partnership practice, payment of which was resisted on the ground of misrepresentation as to the value of the practice sold. Without waiting to hear all the evidence the jury found in favour of the plaintiff and against the counter claim for damages.

TUBERCULOUS MENINGITIS IN INFANTS AND CHILDREN:

WITH NOTES OF TWO CASES.

By JAMES BURNET, M.A., M.B., M.R.C.P.Edin.,
Clinical Tutor, Extramural Medical Wards, and formerly Resident Physician, Royal Infirmary, Edinburgh.

THERE is perhaps no disease of infancy and childhood so insidious in its onset as tuberculous meningitis. At first the child is merely "out of sorts." On the one hand it may be irritable and peevish, while on the other it may be listless and apathetic. The characteristic initial symptom is, in my opinion, a marked change in the child's temperament. A formerly good-tempered child will become cross and fretful; a bright, active one will show disinclination for play, and, instead of romping about as formerly, will sit quite still in a moody fashion. Another early symptom I have often observed is sighing. The child takes a long, deep, audible inspiration, often accompanied by yawning. Still a third condition which is seen at the very onset of this disease is conjunctivitis. These three phenomena, change in temperament, sighing respiration and conjunctivitis, are, in my opinion, some of the most commonly observed initial signs of this disease. Otherwise, the early symptoms often resemble most closely those produced by intestinal parasites, or by digestive disorders; and it is only by the most careful observation that we are able to arrive at a correct diagnosis of the condition present.

The following case illustrates some of these points very clearly:—Helen C., æt. 3. Previous to the onset of her illness she was an exceptionally bright and intelligent child. In the beginning of the year she was noticed to be less active than usual, and inclined to sleep during the day. She also began to show a marked disinclination for food. She had no pain, and her parents thought the child was suffering from influenza, which was very prevalent at the time. Some weeks later I was asked to see her, as she had "sore eyes." I found the child suffering from conjunctivitis, and on everting the right lower lid an oval-shaped inflammatory swelling was seen occupying the central portion. The eyes were treated with lotio. acid. borici and ung. hydrarg. oxid. flav. In the beginning of February they were better. On the 14th of that month, as the child's tongue was coated and the bowels were not acting at all regularly, I ordered a mixture containing sod. bicarb., tinct. rhei., and gentian to be taken before meals. In a few days the tongue was cleaner, and the appetite somewhat improved. The child, however, was still drowsy, and I noticed that she was frequently sighing. My suspicions were aroused as to the possibility of tuberculous meningitis. On the 20th I was asked to call at once as she was "in a high fever." I then found the child perspiring freely, and the axillary temperature 103° F. She had a very listless expression. I questioned the parents closely, but could elicit nothing beyond the fact that the child was often restless during the night, and occasionally would start up screaming. I ordered the child to bed, and at my evening visit the thermometer registered 101° F. Next morning I found the temperature had fallen to 100° F. As the parents had all along maintained that the child suffered from worms, I ordered a dose of santonin, but though the bowels were freely moved no worms made their appearance. By this time I had made up my mind that the case was one of tuberculous meningitis.

After this the bowels became very constipated, and the child more listless and apathetic. On the 21st I examined the eyes ophthalmoscopically, but the result was entirely negative. On the 24th the child lay perfectly still in bed, and made no reply to questions. She seemed very emotional, however, and kept constantly crying out as if in pain, or as if she wished for something she had not got. Her mother had bought her a doll, but, though the child was exceptionally fond of dolls, she took no notice whatever of it. Appetite was almost entirely gone, the only article of food she cared to take being bovril. The thirst was extreme, and the tongue was now raw and sore. The lips were also dry and cracked. The pulse was 120. Breathing was normal, but a few crepitations were audible over both lungs behind, and the patient had a short, dry cough.

On the 25th the temperature again rose to 102·5° F. In the morning it was noticed that she kept putting her left hand up to her head, but on percussion over the scalp there seemed to be no pain. On the 27th I received an urgent message about 7 a.m.. On my arrival I found the temperature to be 104° F. The cheeks were somewhat flushed, and the skin dry and hot. The hands twitched convulsively and the mouth also, which was drawn spasmodically towards the right side. There was no actual paralysis. On inquiry, I learned that the child had been very restless during the night and crying out. While I was present she screamed repeatedly, the sound resembling very closely the cry of a cat in distress. As the temperature was elevated, ice was applied to the head. At 10 a.m. the patient was quieter. The face, including the chin and both cheeks, was scarlet, so that the child looked exactly like a case of scarlet fever. The body was wet with perspiration. She had passed neither urine nor fæces since the previous afternoon, and the abdomen was now hard and board-like. At 7 p.m. the temperature had fallen to 102° F. She was now passing both urine and fæces in bed, and the abdomen had become perfectly soft. The face was now pale, save for the flushed spots on either cheek. I gave a very grave prognosis, and fully expected death to supervene before the end of the next twenty-four hours.

From this time the child gradually sank, and from time to time twitchings were observed in the arms and hands. The palms were kept constantly clenched, with the thumbs turned inwards, while the condition known as drop-foot was well marked on both sides. The body as a whole was somewhat rigid. The teeth also became clenched, so that the mouth could only be opened with difficulty. Sordes collected about the lips and teeth. This was her condition on March 2nd. On the 3rd I saw her at 11 a.m. The temperature was then 103·5° F. The body was greatly emaciated. The hands were blue and cold, and the radial pulse could not be felt on either side. The feet and legs were also cold. She died quietly at 2 p.m.

The temperature chart in this case was of interest as showing a definite rise of temperature exactly a week after the first onset of fever. I would also

point out that death occurred on the fifth day after the onset of definite and distinct cerebral symptoms. The abdomen was never at any time boat-shaped, as is usually stated in text-books as commonly associated with tuberculous meningitis. This case is of interest as showing (i.) the subtle onset of tuberculous meningitis, (ii.) the absence of tubercles in the choroid on ophthalmoscopic examination, which I am inclined to believe must after all be a very rare phenomenon; (iii.) the rapid progress towards death after the onset of definite diagnostic symptoms, and (iv.) the uncertainty as to the length of time life would last, the child's decease being daily expected after the onset of convulsions. With reference to this last point let me state that I have seen children with tuberculous meningitis linger on for weeks after they had been given up by the medical attendant. It is well to keep this in mind when attempting to give a forecast as to the time death may be expected—a question often asked by parents or friends.

Another case which came under observation some time ago differs from the one just referred to in many particulars. The patient was a girl, æt. 14. Some six months before the onset of the meningeal condition I treated her for a catarrhal condition at the left apex. No tubercle bacilli were present in the sputum. On recovering from this attack appetite seemed altogether lost. She never appeared to be quite the same child as formerly. The mother accounted for her condition by the fact that she was reaching puberty. I had, however, grave doubts as to the truth of this. I ceased my attendance for some months, until sent for one day as the girl was suffering from attacks of vomiting. I found her lying in bed, looking very pale and ill, with some malar flushing. The temperature was 103° F. The pulse and respiration rate were increased. She complained of occipital headache, and was constantly retching and vomiting. At the left apex the breathing was bronchial in type, with numerous crepitations. The scalp was distinctly tender, and percussion over the occipital region caused intense pain. The tongue was red, and there was a good deal of diarrhœa. There was no abdominal condition. The patient was very cross and irritable. Examination of the eyes was entirely negative, though great difficulty was experienced in making an ophthalmoscopic examination as she was so restless. Even while I was examining her chest she would roll over on her side. She would not answer when spoken to, and altogether she seemed in a very bad state. Counter-irritation to the nape of the neck only tended to make matters worse. She absolutely refused to take medicine and even food. Two days later she became very violent, and threw herself about the bed in quite a maniacal fashion. Indeed, it was with the greatest difficulty that she could be restrained from getting out of bed. On one occasion she was allowed to have her own way, and got out of bed, sat down on the floor and put on some of her clothes. When she was lifted into bed again, she screamed and shouted for fully an hour. On the sixth day after my first visit she was still very restless, but no longer made any noise. She tossed from side to side, muttering the while, the saliva dribbling from her half-open mouth. In this state she remained till the afternoon of the following day, when her temperature rose to 105° F. At 6 p.m. she passed quietly away. I think this case is of some interest on account of the almost maniacal excitement which was exhibited by the patient.

As regards the predisposing causes of tuberculous meningitis, I think impure air and improper feeding are important. Very often the child has been kept shut up indoors, all the windows being closed, while the food has been far from nutritious. The result is that the tubercle bacillus finds an entrance to the weakened tissues, it may be by way of the nose, eye or ear. The prognosis of this disease is not good; in fact, it is as bad as it can possibly be. Cases have been recorded of so-called cure; but these cannot possibly have been tuberculous. When we think of the morbid conditions present, we see at once the hopelessness of such cases. Cure being impossible, treatment need hardly be attempted. Still, we must do something. We must support the patient's strength by well-regulated nourishment and suitable medicines. Ice is very often applied to the head in these cases, but it must be used with great caution lest it produce depression and collapse. In cases where the anterior fontanelle is depressed an ice-cap is a danger to be carefully guarded against.

Clinical Records

CASE OF MEDIASTINAL LYMPHADENOMA.

By DR. H. LEROUX,
Physician to the Hôpital St. Joseph, Paris.

THE other day I admitted an infant who died a few days afterwards of acute apnœa. The autopsy revealed a lymphadenoma of the mediastinum, arising in the thymus, which had caused a flattening of the trachea to the extent of giving it a sword-blade shape. The remarkable feature of the case was the short interval of time between the initial suffocative attack and that which determined death. The infant was reported to have coughed a little for a few days, but did not appear ill, when, on the Saturday, it was seized with a violent fit of coughing and complained of a sensation of suffocation that lasted for fully half an hour. Twice afterwards on the same day convulsive attacks of coughing recurred, when the little patient was brought to hospital by the nurse. It remained free from the cough and the sense of suffocation on the way here, but on the following Monday there was a certain amount of dyspnœa, slight thyroid enlargement, some distension of the veins of the neck, and an increased fulness of the supra-sternal region. The right subclavicular region was flattened, and percussion elicited dulness. The heart and the large vessels were normal.

I diagnosed tracheo-bronchial adenopathy. My colleague, M. Chatelier, made a laryngoscopic examination, and, finding nothing abnormal, diagnosed mediastinal pressure from thymus enlargement. On Tuesday a slight suffocative attack occurred. On Wednesday two similar attacks came on, and during the night an attack occurred during which the infant succumbed, in spite of all that could be done.

A Medical Officer of Health Mulcted in Damages.

AN interesting case was tried in the Alfreton County Court last week in which it was alleged that the medical officer of health had exceeded his powers in ordering a house to be closed for fourteen days in consequence of the occurrence of a case of small-pox therein. It was urged that no such power was conferred by the by-laws, the officer's authority extending only to part of the house. On behalf of the medical officer of health it was denied that he had given the order which was impunged, but the judge awarded the damages claimed (£20), execution to be stayed for twenty-one days.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—V.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

NORDRACH-ON-DEE SANATORIUM, BANCHORY, N.B.

DEESIDE has long been famous as a health resort. It was selected by the Royal Commission of 1851 as the most suitable district in Scotland for a Royal retreat, and here, as everyone knows, Balmoral Castle proved a favourite home of our late Queen. Nordrach-on-Dee Sanatorium is delightfully situated in middle Deeside. It is a little to the west of Banchory, and eighteen and a half miles from Aberdeen. Opened in 1900, it offers exceptional advantages for the most complete application of the hygienic treatment of consumption. The site is probably the best in Scotland for the purpose. The sanatorium has been erected in the midst of a pine forest. On the north it is protected by hills rising in one part to 1,545 ft., on the south lies Goch Hill, of 1,104 ft., and away to the west stand out the peaks of the Grampians. The climatic conditions also appear to be particularly suitable for phthisical cases. The rainfall is low, being only

28 ins.; the temperature of the air in the winter months is relatively high, while in summer it is cool and bracing: the percentage of ozone is high; much sunshine is enjoyed, and south or south-west winds prevail during nearly nine months of the year and are comparatively warm. The soil is of red gravel and contains much alumina, and is particularly absorbent, and even after heavy rainfall the surface readily dries. The moisture quickly finds its way into the fast-flowing Dee. The glorious outlook is calculated to have a good psychological effect on the patients. The sanatorium has been admirably designed and excellently constructed. There are three floors, and in the centre there is a high tower. The building is only one room and corridor deep. The ground-floor contains rooms for the medical and nursing staff, a large drawing-room for use in inclement weather, and a library and writing room. There is a glass-covered verandah, but this is not used as a "liegehalle." Recently the institution has been considerably extended, the newer bedrooms being provided with excellent balconies, which, however, are so constructed as to offer but little impediment to light and air.

The bedrooms are of an excellent type. The windows occupy over two-thirds of the outside wall-space, and are provided with louvre shutters; the walls are attractively pointed; all corners are rounded; and the floors are of polished wood. Fanlights are situated over the doors. As a protection from fire and damp, silica wool has been inserted in each wall. Every bedroom is furnished with a douche bath and two fitted-in basins and provided with hot and cold water. Heating is by steam pipes and the lighting is electric. Communications are maintained by an excellent system of electric bells. The dining-room is placed separately: it is a particularly spacious and peculiarly attractive room, 56 ft. long and 24 ft. wide, with large windows on three sides. The kitchen and servants' accommodation constitute a separate block. The engine block stands at a distance of over 100 yards from the sanatorium, and is hidden by densely wooded ground.

The lavatories, water-closets, and bath-rooms are placed in separate blocks entered from the main corridor. The water system of sanitation is elaborate, but apparently very effective. The water supply is excellent.

The system of treatment followed appears to be designed on the best and most effective hygienic methods. The element of personal supervision is well maintained. Members of the medical staff live in the sanatorium, dine with, and share the general life of, the patients. Much attention is devoted to the dietetic aspects of the management of the cases. The grounds are particularly suited for an efficient conduct of graduated exercise. There are many miles of walks within the sanatorium grounds, and patients may extend their wanderings far into the adjacent pine forests. Many of the paths are suitably marked by distinctive colours. A number of excellent and picturesque shelters are scattered about the grounds.

Everywhere there is evidence of a scientific precision in the direction and general conduct of the institution. The notes of cases are well kept. A special report is sent to the private medical attendant of each patient every month. Special charts, several showing considerable ingenuity in design, are used. There is a well-equipped laboratory. Well furnished rooms also exist for throat work, radiography, the use of electricity, high frequency currents, and ultra-violet light. There is also a well-appointed dental room.

Convenient elevators are provided for the use of the patients.

Altogether, Nordrach-on-Dee deserves to rank high as an excellent private sanatorium for the well-to-do class.

The resident medical staff consists of three physicians. Dr. David Lawson, the founder, still acts as senior physician, and directs the work of the institution. Dr. J. McKenzie Booth, of Aberdeen, attends as consulting laryngologist; and Mr. T. Alexander Mackintosh is consulting dentist.

Patients of either sex are admitted.

The terms are five guineas weekly. This charge is inclusive, the only extras being personal laundry and alcohol; but the latter is only allowed when medically prescribed. The sanatorium is on the telephone. It can be readily reached from London by through carriages to Aberdeen, thence to Banchory, where a carriage meets the patient and he is driven a little over two miles to Nordrach-on-Dee.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, July 26th, 1903

THE DIAGNOSIS OF ULCER OF THE STOMACH.

IF the diagnosis of gastric ulcer is relatively easy in the cases where the three fundamental symptoms of this affection (pain, vomiting, and hæmorrhage) are present, on the other hand it is far from being so in the absence of one or other of these symptoms. Considered separately, none of the three signs in question present a pathognomonic value, as they are to be met with in many different gastric affections.

According to M. Mendel, there exists a method which facilitates the diagnosis of doubtful cases and renders it possible to control the progress realised by the treatment.

The method in question consists in striking the epigastric region—by the aid of a small hammer, similar to that used in percussion—a series of small taps. No pain or inconvenience is felt by the patient if the stomach and the neighbouring organs are healthy. But where an ulcer is present the operator will not be slow to discover a point where the slightest stroke of the hammer produces an intense pain, followed by a painful sensation lasting for some time. By careful research, this sensitive zone can be exactly defined and traced out, and at this spot it may be presumed that the ulcer is situated. If the treatment be appropriate the zone will diminish gradually and finally disappear, indicating that the ulcer is healed.

The same method would be capable of rendering good service in the diagnosis of ulcer of the duodenum, an affection which is still more difficult to recognise than gastric ulcer. The painful zone, of the size of a florin, is situated close to the linea alba, a little below the centre of the space comprised between the umbilicus and the costal edge.

PERMANGANATE TREATMENT OF ERYSIPELAS.

The treatment of erysipelas by permanganate of potash is strongly recommended by a professor of one of the hospitals. He proceeds as follows :—A piece of linen folded in three is sprinkled with a solution of permanganate of potash 1-1,000, and applied to the affected parts. Under the influence of these applications, associated with quinine internally, the malady progresses rapidly towards a cure. Out of 130 cases thus treated only three were attended with complications (endocarditis, phlegmons). All the patients got well and generally in two or three days.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, July 25th, 1903.

AT the German Society for Surgery Hr. Höpfner reported having made experiments on animals as to

TRANSPLANTATION OF VESSELS.

In experimenting on dogs, he took a piece out of the femoral artery and transplanted it into the carotid. With careful and accurate suturing, good union took place with permeability of the transplanted portion. He had also amputated extremities and reunited them with success. He advised the adoption of the procedure with human subjects in suitable cases.

Dr. Heile, Breslau, spoke on the

ANTISEPTIC ACTION OF IODOFORM.

He remarked that on account of its prompt action, iodoform had become a favourite with clinicists, whilst experiments in the reagent glass only showed that it possessed a very moderate germicide power, in that it scarcely brought about the destruction of micro-organisms. Not being satisfied with this, he set about a new series of experiments. In these he discovered that the bactericide action of iodoform was only developed by its decomposition, which was set up by the living tissues. He used trituration of liver, mixed staphylococci and streptococci with iodoform, and brought the two together. After some days no action worth naming was observed, even when they had been shaken up and air had been introduced. When the process was gone through, however, without air, when the mixture was covered with paraffin, reduction was much more rapid, and in the course of two or three days the destruction of the micro-organisms was complete; but in a mixture without liver tissue there had been but little change. When liver tissue had this power the conclusion was permissible that other animal tissues had a like effect, and, in fact, a similar result was obtained with all the tissues experimented with. Liver showed itself the most active, fat and brain tissues the least, the other tissues occupying a intermediate position. It was thus probable that iodoform was reduced in the tissues and that the amount of bactericide action was in proportion to the amount of reduction. Water and bouillon produced no reduction; pus caused some, and granulations acted like other tissues. It was not the iodine split from the iodoform that was the active agent, nor was it acetylene; it was rather a fixed body—deiod-acetylene.

From this it appeares that iodoform applied to superficial wounds, therefore, with free admission of air, was not active. It owed its extensive use as a good antiseptic to its favourable action in cavities. Here were found living tissues, with little admission of air, as in intra-peritoneal operations. Whence also the favourable effect of injection of iodoform into tuberculous joints. By comparative experiments with other antiseptics it was shown that iodoform, which was behind them as a bactericide, applied under the condition named was superior to them all—even to sublimate.

Hr. Petersen, Heidelberg, reported his

ANATOMICAL AND CLINICAL INVESTIGATIONS INTO CANCER OF THE STOMACH AND INTESTINES.

They had extended over 160 cases of cancer of intestine and 100 of cancer of the stomach. The development of the disease was either multi- or uni-central. According to his investigations they only developed unicentrally in lymph tracts. The outer portions of the growth were useless as regarded the study of histogenesis, as they were not developed primarily. This development could not be brought into accord with the parasitic theory. Bowel carcinoma grew more deeply, whilst carcinoma of the stomach spread more laterally and superficially. After extirpation recurrence could only develop from cells previously diseased; another question was whether disease must always return from such diseased cells. One saw everywhere transitions from cancer to normal cells; so also in the stomach. In their margins we saw peculiar cells of which we could not say whether they were carcinomatous or not; whether normal cells were formed from them, or whether they degenerated carcinomatously. In the glands also in carcinoma of the uterus similar cells were seen which were not held to be carcinoma. Such cells, in the speaker's opinion, did not give rise to recurrences, the system, in virtue of its protective power (phagocytosis) might become master of the diseased cells, so that small gland collections met with in extirpation of the disease in the stomach might be left with safety. The demand

to fully clear out every trace of disease in carcinoma of the stomach rested only on theoretical grounds. He had operated on fifty-seven cases of carcinoma of the stomach; thirty of these operations had been done over three years; of these, seven were still living in whom it was not possible to remove everything. Up to the present no recurrence had taken place in any of the seven. One had to distinguish organic recurrence, connective tissue recurrence, and gland recurrence, which were of varying importance in the different organs. This had to be decided at the operation.

Hr. Borrmann, Göttingen, had made the same observation some years ago. In carcinoma of the skin the growth was only uni-central.

Hr. König, Berlin, pointed out that carcinoma in the glands might remain quiescent an incredibly long time, but its later development was not excluded. In one case of mammary cancer, operated on ten years ago, a small glandular tumour had now to be excised; such cases could be multiplied by the dozen. Carcinoma was not so often killed off in the glands, as a lively imagination had assumed. He was much interested in a recent work by Robert Behler, of Potsdam, on the "Vegetable Parasitic Cause of Cancer." Behler pointed out that in moist regions both plant and human cancer were practically prevalent. The assertion of Behler on the development of Schwären spores in the cancer cells, of their migration through the cell walls, and into other epithelial cells, agreed with our clinical observations.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, July 25th, 1903.

TORTICOLLIS AND NYSTAGMUS.

AT the Aerzte meeting, Swobada showed a child, æt. 22 months, with a severe form of torticollis which relaxed during sleep. At every attempt to correct the deformity of the head nystagmus appeared. At an earlier period in the disease spasmus nutans was excited when correction was attempted.

Reuss said that torticollis appeared to be the compensating factor for nystagmus, as this disease often arises from a prolonged holding of the head in one position, giving a false appearance of movement and giddiness.

URTICARIA PIGMENTOSA CHRONICA.

Swobada drew the attention of the members to a case of urticaria pigmentosa chronica. The patient's body was covered with pigmented spots about the size of lentils. There was no itching over these brown spots, which might lead the case to be thought one of syphilis, but against the latter no history, nor trace thereof, could be found. When any part of the body was rubbed large white blisters arose on a red base.

RADIUM AND MALIGNANT TUMOURS.

Exner brought forward two cases of melano-sarcoma of the cutis which he had treated with great success by means of the radium rasp. The first case was one of melano-sarcoma of the left arm. The tubercles varied from three to four millimetres to one and a half centimetres in diameter. The duration of each sitting was from five to fifteen minutes, and was continued for fourteen days. All the small tubercles had quite disappeared, while traces of the large ones were yet to be seen.

The second case was that of a patient, æt. 61. This had proved refractory, the disease having recurred several times in the squamous epithelium over the tumour, which lay in the floor of the mouth. By persevering with the radium rays the ulcerating tumour has since taken on a healthy appearance, while the swelling is receding.

RADIUM *versus* RONTGEN RAYS.

The radium rays seem to meet with a considerable amount of success in the hands of all who have tried it, yet from all the testimony to hand it is very difficult to estimate its real value.

Holzknecht brought forward a variety of cases to show the relative value of the two kinds of rays. The first was a case of psoriasis vulgaris, which would require two hours' treatment with the Röntgen rays, but the same effect could be produced in one minute by the use of the radium ray, the plague disappearing in an incredibly short time. The second case was one of lupus tumidus, where both kinds of rays were used with complete resolution. Holzknecht remarked that the Röntgen rays only improved these cases, which required the Finsen rays to bring about complete resolution. The third case he exhibited was that of a man who had suffered from an epithelioma of the cheek, which had now quite disappeared. The rays of radium were only used three times in this case, with five minutes' application at a time. The fourth case was of telangiectasis of the right arm. In the diffuse red part the radium capsule was applied in the form of eight points for ten minutes. Shortly after, normal conditions began to return from these eight centres, leaving in the end a soft white skin. These facts, he thought, went to confirm Neisser's teaching that the rays of radium enhanced the activity of the intima of the capillaries, while the "præ-capillary" vessels degenerated, and finally were obliterated by the action of the light.

LUPUS, OR BLASTOMYCOSIS.

Brandweiner next exhibited an interesting case, that of a person, æt. 37, who first came to him with a lupoid condition of the left side of the nose, which was red, infiltrated and soft, with acne-looking tubercles which discharged a light yellow viscid pus from their centre. From the breaking down of these nodules, ulcers with irregular cleft papillæ formed at their bases. These finally healed, leaving soft irregular scars without any pigmentation.

Microscopic examination of the pustular contents revealed a genus of torula resembling a yeast cell, four to ten millimetres in size, and having a double contour in formation and structure. He thought this was a case of blastomycosis, described by some American authors as a distinct disease.

Kren demonstrated another patient, æt. 37, with the same affection.

This coincidence caused Oppenheim to state in answer that he had seen three such cases in Vienna very recently, which yielded satisfactorily to full doses of iodide of potassium. He understood there were now forty-five of these so-called blastomycetes on record with five deaths, in whom the disease is reported to have been general. He thought the affection required more attention.

Löwenbach referred to the histological points of the disease, and said that there was a great similarity between lupus and tuberculosis verrucosa cutis, but by Gram's method of colouring it was very easy to distinguish between either of these and the blastomycetes.

CATALYTIC FUNCTION OF HUMAN MILK.

Hecht and Friedjung described a test they had performed to prove the catalytic quality of human milk, which comprises a number of super-oxidised hydrates which are ferments that rapidly break up the nutritive constituents of the fluid. Thev showed by example how this fermentative action could be mea-

sured by taking the carbonic acid product in a modified fermenting saccharometer. They further demonstrated how to estimate the nutritive value of a milk, as it entirely depended upon this property of fermentation.

ENURESIS AND INJECTIONS.

Kapsamer discussed the subject of enuresis and the treatment adopted by Catleine some time ago, which was the using of a cocaine solution as a subcutaneous injection into the sacral canal.

He, Kapsamer, had now treated twenty-five cases of enuresis in this way with remarkable success. He added that he had somewhat departed from Catleine's solution, and used the physiological salt solution in thirteen of the cases with the same result as if injecting cocaine. One of these case was treated a year since. The cure was effected with the salt injections, while eight others were treated more than six months ago. In all the cases he had not seen an accident of any kind from the injections, except one where the nerve eripentes seemed to suffer from shock.

The Operating Theatres.

GUY'S HOSPITAL.

OPERATION FOR CHRONIC OBSTRUCTION PRODUCED BY CONSTIPATION.—Mr. ARBUTHNOT LANE operated on a woman, æt. 22, who had suffered from constipation all her life, and for some time had recurring attacks of pain in the right iliac fossa and loin. These had been regarded as appendical in origin. When the patient was seen for the first time by him about three years ago, the cæcum was found to be dilated and hypertrophied, and the woman complained of pain in the right iliac and lumbar regions, with considerable tenderness on pressure over the cæcum and ascending colon in front and behind below the last rib. The appendix could be felt, but it was impossible to differentiate its tenderness from that of the cæcum, beneath which it lay externally. The symptoms were all exaggerated when the patient had been standing about for some time; a varying amount of relief was obtained when she assumed the recumbent posture. Mr. Lane said he regarded the case as one of chronic constipation, which had produced a distension of the cæcum or the cesspool of the gastro-intestinal tract. This had produced a dilatation and hypertrophy of the cæcum and ascending colon with the formation of abundant adhesions between it and the abdominal wall externally. These adhesions, he pointed out, had, after a time, developed into a mesentery, which exerted upon the hepatic flexure such a traction as to render it sufficiently kinked to produce a varying amount of obstruction. This condition, Mr. Lane said, he had already described very fully in his writings; it was very commonly met with, and its symptoms are usually attributed to disease of the appendix, which may or may not be a complication of it. The patient was feeble and emaciated, and presented the subjective and objective symptoms which are associated with very severe constipation. Her abdomen was opened, and the conditions Mr. Lane had described were found existing in a very marked degree. The appendix was bound down by the adhesions, which had attached the cæcum and ascending colon to the abdominal wall, but its lumen was not materially affected by them. It is usually, he pointed out, by the kinking up of the appendix caused by these adhesions, which result directly from an imperfect drainage of the cesspool, that the lumen of the appendix is permanently or temporarily constricted, and the condition called appendicitis results. The appendix was removed, and the cæcum and colon both freed from the disability which resulted from the adhesions. It was noticed at the time that the intestines were remarkably inactive, the coils assuming and retaining any shape impressed on them by the fingers for a very abnormal length of time. The abdomen was closed and Mr. Lane said that the patient would be given a purge on the following day, and this would be repeated at frequent intervals with the object of preventing the formation of adhesions.

It is interesting to note that this treatment was most satisfactory in its results. It was supplemented by abdominal massage. After some months, however, the constipation returned, and it was with the greatest difficulty and only at long intervals that the patient could obtain any evacuation of her bowels. She was again operated on, when it was found that the adhesions had re-formed as before. More stringent methods were adopted, with the same success; but again the condition recurred, and again she derived temporary benefit from the same operation. After a much longer interval she was readmitted into the hospital, and after again freeing the bowel she was turned on to her *left* side with the object of attaching the bowel to the abdominal wall in front, and she has been kept in this position since. Should he not succeed in relieving the recurrence of the obstruction by this means, Mr. Lane proposes on the next occasion to open the ileum into the sigmoid, and so throw the remainder of the large bowel out of use.

KING'S COLLEGE HOSPITAL.

OPERATION FOR OLD DISLOCATION OF THE SHOULDER.—Mr. PEYTON BEALE operated on a man, æt. about 50, who had a dislocation forwards of the head of his right humerus of six months' duration, together with intense pain in the right arm. The joint was ankylosed, the arm hung in a very awkward position and was quite useless. The patient was not a good subject for operation, but it was thought that some improvement, at any rate, might be effected by operation. The man, having been prepared in the usual manner, a vertical incision was made over the joint, starting from the tip of the acromion and extending downwards for five inches. After separating the muscles, which were matted together, as was also the tendon of the biceps, it was found that the original dislocation had been accompanied by a fracture of the neck of the humerus. The glenoid cavity was found to be perfectly normal, but there was so much new bone and fibrous tissue about the head of the humerus that it was quite impossible to place it in position, so it was removed at the seat of the old fracture. When this had been done the upper end of the shaft of the humerus rested just below the glenoid cavity. The large wound was then stuffed with gauze, the skin edges being approximated by sutures for about three inches only. Mr. Beale said that the case would be a long one, for the patient was an old soldier who had suffered from syphilis badly, and was generally not a good subject for any extensive operation. He expected some necrosis at the top of the divided humerus, and therefore stuffed the wound. As a general rule it was not advisable, he thought, to undertake an operation of this kind in a patient over forty-five, but in this particular case it seemed justifiable, as the dislocation was of less than a year's duration. There was complete fixation of the joint, indicating some further injury than a simple dislocation, and there was very considerable pain down the arm.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 29, 1903.

BOVINE AND HUMAN TUBERCULOSIS.

THE views of Professor Koch as to the essential difference between the bacillus of human and of bovine tuberculosis have not been confirmed by subsequent investigators. They possessed a practical bearing of almost incalculable effect upon the preventive hygiene of the community as regards the scourge of phthisis. Many authorities hold that the malady in mankind is largely due to the ingestion of the products of bovine tuberculosis. If Professor Koch's startling thesis be true, the transmission of the tubercle bacillus from man to the lower animals and *vice versâ* must be regarded as a remote, if not an altogether impossible, contingency. Needless to remark, any such proposition announced by so distinguished a scientific authority as the discoverer of the tubercle bacillus would be criticised by the medical world generally in a spirit of the utmost caution and moderation. The matter has now been examined and reported upon in various authoritative quarters. In Germany itself the verdict has not been favourable to Professor Koch's views. In the United Kingdom various distinguished experimenters have accepted the identity of human and bovine tuberculosis in a clear and unqualified manner. Indeed, recent experiments have assumed the power of transmissibility of comparative tuberculosis as an established fact. A most interesting set of investigations, for instance, has been conducted at the Jenner Institute by Drs. Dean and Todd, at the suggestion of Lord Lister. Their object was to ascertain whether the tubercle bacillus of human origin undergoes any marked change in virulence towards the bovine species by passage through certain other animals. The material used was sputum from cases of well-marked pulmonary tuberculosis in man, and the animals experimented upon were the pig, cat, rabbit, rat and mouse. For the most part the results of these experiments were negative, but in the case of the pig some most interesting and valuable observations were made. Pigs inoculated with human tuberculous sputum became infected with tubercle. This fact is crucial as regards the theory of Professor Koch, inasmuch as his views were largely based upon the experimental inoculation of lower animals. Two pigs inoculated by him with pure cultures failed to develop the infection. It is suggested by Drs. Dean and Todd that this difference in results is that the greater infective power of sputum over pure culture may be due to various factors—for example, (1) "in the sputum the bacillus probably retains its original virulence, and has undergone no modification, as may be the case on cultivation; (2) the associated organisms or their products in the sputum may assist in the process of infection." The feeding of pigs produced results not less striking than those obtained by inoculation. Professor Koch obtained some form of infection in three out of six pigs thus treated. Drs. Dean and Todd, on the other hand, used three pigs, all of which contracted a local but definite infection, followed by great wasting and death. They state that the tuberculous lesions appeared hardly sufficient to account for death or for the emaciation, but point out that the animals were somewhat younger than those employed by Professor Koch, and that the feeding was commenced at the period of weaning, when young animals are liable to catarrhal intestinal disturbances. These investigations appear to disclose an initial fallacy in Professor Koch's chain of reasoning. In any case, they form a brilliant contribution towards the better understanding of a problem that is being slowly but surely unravelled by the labours of modern science. The Jenner Institute may be congratulated on the zeal and ardour of the distinguished band of workers that have found encouragement and shelter within its portals.

THE TRYPANOSOMA CASTELLANII.

WITH the steady advance of scientific medicine, hidden things are being one by one gradually brought to light. Each fresh discovery marks another milestone upon the onward journey of medical research, which leads ever upward towards the elucidation of those problems which at times seem as if they were incapable of any solution. The science of bacteriology has revealed and made clear many things which we should never have been able to ascertain without its aid. Our list of acute specific infectious diseases due to a "cause unknown" is becoming smaller and smaller, and the time cannot be far distant when a distinct and definite cause shall have been assigned to every acute malady with which we are acquainted. The etiology of that obscure tropical disease known as "sleeping sickness" has long baffled the many attempts at explanation on the part of skilled and painstaking observers in the past, who have, at times, been very near the light, and yet have been reluctantly

compelled to acknowledge that their efforts were devoid of any constant or satisfactory result. It is with special interest, therefore, that we turn to the recent work of Dr. Aldo Castellani, who has laboured in this field for the last year in connection with his office as bacteriologist to the Royal Society Commission for the investigation into the etiology of sleeping sickness. In a paper embodying the result of his researches, published in the *Journal of Tropical Medicine*, Dr. Castellani reviews the previous work of Le Dantec, Ferguson and Manson. The views of the latter observer, who suggested that the *Filaria perstans* was the probable cause of the malady, are the most familiar to medical men, and up till now this theory has held the day. Other writers, among whom are Cagigal and Lepierre, Marchoux, and Dr. Broeden, have ascribed the cause of the disease to various bacilli. A special form of streptococcus has been found in several cases by Dr. Castellani, but it was not until November, 1902, that he began to observe the frequent presence of a trypanosome in the fluid obtained by lumbar puncture, the technique for which procedure he greatly improved. In 70 per cent. of cases of sleeping sickness this organism was found in the cerebro-spinal fluid. The parasite does not appear to be precisely identical with the *Trypanosoma Gambiense*, described by Dutton and Forde as occurring in relation to trypanosomiaisis, which is a specific febrile disease affecting Europeans in the tropics. Moreover, this variety has only been found in the blood. The trypanosome discovered by Dr. Castellani has also been found in the blood, together with other special bodies, which are considered to be developmental stages of the parasite. A series of control experiments was also undertaken, with the result that the organism was never found in the cerebro-spinal fluid in other diseases. With regard to the difference between the two varieties now known to occur in the human subject, we may quote Dr. Castellani's own words :—"I do not see any reason why man should not be attacked by different species of trypanosoma, each of which might give rise to different diseases. This fact has been clearly demonstrated in the lower animals. The horse, for instance, is liable to be infected by three different species of trypanosoma ; *Trypanosoma Brucii*, the cause of nagana ; *T. Evansi*, the cause of surra ; *T. equiperdum* (Döflein), the cause of the disease called 'dourine.'" These are very important and suggestive remarks, and it is not impossible that further research upon these lines will be productive of more confirmatory evidences of the truths contained therein. In the later stages of the malady, Dr. Castellani is inclined to believe that there is a concomitant streptococcal infection, which, although playing an important *rôle*, is not the primary cause of the trouble. There are many diseases in which secondary infections by other organisms than the primary one occur, as, for example, in diphtheria. But it is the *Trypanosoma Castellanii*, the name given to the parasite by Kruse, of Bonn, in honour of the discoverer, that we must now look upon as being in all probability the specific cause of this hitherto mysterious complaint. It is to be hoped that Dr. Castellani will be enabled to clinch his discovery by the application of inoculation tests, and that a rational basis will be established for the treatment of the disease.

PROPOSED GOVERNMENT VACCINE ESTABLISHMENT FOR SCOTLAND.

A DEPUTATION of Scottish medical men and members of Parliament waited on Lord Balfour of Burleigh on July 15th for the purpose of supporting a memorial in favour of a Government vaccine establishment for Scotland. The memorial was prepared as the result of a conference of the various medical bodies in Scotland, and set forth that while the greatly preferable vaccination with calf lymph is superseding arm to arm vaccination the only calf lymph available in Scotland is that obtained from private manufacturers, and not, therefore, subject to any such inspection as can guarantee its purity and efficiency. In England satisfactory and guaranteed lymph is gratuitously supplied for vaccination, and the memorialists think that this inequality of treatment of the two countries should be removed by establishing a vaccine establishment for Scotland from which lymph could be gratuitously supplied to medical practitioners under such rules as may be considered necessary, and to local authorities during outbreaks of small-pox. The establishment should be able to supply 500,000 tubes of lymph annually, the probable expense being £3,500, or, in epidemic years, £5,000. In support of the views urged in the memorial, the extensive use of calf lymph and the inconstancy of the supply of commercial lymph are put forward, as well as the inadvisability of the lymph supply of the country not being liable to state control. It is probably not feasible to utilise the existing Government institute, since money voted to supply lymph to English public vaccinators could not be devoted to Scotland, with a separate Poor-law and public health system of its own. There is reason to believe that there is a great deal of imperfect vaccination in Scotland, due largely to the uncertainty of the present commercial lymph ; and, as revaccination is increasingly practised, and may soon become almost as universal as primary vaccination, there is urgent need of an abundant supply of reliable lymph for both purposes. Sir Thomas Fraser, the leading speaker in favour of the memorial, and Dr. Farquharson urged the necessity of providing efficient lymph for Scotch vaccination, the former pointing out that in England two-thirds of the vaccination was done by public vaccinators with guaranteed lymph, while in Scotland only about 2 per cent. of the vaccinations were done by the parochial medical officers, who were supplied by the Scottish vaccine institution, the latter suggesting that the employment of badly prepared lymph was the most likely means of leading to anti-vaccination agitation. Baillie Graham, Glas-

gow, and Councillor Lang Todd, Edinburgh, detailed the great practical difficulties they had encountered in getting adequate supplies of lymph during epidemics; quantities of that received were useless, and they were under the necessity of sending to Paris to meet their wants. Sir Michael Foster said that, while vaccination was, he thought, better carried out in Scotland than in England, the question of pure lymph was of the very greatest importance, the want of it being a great source of strength to the anti-vaccination cause. Lord Balfour, in his reply, criticised the memorial very freely, the substance of his contention being that, the systems of vaccination in Scotland and England being fundamentally different, it was unfair and misleading to make comparisons between them, unless the whole question of vaccination was to be raised. From the point of those who desired a universal supply of Government calf lymph for the use of all practitioners, whether public vaccinators or no, the question should not be put to him alone, since it was an Imperial, not a Scottish one. The first resolution in the memorial—that the medical profession in Scotland should enjoy the same facilities as to an authorised supply of lymph—was misleading. In England the public vaccinators, who vaccinate about 56 per cent. of the children, are supplied by Government; the private medical practitioners are not, and must purchase in open market, as the Government laboratories are not allowed to supply it. In Scotland parochial vaccinators are supplied by Government, but as the system is wholly different only about 2 per cent. of the children are vaccinated by them. In both countries the private practitioners are on exactly the same footing. He could not give the least help towards changing the Scotch system to the English one, as he thought the former was better, and had the confidence of the people. He thought the memorial should have been a little more distinct in stating whether it was desired that the lymph should be supplied gratuitously or on payment. Most of the lymph used was on the whole good. Was it desired that the whole of this supply was to be dropped and only that from Government sources used? If so, the question was an Imperial one. He thought that in other respects this widely circulated memorial should have its intention more clearly expressed, and that the quotations from the Vaccination Commission Report were not accurate, inasmuch as important words were omitted without equivalent insertion of asterisks. He could promise no more than to give the requests of the memorial earnest consideration when the requests were made clear and precise. In the memorial large questions were raised on an insufficient basis, and he deprecated people with authority speaking in such a way as to cast discredit on the present state of things. If he could get a sufficient supply of calf lymph under Government inspection he would gladly consider it, but could not commit himself as to its gratuitous supply.

Notes on Current Topics.

Gout Among the Poor.

To the public mind the connection between gout and high living is so intimate as to be almost proverbial. A certain class of people feel even flattered when informed by their physician that they have a tendency towards gout. Nevertheless, the lithiatic diathesis is by no means confined to the wealthy and leisured classes, as is shown by Dr. F. S. Toogood, in the *Practitioner*. Occupation does not appear to influence the incidence of gout, or only to a slight extent, but certain actions of the body, as much walking, the constrained position of the wrists in holding reins, and the grip of the iron by laundry-workers, are conducive to the gouty inflammation of the neighbouring articulations. The general history of the majority of the cases reveals the fact that the consumption of malt-liquor is the most important, if not the sole, determining cause of the production of gout. Men are therefore affected to a greater degree than women, in the proportion of twenty to one. Chronic gout, which clinically bears much resemblance to chronic osteo-arthritis, is very common among the poor, as are also the so-called "irregular" manifestations, such as chronic bronchitis, eczema, and phlebitis. The smaller joints, especially those of the extremities, are chiefly affected by gouty deposits, leading to considerable crippling. Many of the older patients are thus seriously handicapped in their struggle to obtain a living, the finer movements required in cobbling or sewing being rendered very difficult to perform. Highly seasoned food is not by the very nature of things an important factor in the development of the disease among the poor, but Dr. Toogood points out that gout in non-beer-drinkers, even when considerable amounts of animal food are consumed, is rarely seen.

The Value of Strong Abdominal Muscles.

THE inequality which nearly always exists between the development of the muscles of the trunk and those of the limbs, even in individuals who profess to be athletic, is one which somehow fails to strike the average anatomical critic. So long as the calf-muscles are firm and prominent, and the biceps and triceps show evidence of good "form," their possessor is classed as muscularly well-built, even though his external abdominal obliques are sadly wanting in sturdiness. The muscles of the abdomen, with their powerful fascial connections, are functionally of great importance, for not only do they afford protection to the underlying viscera by their contraction and resistance, but they have also no small part to play in the mechanics of the circulation. An important article on the subject by Dr. A. P. Beddard appeared in "Guy's Hospital Reports," vol. lvii., in which it is shown that a chronic failure of the cerebral circulation may result from persistent weakness and atony of the abdominal muscles. The syncope not infrequently seen after tapping the abdomen for ascites is due

to the inability of the muscles to contract properly, and the consequent over-filling of the great abdominal veins. Another result of this inefficiency is the gradual production of the condition known as general enteroptosis. The necessity of exercising the abdominal muscles, especially in the debility accompanying certain chronic diseases, was strongly urged by Dr. Alexander McPhedran, of Toronto, in a paper read at the Ontario Medical Association. Such out-door sports and pastimes as rowing, horseback, bowls and golf are invaluable as means of developing the trunk muscles. Massage of the abdomen, judiciously employed, is also useful in conditions of gastric dilatation, splanchnoptosis and in some cases of neurasthenia.

Renal Fat Necrosis.

THE phenomenon of fat necrosis has long been observed in the various tissues of the body, notably in the subperitoneal fat and in the pancreas. Perhaps it is most frequently seen in connection with acute pancreatitis, but it is known to occur apart from any affection of the pancreas. The fatty degeneration of the cell, which is supposed to be the initial morbid change, passes on into actual necrosis. Dr. James Guthrie, of Iowa University, records the case of a young woman, æt. 22, who suffered from a left renal tumour. This was operated upon, and it was then found that the kidney gave way upon its capsule being grasped with forceps, and discharged a fluid " resembling in colour an emulsion of cod-liver oil and iodoform, containing a peculiar flaky or shredded material." On microscopic examination, this was seen to consist of oil globules, fatty cells and fibrous tissue. Other cases of oluria are quoted in which fat particles appeared in the urine. The degeneration commences in the cortex of the kidney, as a rule, and it has been variously ascribed to the agency of bacteria, to alterations in the blood-supply to the organ, and even to its displacement. The latter condition, by producing torsion of the renal vessels, might conceivably tend to cause a necrosis in certain cells, especially in poorly vitalised subjects. Clinically, the disease resembles chyluria, which is more common, and, on the whole, more amenable to treatment. It is doubtful if recovery be ever possible, as the process is a progressive one tendin g to the total destruction of the entire renal tissue.

The Cult of the Cradle.

THE begetting of children is an accomplishment which deserves to be respected on account of its antiquity. The care of the child is a duty of the first order. One result of town life but rarely referred to is the practical abolition of the cradle, at least in the dwellings of the poor. The cottage cradle has taken a sacred place in folklore and ballad, and country dwellings still manifest the happy appearances of domesticity by retaining this nest for the developing race. In the crowded habitations of our cities, with their rabbit-warren-like tenements and close congregated barrack homes, a crib or a cot takes up far too much space. It thus follows that in the lodgings of the poor the baby has to find its resting place in the parental bed. This explains in great measure the enormous massacre of infant life from overlying which goes on in our busy centres. Dr. Wynn Westcott, one of the London coroners, has recently shown that maternal inebriety is an etiological factor of great influence in the massacre of infant life, and with the increase of alcoholic indulgence in women it is to be feared that this cause of destruction of young life will increase. According to published statistics during the last ten years 15,009 infants in England and Wales were overlain. In London alone the yearly average of such deaths is 600. And it is to be feared that many cases are overlooked, or hushed up, or appear as " convulsions " in the death certificate. It is manifestly most difficult to substantiate a charge of culpable neglect against these inebriate transgressors, but the loss of life due to the overlying and suffocation of babies by their drunken and neglecting mothers is so great that some way should be found for abating what is now a national disgrace.

The Hygiene of the Third-Class Traveller.

A CYNIC has sought to classify the manners of travellers by declaring that those in the first-class are rude to the guard, those in the second are rude to each other, while to those in the third the guard himself is rude. This is, of course, a gross caricature, for now all sorts and conditions of men and women are wise enough to travel third class. But it must be admitted that from the purely hygienic standpoint the third-class compartment and our third-class companions leave much to be desired. On certain lines the carriages are lacking in many of the essentials for health and comfort, lavatory accommodation is frequently conspicuous by its absence, and cleanliness is unknown. In certain districts, also, travellers in the most unhygienic condition crowd the carriages, and by their filthy condition and filthier habits make the third-class compartment a veritable den of discomfort and disease. It is true one occasionally meets with a shyly-worded request placed in some out of the way corner of a waiting-room or booking-hall requesting passengers not to spit, and even in some carriages there may be an expression of a desire that the seats may not be soiled by filthy boots, but, generally speaking, the officials of our railway companies make but little or no attempt to undertake missionary work in the interests of hygiene, or even seek to promulgate education work for the advantage of their own company. We are all travellers nowadays, and many from the necessities of their work are compelled to spend an important fraction of the day in a railway carriage. It is manifestly of the utmost importance that if the rules of health are to be reduced to their minimum, not only must the stations and carriages be maintained in a high measure of hygienic efficiency, but travellers must be instructed in proper hygienic conduct. During recent years, no doubt, much has been secured, and the public mind is alive to the necessity of enforcing measures

which shall protect against the folly and ignorance of the hygienically neglectful. At this time of the year when every train journeying to the sea or the country seems packed in all its third-class compartments with individuals, many of whom must be considered anything but desirable fellow-travellers, it is most necessary that popular opinion should be awakened to the importance of regulating the commissions and rectifying the omissions of the thoughtless, ignorant and oftentimes altogether selfish non-hygienic third-class traveller.

Hats and Hygiene.

THE shape of many a man's hat is as unchangeable as his habits. The tall silk hat is for not a few the outward and visible sign, not only of professional standing, but of a habit of mind which finds it easier to bear discomfort than deviate from custom. And in almost all ranks of life the same conservative spirit in regard to hats prevails, and it is only the furnace heat of a heat wave that dissevers, and then only as a temporary deviation, the firm forged habits which govern the supremacy of the ordinary male's head gear. It is needless to point out that our remarks are solely directed to mere man, for woman, ever wise in her day and generation, is accommodating in regard to hat and bonnet, and can be equally charming and respectable with either or neither. Most men suffer much from the hat habit. The infliction of the ordinary and conventional silk hat is accountable for not a few of life's minor ailments, and unfortunately this form of covering is usually worn under circumstances when the wearer is least able to contend with the shortcomings of his cerebral protector. Far be it from us to suggest any ideal form of head gear, but we would suggest that the principles of hygiene might at least be allowed equal consideration with the claims of habit.

The Formation of a "Health Conscience."

THE summer season of Health, Sanitary and Medical Congresses brings some enlightenment of the national intelligence in matters making for health. It is pathetic to find the eagerness with which many ignorant sufferers search their daily half-penny papers for directing light on hygienic and therapeutic procedures. The press of recent years has done much to awaken and maintain an interest in the physical well-being of the people. A nation's wealth depends upon a nation's health, and the recent disquieting reports regarding the physique of a large section of our people may well make serious men and women think earnestly as to the future of our country. Dr. Clouston and Sir Lauder Brunton have recently advocated the carrying out of what we may venture to call a home-missionary enterprise: they would develop what has well been succinctly described as "a health conscience." We cannot boast of a Minister of Health in our Government, and much of our machinery for dealing with matters touching the physical well-being of the country is by universal admission mediæval and hopelessly out of date, but a strong public opinion is rapidly growing, and we are of opinion that the formation of a National League for Physical Education, or a Physical Education League, or The National League of Healthy Life would do much, if properly organised, to foster and develop not only sentiment and conscience but an active working intelligence which should be rich in energy for the public service.

Retinal Hæmorrhages in Fractured Base.

THE diagnosis of fractured base is not always obvious at once, especially if unaccompanied by signs of external hæmorrhage. Fractures through the posterior fossa are more likely to give no sign than those involving the anterior or middle. Bearing in mind the close anatomical connection between the sheath of the optic nerve and the arachnoid membrane, it is not surprising to find that in conditions of hæmorrhage into the subarachnoid space retinal hæmorrhages are frequently found. This relationship has been recently studied by Dr. R. A. Fleming, of the Edinburgh Royal Infirmary, who records several instructive cases in the *Medical Times and Hospital Gazette*. It is stated that retinal hæmorrhages are more often seen when the effusion of blood into the subarachnoid space has been rapid, and also that when this is unilateral, the hæmorrhages tend to occur chiefly on the affected side. Since the two optic intersheath spaces communicate with each other through the basal sinus, it is not easy to see why the retinal hæmorrhages are unilateral, even when the subarachnoid effusion is one-sided. The hydrostatic explanation offered by Dr. Fleming appears to be the most reasonable, according to which the sudden increase of pressure in the subarachnoid space tends to diffuse itself into the intersheath of the same side, at the same time occluding that of the opposite side owing to the production of flattening of the cerebral convolutions on the side distant from the original hæmorrhage. These retinal signs, therefore, appear to possess some real diagnostic significance, and should prove of assistance in obscure cases of head injury.

Flies and Summer Diarrhœa.

THE summer diarrhœa, which is so prevalent among infants during the third quarter of the year, and which amounts to a veritable scourge in some localities, has received a good deal of attention from time to time at the hands of hygienic experts. The character of the fluid nourishment administered to the children has, naturally enough, been subjected to the most minute investigations, and parents have received from medical men careful instructions about boiling or sterilising the milk. In many hospital out-patient departments printed rules regarding infant-feeding are circulated among the mothers bringing their children for treatment. The prevalence of the stone-fruit season has also been held responsible for the production of the malady, regardless of the fact that very young infants are not, as a rule, given such fruit even by the most

careless or ignorant of mothers or nurses. Likewise, the influence of heat is largely over-rated, for, as a matter of fact, it is when the temperature begins to fall after a period of hot weather that the disease makes its appearance. Even when the food supply is above suspicion, and the infant is apparently in good hygienic surroundings, summer diarrhœa is apt to present itself. In endeavouring to ascertain the reason for this, Dr. E. F. Willoughby, writing in the *Sanitary Record*, lays stress on the importance of the common house-fly as a probable means of infection, by conveying micro-organisms from neighbouring decomposing animal matter, and then settling upon the food and person of the sufferer. It has been proved experimentally that flies are capable of transporting pathogenic germs by their sucker-like feet, and it is well known that other diseases, such as diphtheria and small-pox, can be conveyed by their agency. In corroboration of this theory is the statement of Dr. Nash, Medical Officer of Health for Southend, that there was not a single death reported from summer diarrhœa during last July and August, in which period there was a remarkable absence of flies, whereas the previous yearly average had been twenty-five for each month. Dr. Willoughby suggests that if a sanitary campaign against flies could be instituted, a diminution in infantile mortality from this cause might be the result.

Fire-Escapes and Tuberculosis.

OWING to the limitations of space in our great cities, the efficient accommodation of those phthisical patients who are desirous of undergoing some form of open-air treatment, and yet who are unwilling to leave their homes, becomes a matter of increasing difficulty. The utilisation of balconies for such a purpose is sometimes practicable, and in suburban villas it is not uncommon to see hopeful and determined patients spending at any rate the daylight hours in these airy resting-places. Some little moral courage is, no doubt, needed, owing to neighbourly prejudices, but these are, happily, gradually being overcome. The outside iron staircases or fire-escapes attached to the tenement houses of New York appear to offer several possibilities in this direction. Dr. Alfred Meyer, of that city, strongly advocates the use of these structures for the out-door treatment of consumption. Some instances are recorded in which patients have benefited materially by this adaptation of a municipal appliance to the needs of practical medicine. The method has the advantage that the patient is readily accessible to the physician without being obliged to travel many miles to a sanatorium. The objections which might be raised by local authorities to the placing of "encumbrances" upon fire-escapes could, in all probability, be overcome by the practical utility and economy of this new mode of treatment. The patient's bed or couch need not, of course, occupy the entire area of the platform or landing stage so as to block the gangway, while in the event of fire, he or she would be in a most convenient position for rescue.

Flats—Psychology and Physique.

MODERN London is rapidly becoming an aggregation of flats. The upspringing of these residential warrens is so important a manifestation of the tendencies of present day city life that no serious thinker can afford to neglect the influence of this far-reaching factor on the life of our people. Flats may be convenient and may present economic advantages, but they are not dwellings which tend to nurture a healthy psychology and perfect the highest type of physique. They may be sociological necessities, but, unfortunately, they do not assist the development of the altruistic citizen, and go far to destroy the best form of domesticity. The aggregation of huge numbers of people in a very limited area has upset all our old bases of calculation. Fresh statistics must be forthcoming if we are to have trustworthy data for estimating the influence of life in flats on the mental and bodily health of those who dwell in these limited-liability-like abodes. The sense of impaired individuality, of lost egoism, which almost inevitably is experienced by the thoughtful flat resident, is not, we conceive, beneficial either to the unit or the State. The lack of responsibility, neighbourliness, and wide sympathy must be harmful to the maintenance of the best type of unselfish citizen. It is well that the drawbacks of flat-life should be clearly recognised, though it would be too much to hope to be able to stem the tide.

Bonded Hospital Medical Officers.

DR. BATEMAN, Secretary of the Medical Defence Union, calls attention to a new departure on the part of certain provincial hospitals, the managers whereof require their house surgeons to sign a bond not to practise subsequently within the district. Obviously, if such a proviso became general, it would tend to prevent the best qualified men from soliciting appointments, for although the bond would probably be legally inoperative, a breach of the informal agreement would entail a slur on those who disregarded it. The warning is issued none too early, for such a pernicious innovation, contrary as it is to all ethical principles, should be summarily disposed of. It can only be the outcome of a fear on the part of the medical staff that their junior officers may subsequently select that district for a sphere of practice, and it seeks to enforce a restriction which is utterly unjustifiable.

The Ballachulish Dispute.

UNDER the terms of the interdict recently granted against Dr. Lachlan Grant, he will now have to refrain from practising in the district, and the quarry company will proceed to advertise for another medical officer. Meanwhile, the men have appointed a medical man *ad interim* to take Dr. Grant's place, and it is to be hoped that their praiseworthy persistence will not be stultified by the acceptance of the appointment by any young

medical man on behalf of the company. It is precisely at such junctures as these that the *solidarité* of the profession may be demonstrated, and any action calculated to weaken it cannot fail to have an unfavourable influence on the status of practitioners in general. We hope, therefore, that the company's advertisement will remain without response. In any event, the newcomer would have to reckon with a hostile public opinion.

The Care of the Feeble-Minded.

THE Association for Promoting the Welfare of the Feeble-Minded is fulfilling a useful mission in focussing attention on the large number of children needing special care and training to compensate for innate mental deficiency. Dr. Shuttleworth has estimated that about 1 per cent. of all children require some form of special education. At the recent annual meeting of the above Society a resolution was adopted expressing the opinion that a Royal Commission should be appointed to investigate and report upon the condition and needs of feeble-minded persons throughout the country. During recent years School Boards and Poor-law authorities have accomplished something for the better protection of these "deficients," but it must unfortunately be admitted that our present means are all too meagre, and meanwhile large numbers of these "unfit" are joining the ranks of the casuals, prostitutes, inebriates and generally worthless. It would be well if a travelling commission could obtain trustworthy information regarding the present condition of affairs.

The President of the British Pharmaceutical Conference on Medical Dispensing.

IN the course of an interesting introductory address delivered by Mr. T. H. W. Idris, J.P., F.C.S., before the British Pharmaceutical Congress at Bristol, the question of medical dispensing is referred to in terms of unqualified condemnation. Disclaiming any trade interest in the matter, Mr. Idris contends that few doctors have had the proper training to become trustworthy dispensers, and that even were it otherwise the practitioner's duties militate against that concentration of thought which is so essential in the practice of pharmacy—and indeed of any other responsible function. Even more to the point is his contention that by restricting the functions of the prescriber and the dispenser to different hands, one acts as a check on the other and a safeguard is provided against the inevitable, if infinitesimal, proportion of errors. We feel constrained to observe that some of the quotations made use of by the speaker to support his contention are as lacking in conclusiveness as they certainly are in good taste. Unauthenticated stories about "excited" medical men pouring two or three teaspoonfuls of laudanum into an ounce phial and signing the death certificate in the morning, and the like, savour of libel and detract from the value of arguments which would otherwise commend themselves for favourable consideration. It must be understood that if dispensing ever cease to remain the prerogative of the medical practitioner it will be because the latter has decided against it. We are confident that Parliament would under no circumstances be induced to withdraw that privilege, the more so seeing that the number of mishaps is, after all, miraculously small. Mistakes, fatal mistakes, are far too common in the hands of the qualified pharmacist for it to be safe for him to recklessly fling stones at our glass windows. We should welcome regulations having for object to insure a better pharmaceutical training on the part of practitioners; not only for those who contemplate dispensing their own medicines, but also those who will only prescribe, since a knowledge of pharmacy is as indispensable to the prescriber as to the dispenser. This is a matter which might well engage the attention of the General Medical Council in the near future, since the examining boards do not appear disposed to intervene.

Antistreptococcic Serum.

A CORRESPONDENT writes:—"Antistreptococcic serum has not received the attention which it deserves from the profession. Failure has followed its use in many cases, the reason for which is not far to seek. In every case before the serum is used a bacteriological investigation of the pus must be made. If streptococci alone be found or if streptococci be in the ascendancy, then the use of antistreptococcic serum is followed by most beneficial results. From personal experience I can testify to its usefulness in the following class of cases: Puerperal septicæmia, follicular tonsillitis, diphtheria, in which we have a mixed infection, streptococci being largely represented. This type of diphtheria is usually ushered in with high fever. If antistreptococcic serum be used, followed by anti-diphtheritic serum, the value of the latter under these conditions is greatly enhanced, also in septic pneumonia and in certain cases of infective endocarditis. In one case of very septic throat associated with scarlet fever, in which I found streptococci almost exclusively present, I injected antistreptococcic serum with marked benefit."

The Pathology of Plants.

MUCH light will doubtless some day be thrown on morbid processes in animals by a more scientific comparison with the derangements of plants. Hitherto vegetable pathology has remained almost entirely a *terra incognita*. Dr. Ernst Küster, in his recently published "Pathologische Pflanzenanatomie," has broken new ground, and in his study of the factors concerned in the etiology and development of diseases of plants has indicated a method which may ultimately prove of much service, both directly and indirectly, to the human subject. We certainly think that the student of medicine in his biological course might well have his attention drawn to the importance of remembering that plants, like animals, may be liable to wide deviation from the normal. It is only by taking the widest possible view as to the

nature of disease that we can hope to unveil the many mysteries which encircle the morbid affections still afflicting mankind.

Poetry and Pathology.

THE passing of Mr. William E. Henley recalls to mind the close association of poetry and pathology. Not a few of our most notable poets have felt the buffetings of disease and have borne the scars of affliction, and in every land and in every age the problems of pathology have afforded material which the true singer has dignified in his desires and attempts to unfold and solve. Mr. Henley has endeared himself to many members of the medical profession. His own life was heroic in his combat with suffering and his victory over disease. More than thirty years ago he was a patient of the present Lord Lister, in the old Edinburgh Royal Infirmary, and here his literary career commenced. *In Hospital* will long be prized as a series of perfect sketches of hospital life and surgical experiences. While a patient in hospital Mr. Henley first made the acquaintance of Robert Louis Stevenson.

PERSONAL.

DR. G. S. STEPHENSON, of Grimsby, has been placed on the Commission of Peace for the Borough.

DR. WILLIAM C. TAYLOR has been appointed Medical Officer of Health to the West Ham Board of Guardians.

DR. W. MCCALLIN has been appointed Assistant Medical Officer to the Southampton Corporation.

DR. WILLIAM GABRIEL ROCKWOOD has been reappointed unofficial member of the Legislative Council of the island of Ceylon.

SIR W. S. CHURCH will deliver the opening lecture of the winter session at the Post-Graduate College, West London Hospital, early in October.

A FELLOWSHIP, founded at Newnham College by Mrs. Sturt, has been awarded to Miss G. L. C. Matthaei, who is investigating the respiration and assimilation of plants.

MR. W. H. FOLKER, F.R.C.S., was the recipient last week of a testimonial on vellum congratulating him on the completion of fifty years' connection with the North Staffordshire Infirmary, and expressive of the high appreciation of his services.

DR. J. L. STOWERS has been presented by his colleagues at the North-West London Hospital with a handsome silver salver, the inscription on which explained that it was given "As a token of friendship and in recognition of seventeen years' service as honorary secretary to the Medical Committee."

PROFESSOR G. SIMS WOODHEAD, who occupies the Chair of Pathology in the University of Cambridge, has accepted the invitation of the trustees of the Lees and Raper Lectureship to deliver the next lecture on "Recent Researches on the Action of Alcohol in Health and in Sickness," on Monday, November 16th. Dr. Butler, the Master of Trinity, will preside. The lecture will be given in the Guildhall, Cambridge.

Special Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

[FROM OUR SPECIAL CORRESPONDENT.]

SCOTLAND.

EDINBURGH UNIVERSITY SUMMER GRADUATION.

THIS ceremony took place on Saturday last, July 25th, in the McEwan Hall, the proceedings opening, as usual, with the presentation of candidates for the honorary degree of Doctor of Law. This degree was conferred on Sir Andrew Fraser, Lieutenant-Governor of Bengal; Professor Laurie, who has recently retired from the Chair of Education in Edinburgh; Sir Henry Normand Maclaurin, Chancellor of the University of Sydney; and the Hon. Mr. Justice Rampini, High Court, Calcutta. Thereafter the ordinary degrees in science, arts, law, and medicine were conferred, and various prizes, scholarships, &c., were awarded. The address to the graduates was delivered by Professor Crum Brown, who took as his subject the well-worn yet ever new theme of the progress of the healing art. At the outset he spoke of the changes which had taken place in the University during the past year, and welcomed the new professors of education, theology and Greek among them. As to the progress of medicine during the past forty years, he mentioned the Röntgen rays and other forms of radiation in quite recent times; all these, however, were overshadowed, as they were preceded, by antiseptic surgery, of which it could only be said that by no effort of the imagination was it possible to realise the change it had effected. Progress of an interesting, practical and most important kind had recently been made by the discovery of the mode of action of bacteria and bacterial products on the animal economy. The study of these phenomena had led to a clearer understanding of the cause of immunity. He need not remind them of the pioneer work of Pasteur in the development along modern lines of Jenner's work, which had led to what was now called preventive medicine. There seemed hope now that two of the most fatal of all diseases—tubercle and malaria—might be controlled, as their modes of infection were becoming better known. The address was concluded by an exhortation to cultivate sound and rapid judgment. The practitioner had to make up his mind, and that quickly, as to what ought to be done. Science did not help him here; it was a matter for sound judgment, the same kind of sound judgment that led a business man right in matters of business. Without this no scientific processes of observation, and no manipulative skill, would help their patients. This sound judgment could be cultivated, but could not be made right off; it was not a secret that could be communicated, but must grow. It came from the habitual conscientious performance of duty.

Correspondence.

QUACKERY—MEDICAL AND DENTAL.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—It seems to me that discussion of this subject well deserves to be continued in your pages. If you agree, perhaps you may feel inclined to accept my contribution towards it. During my career for many years as dental surgeon to a general hospital in London I was brought into relation with large numbers of in- and out-patients. It was not my business to inquire into the question of medical quackery, but the information I casually gained sufficed to show me how terrible is the amount of misery inflicted upon the

poor, the ignorant, and the helpless by the army of cynical knaves, who as vendors of fraudulent nostrums, or as quack practitioners, gain their livelihood or amass wealth by preying upon suffering humanity. If, as one of your correspondents suggests, a Parliamentary Committee be appointed to take evidence and report upon this subject, there can be no doubt overwhelming proof will be forthcoming of the necessity for legislation in the interest of the classes who have most claim on the guardianship of the State. It would be shown that, whatever advantage might accrue to the profession by measures tending to protection this advantage would be far outweighed by the benefit conferred upon the people. If dentistry as a branch of surgery were included, as it ought to be, in the inquiry, a similar result would be attained. The quack dentist does not directly destroy life, but he inflicts a vast amount of preventible injury, and carries on a system of fraud and plunder, and often of blackmail. The dental quack who practices among the poorer classes holds out as a bait artificial teeth at prices which could not possibly provide the materials, even if necessary surgery could be safely ignored and the process of fitting the teeth made merely mechanical. The bait is exactly similar to that used by the quacks of other denominations—rupture doctors, ear quacks, obesity curers, and cancer quacks—who mostly offer a cure for a nominal sum. Some of these rogues, including more than one professing to "reduce" fat people by a miraculous method, spend thousands a year on advertisements; and it is well known that a part of their system consists in blackmailing foolish women who fall into their hands. It is, at any rate, evident some nefarious means must be employed to gain an income after spending so large a sum in advertisements. In a similar way the cheap dental quack never gives a patient a set of teeth for the price advertised, and more commonly extorts ten or twenty times the amount for worthless work. Two cases have lately come to my knowledge in each of which £20 was taken from lower class patients by an infamous firm who advertise sets of teeth for a few shillings "warranted." The teeth supplied were useless.

The dental quack who lays himself out for wealthy patients works, as a rule, under cover of a sham American institution. There are many of these in London and throughout the Kingdom. Their proprietors, some of whom own several establishments, often work with the aid of the Limited Liability Act, and often make large incomes. They carry on their trade by means of gangs of unqualified assistants, often Americans, or able to palm themselves off as such. These men are paid salaries and a share of the plunder from each patient. No self-respecting qualified man, who was not a complete failure in his profession, could possibly serve in such an establishment. Every patient who goes there is, of course, treated with the main consideration of getting as much money out of him as possible. Every dental surgeon in London of wide experience could fill many of your pages with narratives of cases within his own knowledge in which wealthy patients—mainly women—have been defrauded of large sums and cruelly used by improper treatment in the hands of the sham American dentists. It is these patients who so often return, after a time, to their family dentist with a narrative of their experiences. Sometimes, although rarely, a male relative intervening compels a quack to disgorge his ill-gotten fees. But as a rule the quack finds impunity in the fact that there is nothing a woman will not endure under the circumstances rather than expose her folly publicly in a court of law.

I remain, Sir, your truly, HOSPITAL DENTIST.

MR. VICTOR G. PLARR, the well-known Librarian of the Royal College of Surgeons of England, has written a peculiarly attractive *brochure* on "Literary Etiquette," published by Messrs. Adlard and Son, which medical men, ambitious to be authors, would do well to study seriously.

THE BRITISH MEDICAL ASSOCIATION.

[BY OUR SPECIAL COMMISSIONER.]

SWANSEA, July 25th.

DR. THOMAS DRYSLWYN GRIFFITHS, whose portrait we are able here to present, is the new President of the British Medical Association, now holding its seventy-first annual meeting in Swansea.

Dr. Griffiths, who for the last twenty-five years has occupied the honourable position of leading consulting surgeon for South Wales, was born at Dryslwyn, Carmarthenshire, in 1837. He was educated at Carmarthen and the Normal College, Swansea, and

THE NEW PRESIDENT.

was apprenticed, like Sir John Williams, to Dr. Michael, who, strange to say, forsook medicine for the English Bar. Dr. Griffiths studied at University College, London, for five years, winning a brilliant record, gaining prizes and distinctions, and being awarded the Filliter Exhibition in Pathological Anatomy and Histology in 1862, and the Atkinson-Morley Scholarship in 1863. The late Sir William Jenner early recognised him as one likely to secure a distinguished career..

In 1862 Dr. Griffiths took the M.R.C.S., L.S.A. and the M.B. of London, with Honours in Medicine, Surgery and Midwifery; in 1872 he proceeded to the M.D.

On the grounds of health, Dr. Griffiths was obliged to settle in the country, and he is an excellent example of the hygienic value of a lifelong and systematic application of fresh air and exercise, and now, at sixty-six years of age, often cycles a dozen miles to bathe at six o'clock in the morning.

Dr. Griffiths has done much for the development of medicine and the application of philanthropy in South Wales, and has taken an active interest in public affairs.

He has, however, found time to contribute to medical literature, and has published a number of notable papers, including those on "The Pathology and Treatment of Intestinal Wounds" and "The Causes and Pathology of the Various Acquired Malpositions of the Uterus."

We congratulate Dr. Griffiths on his Presidentship and extend to him our best wishes for his year of office

THE PRINCE OF WALES AND THE HONORARY MEMBERSHIP OF THE B.M.A.

THE "first gentleman" in the land has always evinced the deepest interest in matters medical, and has not been slow to recognise the honourable place which members of the healing art occupy among the best workers for the weal of the nation. It is, therefore, particularly pleasing to find the Prince of Wales following the example of his father, the King, in extending active sympathy and support to "the doctors." The first duty of Dr. Griffiths, the new President of the British Medical Association, is a particularly pleasing one, being to move the following resolution:—"That H.R.H. the Prince of Wales be and is hereby elected an honorary member of the British Medical Association, not only for the honour his membership will confer on the Association, but for the distinguished services his Royal Highness has rendered to the medical profession."

Literature.

BROUARDEL ON DEATH AND SUDDEN DEATH (*a*).

THIS second edition appears five years after the first, and the slightly increased bulk of the volume is fully justified. The translator has extended the range of the subject matter and added further illustration, detail and comment, which adds completeness to the work; still the volume remains a concise and convenient source of information on many practical points on which at some time or other every medical man finds himself in doubt or difficulty. The new matter, which is mainly drawn from British writers, is indicated by brackets, and the sources from whence obtained are in all cases acknowledged. Dr. Brouardel, so long Director of the Morgue, has had vast experience of medico-legal cases; in fact, the author's name furnishes sufficient guarantee that the information offered will be valuable, and the translation of the text by Dr. Benham leaves nothing to be desired.

The first part of the volume is devoted to the signs of death. This somewhat dry subject is here presented in an attractive form, and affords most interesting reading and valuable information. The possibility of determining the exact instant of death—apparent death (premature interment)—the real signs of death and the legal questions which have to do with the proof of death are fully discussed. The second part of the volume deals with sudden death, which, apart from the effects of violence, is the "rapid and unforeseen termination of an acute and chronic disease which has in most cases developed in a latent manner." Commencing with sudden death due to lesions of the circulatory system, sudden death due to lesions of the other systems are fully described, and numerous examples given. The most frequent form of sudden death, according to Dr. Brouardel, is death due to the kidneys, the renal lesion not always being the only factor, but a combination of causes, which make the mechanism of this kind of sudden death difficult to determine. Death supervenes from auto-intoxication in such cases. When death is suspected to be due to embolism he points out the importance of not performing a post-mortem examination by the usual method, for in order to remove the thoracic organs the relations of the parts are changed, the clot is displaced, and will not be found *in situ*. Therefore, to obviate this, he recommends opening the chest freely and the pericardium, and the dissecting of the heart *in situ*. On removing clots formed during the last hours of life, and following the ramification of the pulmonary artery, if there be an embolism it is found without difficulty, and the broken surface of the clot thrown into the blood stream can be compared with the remainder of it left in the vein where the thrombus was formed. Many and similar useful practical hints are given which make this work invaluable to the medical man who is called upon to report upon a sudden death or to conduct a post-mortem examination in such cases.

Each chapter leaves nothing to be desired in the way of precision and clearness. Innumerable cases are quoted to illustrate the text, some of which are sufficient to arouse incredulity. The sources from which they have been derived are, however, in all cases acknowledged. It is a book to which the medical man may turn in moments of anxiety or doubt, and in which he is sure to find help and guidance. It will also create a sense of comfort, knowing he has such a work to refer to, so much is dealt with which cannot be found in works of medicine or medical jurisprudence.

(*a*) "Death and Sudden Death" By Professor P. Brouardel, of Paris, and F. Lucas Benham, M.D.Lond. Second Edition. Pp. 336, demy 8vo, 10s. 6d. London; Bailliere, Tindall & Cox. 1903.

A SHORT MANUAL OF INORGANIC CHEMISTRY. (*a*)

THIS work, which has been revised and brought thoroughly up to date, meets the need which many teachers will have felt in providing for students a handbook at an exceedingly moderate price, which contains practically all that the advanced student requires for an intelligent grasp of the principles by which his work is governed. Special attention has been paid to the principles of the periodic law, and, speaking generally, it will be found on studying the work that the authors, while dealing with the subject from a thoroughly practical point of view, have not fallen into the trap which most writers of similar works stumble into, namely, of presenting a mass of facts which, while accurate and necessary to the student, would be of far greater use to him if presented as forming part of a considered scheme, affording a logical training for the mind and leading to a systematic habit of acquiring fact and theories in an orderly manner.

There is one statement (page 129), however, to which we must take exception, namely, that "Chemists, as beforesaid, can only point out certain forms of pollution" in water. This sentence is, of course, qualified by its context, but we would point out that, while not seeking to diminish the value of bacteriological examination of potable waters, there are hardly any recorded cases in which a proper chemical examination has failed to show contamination which has subsequently been revealed by a biological investigation. We think it a pity that the authors did not devote a little more space to the examination of waters for drinking and for other purposes, seeing that every student ought to possess a fair general knowledge of this important subject.

The electrolytic processes for alkali production are mentioned, and will doubtless be further detailed in subsequent editions. We note with satisfaction that the authors give an indication of the physiological action of the various salts dealt with. This is, in our opinion, a feature highly to be commended.

The subject of crystallography is well dealt with and illustrated with well-drawn diagrams. The book is well got up, with clear print, and so far as we have been able to examine it, is remarkably free from misprints.

POORE'S SANITATION. (*b*)

THIS small volume consists mainly of extracts taken from the author's "Milroy Lectures" and his book, entitled "The Dwelling-House." He discusses the question of the relation of flies and fæces to the propagation of disease. He advocates the burial of fæcal matter in shallow furrows, which are then filled in with earth, and the soil may afterwards be utilised for the growing of vegetables. The rest of the book is taken up with a detailed description of a model cottage.

(*a*) "A Short Manual of Inorganic Chemistry." By A. Dupre and H. Wilson Hake. Third Edition (re-issue). Pp. 391. Price 3s. net. London: Charles Griffin & Co.

(*b*) "Colonial and Camp Sanitation." By George Vivian Poore, M.D.Lond., F.R.C.P., Professor of the Principles and Practice of Medicine, University College, London; Physician to University College Hospital, &c. Pp. 44, with 11 illustrations. Price 2s. net. London: Longmans, Green, and Co. 1903.

with an ingenious special tank for the collection of rain-water, and a scheme for the disposal of slops by means of a filtration gutter. In addition, the author gives practical hints on earth closets, dry urinals, the housing of animals, and the construction of wells. Its pages will certainly find favour with those who desire information on such subjects, as the author is both concise and accurate in the expression of his opinions.

WARWICK AND TUNSTALL'S FIRST AID. (a)

AT the present time, more so perhaps than ever before, there is a growing tendency to popularise medicine and surgery. Ambulance instruction, though of the greatest possible service, is apt to lead those attending such lectures to suppose that they are thereby qualified, not only to give first aid, but also to actually treat every ailment and accident that may come in their way. Nothing could be more fatal to progress. We make these remarks because in the ably-written manual before us we fear there is a tendency to impart too much information, especially in the earlier chapters devoted to anatomy and physiology. In fact, the book is so replete with information that even the practitioner will find it useful for reference in cases of emergency. The chief alterations in this edition are an increase in the number of illustrations and an improvement in some of the original diagrams. Ambulance lecturers will derive much help from its careful perusal.

NEW BOOKS AND NEW EDITIONS.

THE following have been received since the publication of our last list :—

D. APPLETON & Co. (London).

Diseases of the Heart and Arterial System. By Robert H. Babcock, A.M., M.D. Illustrated. Pp. 858. Price 25s. net.

The Diseases of Infancy and Childhood. By L. Emmett Holt, M.D., LL.D. Second Edition, revised and enlarged. Illustrated. Pp. 1161. Price 25s. net.

BAILLIERE, TINDALL & COX (London).

Diseases of the Stomach. A Text-book for Practitioners and Students. By Max Einhorn, M.D., Professor of Clinical Medicine in the Post Graduate Medical School and Hospital. Pp. 550, with 74 illustrations. Price 14s.

A Short Manual of Analytical Chemistry. By John Muter, Ph.D., F.R.S.E., F.I.C., F.C.S. Ninth Edition. Demy 8vo. Illustrated. Pp. xiv. and 235. Price 6s. net.

Protozoa and Disease. By J. Jackson Clarke, M.B.Lond., F.R.C.S. Pp. 198, with 91 original illustrations. Price 7s. 6d. net.

Uterine and Tubal Gestation. A Study by Samuel W. Bandler, M.D. Pp. 158, with 93 illustrations. 7s. 6d. net.

Lessons on Massage. By Margaret D. Palmer. Second Edition. Demy 8vo. Pp. xvi. and 261, with 118 illustrations. Price 7s 6d. net.

Studies in Comparative Odontology by Arthur S. Underwood, M.R.C.S., L.D.S. Illustrated. Pp. 152. Price 5s. net.

JOHN BALE & SONS. (London).

The Ocular Circulation. By J. H. Parsons, B.S., B.Sc., F.R.C.S. Crown 8vo. Paper cover. Pp. 76. Price 3s. net.

CASSELL & Co., LTD. (London).

Tumours, Innocent and Malignant. By J. Bland-Sutton. Third Edition, illustrated. Pp. 556. Price 21s.

J. & A. CHURCHILL (London).

Uric Acid as a Factor in the Causation of Disease. By Alexander Haig, M.A., M.D.Oxon., F.R.C.P. Sixth Edition. Pp. 947. Price 15s.

An Inquiry into the Etiology and Pathology of Beri-Beri. By Hamilton Wright, M.D. Pp. 93. Price 3s. net.

On Syphonage and Hydraulic Pressure in the Larger Intestine. By Ralph Winnington Leftwich, M.D. Pp. 80. Price 3s. net.

St. Thomas's Hospital Reports. New Series. Vol. XXX. Edited by Dr. H. P. Hawkins and Mr. W. H. Battle. Pp. 404. Price 8s. 6d.

Modern Bullet Wounds and Modern Treatment. By Major F. Smith, D.S.O. Crown 8vo. Pp. 98. Price 3s. net.

The Feeding of Infants. By Edmund Cautley, M.D., F.R.C.P. Second Edition. Pp. xii. and 418. Price 7s. 6d. net.

R. & R. CLARK, LTD. (Edinburgh).

Clinical Studies. By Byrom Bramwell, M.D., F.R.S.E. Vol. I Parts 1, 2, 3. Price 2s. 6d. each.

EYRE & SPOTTISWOODE (London).

Army Medical Report, with Appendix, for the year 1901. Pp. 426. With plates and charts. Price 2s. 4d.

H. G. GLAISHER (London).

Polyphase Currents in Electrotherapy. By G. Herschell, M.D. Lond. Pp. 44. Price 2s. 6d. net.

Manual of Intragastric Technique. By G. Herschell, M.D.Lond. Pp. 166. Price 7s. 6d. net.

W. GREEN & SONS (Edinburgh).

Practical Handbook of the Diseases of the Eye. By D. Chalmers Watson, M.B., F.R.C.P.E., with 9 coloured plates and 32 illustrations. Pp. 259.

CHARLES GRIFFIN & Co., LTD. (London).

Foods : Their Composition and Analysis. By Alexander Wynter Blyth, M.R.C.S., &c., and Meredith Wynter Blyth, B A.Cantab., B.S.Lond., &c. Fifth Edition, thoroughly revised, enlarged, and re-written. Pp. 616. Price 21s.

H. K. LEWIS (London).

A Manual of Ophthalmic Practice. By Chas. Higgens, F.R C.S.E Second Edition, revised and edited by A. W. Ormond, F.R.C.S.E. Pp. 383. Price 7s. 6d.

LONGMANS, GREEN & Co. (London).

Elementary Bacteriology. By M. L. Dhingra, M.D., C.M.Edin. Crown 8vo. Pp. xiv. and 144. Price 3s. net.

My Relations with Carlyle. By James Anthony Froude. Pp. 80. Price 2s. net.

Alpine Flora for Tourists and Amateur Botanists. By Dr. Julius Hoffmann translated by E. S. Barton (Mrs. A. Gipp). Illustrated. Pp. 112. Price 7s. 6d. net.

MACMILLAN & Co., LTD. (London).

Life and Labour of the People of London. By Charles Booth. (Final Volume.) Demy 8vo. Pp. 439. Price 5s. net.

Handbook of Climatology. By Dr. Julius Hann. Part I.—Genera Climatology. Translated by Robert de Courcy Ward. Pp 437.

Guide to Switzerland, with 31 maps and 6 plans. Pp. 235. Price 5s. net.

JOHN MURRAY (London).

Hand-book of Physiology. By W. D. Halliburton, M.D., F.R.S. Fifth Edition. Pp. 912. Price 14s.

YOUNG J. PENTLAND (London).

The Edinburgh Medical Journal. Edited by G. A. Gibson, M.D., F.R.C.P.Edin., and Alexis Thomson, M.D., F.R.C.S.Edin. Volume XIII. Pp. 572.

Manual of Practical Anatomy. By D. J. Cunningham, M D., F.R.S. Vol. 1. Third Edition. Pp. 605.

REBMAN, LTD. (London).

Some Practical Points in the Diagnosis and Treatment of Gonorrhœa in the Male. By H. Oppenheimer, M.D Heidl., M.R.C.P.Lond. Pp. 46. Price 1s. 6d. net.

Pregnancy with Ovarian Tumour. By R. G. McKerron, M.A. M.D. Crown 8vo. Pp. viii. and 281. Price 7s. 6d. net.

W. B. SAUNDERS & Co. (London).

A Text-Book of Legal Medicine and Toxicology. Edited by Frederick Peterson, M.D., and Walter S. Haines. M.D. Volume I. Pp. 730.

Tuberculosis. By Norman Bridge, A.M., M.D. Illustrated. Pp. 302.

W. B. SAUNDERS & Co. (Philadelphia).

The Practical Application of the Röntgen Rays in Therapeutics and Diagnosis. By William Allen Pusey, A.M., M.D., and Eugene Wilson Caldwell, B.S. Illustrated Pp. 591.

Modern Materia Medica and Therapeutics. By A. A. Stevens, A.M., M.D. Third Edition. Entirely re-written. Pp. 663.

JOHN WRIGHT & Co. (Bristol).

Lectures on Massage and Electricity. By Thomas Stretch Dowse, M.D.Aberd., F R.C.P.Edin. Fourth Edition. Illustrated. Pp. viii. and 454. Price 7s. 6d. net.

Buxton : Its Waters and Baths. By Wm. Armstrong, M.R.C.S., J.P., and J. E. Harburn, L.R.C.P., L.R.C.S.Edin. Pp. 71. 6d. Paper.

Skin Pharmacopœia. By James Startin. Fifth Edition. Pp. 57. Price 2s. 6d. net.

Eye Symptoms as Aids in Diagnosis. By Edward Magennis, M.D D.P.H. Pp. 108. Price 2s. net.

Laboratory Notes.

FELIXIR.

THIS is a very pure spirit with a flavour recalling that of juniper berries. It has been doubly rectified, and hence is remarkably free from fusel oil. We have personally visited the factories, Booth's Distillery, Cow Cross Street, London, where it is prepared, and are, therefore, in a position to speak as to the remarkable care and cleanliness displayed there.

The flavour and taste are of themselves sufficient proof that it has been thoroughly rectified and has been matured for a considerable time. The extractives are under one half per cent., and the sugar present is very small, not exceeding 0·2 parts per cent. We consider this to be a thoroughly wholesome and well-matured spirit, fitted for medicinal application, on account of its great purity, especially in those cases in which malt whisky is productive of biliousness. Its alcoholic strength is quite satisfactory, being over ten degrees, about the statutory limit.

(a) "First Aid to the Injured and Sick." By F. J. Warwick. B.A., M.B.Cantab., M.R.C.S., L.S.A., and A. C. Tunstall, M.D., F.R.C.S.Ed. Third and Revised Edition. Twelfth Thousand. Price 2s. 6d. Bristol: J. Wright and Co. 1903.

TRISCUIT.

THE manufacturers of "shredded wheat" now prepare a product to which they have given the name "Triscuit." This is a thrice-cooked biscuit possessing considerable merit and novelty. The finely divided threads of entire wheat grains of which it is composed allow of more perfect cooking than would be possible in any form of bread, and would also facilitate more perfect admixture with the saliva and gastric juices.

Analytically its composition is manifestly superior to the best bread, and the sample submitted has yielded the following results :—

Moisture, 6 per cent.
Mineral matter, 1 per cent.
Nitrogenous matter, 12 per cent.

These figures show that the substance is practically all nourishment, the difference between them and 100 being, of course, carbohydrates. It is to be noted that while Triscuit contains only 6 per cent. of water, the best bread generally has 30 per cent. thereof.

This article should prove of very great value as a substitute for toast, but it can easily be converted into an appetising sweetmeat. We have exposed part of the sample submitted to conditions of temperature and moisture such as would be met with in the tropics for a considerable period, and it remained perfectly uninjured and palatable.

COW'S HEAD BRAND CONDENSED MILKS.

WE have received for examination from the Swiss Milk Society (Peninsular House, Monument Street, E.C.) two samples of Cow's Head brand of condensed milk—one slightly sweetened, the other unsweetened. Both possess the qualities of a rich, genuine milk, and are highly creditable preparations.

The unsweetened brand yielded the following figures on analysis :—

Fat	12·0
Albuminoids	9·4
Milk and sugar	13·3
Ash	1·8

These figures are well above the average for good condensed milk, suggested by Mr. C. G. Moor in his masterly work on "Standards for Purity for Foods and Drugs."

The sweetened sample gave nearly the same figures for fat, milk-sugar and nitrogenous matter, but we were pleased to find that the added sugar, which in most brands is objectionably high, was low, so that when diluted the milk is free from excessive sweetness. We consider these milks as types of what condensed milk should be, and have pleasure in commending them to the notice of our readers.

SOLUBLE SALTS OF MANGANESE AND IRON.

WE have received from Messrs. Burroughs Wellcome and Co. samples of soluble salts of manganese, and manganese in combination with iron, *viz.*, manganese citrate, manganese and iron citrate, and manganese and iron phosphate. All three are in the form of scales, and are readily soluble. Although it is well known that manganese is therapeutically useful in the treatment of anæmia and allied conditions, it has not come into general use by reason of the lack of soluble salts thereof. This lapsus has now been remedied, thanks to researches carried on in the Wellcome Research Laboratories, and we have the choice of three very elegant and useful products. These salts can be had either in scale form or as tabloids.

THE writer of an interesting sketch on the fashionable resort of Plombières, in the current number of *Travel*, declares that "it is a well-known fact that out of every six persons one knows at least four have either already had, are at this moment having, or intend shortly to have appendicitis," and it is suggested that "it is always safe with strangers to say courteously, 'I presume you have had appendicitis?'—it leads to an animated comparison of symptoms and does away with the *gêne* and awkwardness of most conversational openings." From all this it would seem that Plombières is hardly likely to prove a paradise for the few remaining non-appendicular subjects.

Medical News.

Westminster Hospital Medical School.

THE annual distribution of prizes took place on the 18th inst., in the presence of a large gathering of the students and their friends, the members of the staff, and governors of the hospital. Lord Strathcona was to have presided, but owing to an injury to his foot he was unable to be present. In his unavoidable absence, the prizes were presented by Mr. G. V. Yool, Chairman of the School of Medicine Committee. The prize list was as follows :—J. A. B. Hicks, scholarship of 110 guineas ; J. N. Beadles, scholarship of £60 ; G. G. James, scholarship of £60 ; A. W. Hayward, scholarship of £40 ; G. H. Curtis, scholarship of £40 ; W. C. Nimmo, Chadwick prize of 20 guineas for medicine and surgery ; C. Parker, "Bird" medal and prize of the value of £14 for obstetric medicine ; G. G. James, Treasurers' prize of 10 guineas for anatomy, biology, and chemistry ; J. J. W. Evans, prizes for practical chemistry and physics ; H. Galloway, prize for biology ; M. J. Cromie, prize for midwifery ; C. Fletcher, prize for histology ; W. France, the prize for pharmacology and the prize for medicine ; W. Ball, prize for pathology ; C. G. Browne, prize for anatomy ; R. Elworthy, prize for physiology. In moving a vote of thanks to the chairman, Mr. W. G. Spencer, F.R.C.S., expressed regret at the absence of Lord Strathcona, who had taken so deep an interest in the medical side of university education. He also alluded to the affiliation of the London medical schools to the University of London, and hoped that the University would make some provision soon for relieving the medical schools from the teaching of elementary science.

Death Under Chloroform.

AN inquest was held on the 17th inst. on a child, fifteen months of age, who had died at the Royal Berks Hospital while undergoing an operation for empyema. The usual verdict was returned.

The Carmichael Prize Essay.

THE President and Council of the Royal College of Surgeons in Ireland will, on the first Thursday in November, 1904, proceed to adjudge a prize of £120 for the best essay that may be presented to them, in accordance with the following instructions prescribed by the late Mr. Carmichael :—(1) "The state of the medical profession in its different departments of physic, surgery, and pharmacy, in Great Britain and Ireland, at the time of the writing of these prize essays." (2) "The state of the hospitals and schools of medicine, surgery, and pharmacy." (3) "The state and mode of examination, or of testing the qualifications of candidates of the different licensing colleges or corporations of medicine, surgery, and pharmacy." "Under these heads the authors will be pleased to make such suggestions as may occur to them respecting the improvement of the profession, with the view of rendering it more useful to the public, and a more respectable body than it is at present. In these suggestions the authors will be pleased to consider the preliminary and moral education of medical and surgical students, as well as the mode of conducting their professional studies." "In considering the third head, or mode of testing the qualifications of candidates by the licensing bodies, the authors will please to consider the most practical mode of rendering the examination as demonstrative as possible—*i.e.*, in anatomy, by having the dead subject placed before the candidate ; in chemistry, botany, and pharmacy, specimens of minerals, plants, and pharmaceutical preparations placed before him ; and in the practice of physic and surgery, the candidate to be placed before the patients in the wards of an hospital, as the testator is certain that this will afford the most certain and only true mode of ascertaining the qualifications of candidates." The essays must be lodged at the College on or before July 1st, 1904. Further particulars will be found in our advertising columns.

The Cambridge Small-Pox Epidemic.

SMALL-POX continues to spread at Cambridge, and up to Saturday last there had been ninety-two cases with five deaths. Vigorous steps have been taken to prevent the further spread of the disease, and vaccination is being proceeded with on a large scale.

The Jenner Institute of Preventive Medicine.

AT a special general meeting of the members of this institution on the 22nd inst., a resolution was unanimously passed to change the name to "The Lister Institute of Preventive Medicine," a change which, apart from practical reasons, will commend itself in view of the aims and object for which the institution was created. A second meeting will be held on the 7th prox. to confirm the resolution.

Medical Address to the King in Ireland.

ON the occasion of their Majesties' visit to Dublin last week the Presidents and Fellows of the Royal Colleges of Physicians and Surgeons presented loyal addresses, offering a most enthusiastic welcome on this the first occasion on which his Majesty since his accession to the throne had been graciously pleased to honour the city of Dublin and Ireland generally with his august presence. As representing the profession of medicine, the addresses regarded with grateful appreciation the intelligent favour which his Majesty had ever extended to it and the great interest he had taken in its efforts for the advancement of medical science, as well as for the preservation and improvement of the health of the nation. Reference was especially made to the recent efforts having for their object the checking of the fatal ravages of cancer and tuberculosis. The Colleges also begged to offer a loving welcome to her gracious Majesty Queen Alexandra, who, on the occasion of her previous visits as Princess of Wales, had won a secure position in the affections of the Irish people. The Royal Academy of Medicine, Dublin University, the Royal University of Ireland, the Apothecaries' Hall, the Pharmaceutical Society of Ireland, Royal City of Dublin Hospital, Royal Hospital for Incurables, Mercer's Hospital, Adelaide Hospital, Incorporated Dental Hospital, and the Matrons and Nurses of Dublin also presented loyal addresses to their Majesties, all of which were graciously accepted and thanks duly returned.

Central Midwives Board.

A MEETING of the Central Midwives Board, Dr. Champneys in the chair, was held at the Privy Council Office, Whitehall, S.W., on Thursday, July 23rd, when the following business was transacted:—(1) The Secretary reported that, subject to the confirmation of the Board, he had made an arrangement with Messrs. Spottiswoode and Company for the sale of the Board's publications, including the rules, forms, and midwives roll. The action of the Secretary was approved. (2) The Secretary was instructed to advertise for a lady clerk at 30s. per week, to enter on her duties when the Board takes possession of its new office at 6 Suffolk Street, about the middle of August. (3) A letter was read from the Clerk of the Council enclosing a copy of the rules as revised by the Privy Council after consideration of the representations made by the General Medical Council, the Home Office, and the Local Government Board. After discussion of the suggested amendments, some of which were accepted and others modified, the Secretary was directed to return the rules to the Privy Council, with the observations of the Board on the alterations made. It is not anticipated that any difficulty will now arise to prevent the approval of the rules by the Privy Council at an early date.

MR. ALEXANDER JOSEPH MCAULEY BLAYNEY, F.R.C.S.I., has been appointed Surgeon to the Mater Misericordia Hospital, Dublin. Mr. Blayney has for some years past been one of the assistant surgeons of the institution.

Conjoint Examinations in Ireland.

THE following candidates have passed the Second Professional Examination, Part II., by the Royal Colleges of Physicians and Surgeons:—

1. *Honours (in order of merit)*: V. Dolan; R. V. Burbage and F. P. Leyland, equal; J. Hogan, W. Glennon, L. Lucas.

2. *Pass (alphabetically)*: T. A. Bennett, C. J. D. Bergin, J. Clarke, T. Coffey, R. F. O'T. Dickinson, C. W. Greene, E. J. Higgins, A. Hipwell, F. Lyburn, W. J. McCormack, A. N. McLaughlin, D. McLaughlin, B. Martin, P. Mullany, J. McQuillan, A. L. O'Keeffe, N. E. Sampey, N. R. Ussher, J. Vasquez, P. D. Walsh, W. G. Wright.

Third Professional:—

1. *Honours (in order of merit)*: Miss A. M. Barry and Miss L. E. O'Meara, equal; G. A. D. Harvey, M. Keane, Miss G. W. Clarke.

2. *Passed all (alphabetically)*: T. J. Brooke-Kelly, R. A. Browne, R. Bury, W. I. Cowell, A. N. Crawford, R. McElvoy, L. McGuinness, J. Pratt (old rules).

3. *Completed examination (alphabetically)*: R. G. Allen, J. Bell, E. B. Bird, G.P.A. Braeken, C. H. Byran, A. H. R. Duncan, F. O. D. Fawcett, B. D. Gibson, Jas. Hayes, E. C. Jennings, F. J. Lennon, J. C. Murphy, R. H. MacManus, J. M. Reynolds, C. Robinson, E. L. Sheridan, P. M. Sheridan, Edmond Walsh.

Aberdeen Anniversary.

AT the graduation ceremony on Friday last, July 24th, the degree of Doctor of Medicine (M.D.) was conferred on the following:—

Allan, Alex. G., M.A., M.B., C.M.
Cooper, J. S., M.B., C.M.
Cruickshank, Wm., M.B., C.M.
Dingwall, A., M.A., M.B., C.M.
Fraser, S. J. C., M.B., C.M.
Geddes, G., M.B., C.M.
Gibb. G. A., M.B., C.M.
Jamieson, A., M.B., C.M.
Murray, C., M.A., M.B., Ch.B. (Highest Honours for Thesis).
Petrie, G. F., M.B., Ch.B. (Highest Honours for Thesis).
* Petrie, J.M., M.B., Ch.B.
Reid, Alex. W., M.B., C.M.
Stephen, G., M.B., C.M.
* Tindall, F. M., M.B., C.M.
Trotter, R.S., M.B., C.M.
Tuach, W., M.B., Ch.B.
* Urquhart, A., M.A., M.B. Ch.B.
* Wishart, J., M.B., Ch.B., B.Sc.

Degrees of Bachelor of Medicine (M.B.) and Bachelor of Surgery (Ch.B.) (New Ordinances) were conferred on the following:—

With Second Class Honours: Alexander Newton Callam, Wm. Clark Souter.

Ordinary Degrees: Benjamin James Alcock, M.A., Richard Gavin Brown, Margaret Duncan, William Elwood, Isabella Gunn, Matthew Hughs Harris, Maurice Buchan Johnson, Alexander Fraser MacBean, M.A., William Sim M'Gillivray, Duncan James Macrae, James Webster Miller, Frank Le Quesne Pelly, Frank Gellie Tennant Peterkin, George Baird Sleigh, M.A., Isabel Copland Smith.

Degrees of Bachelor of Medicine (M.B.) and Master in Surgery (C.M.) (Old Ordinances): George Charles M'Gregor, Allaster Lachlan Napier Maclean.

John Murray Medal and Scholarship (awarded to the most distinguished graduate (M.B.) of 1903): Alexander Callam and Hugh Maclean, equal.

The George Thompson Fellowship: George Grant Macdonald, M.A., M.B., Ch.B

Dilpoma in Public Health: Kenneth Fraser, M.B., Ch.B. (Aberd)., John Halley, M.B., C.M. (Aberd.), James Macfarlane, M.B., Ch.B. (Aberd.), Arthur John Milne, M.B., Ch.B. (Aberd.), John Stuart Rose, M.B., Ch.B. (Aberd.), James A. Simpson, M.B., Ch.B. (Aberd.), R. Alex. Slessor, M.A., M.B., Ch.B. (Aberd.), Wm. Ed. Taylor, M.B., Ch.B. (Aberd.), George C. Trotter, M.B., Ch.B. (Edin.).

* "Commendation" for Thesis.

MR. HOWARD MARSH, F.R.C.S., Surgeon at St. Bartholomew's Hospital, London, has been elected to the Professorship of Surgery in Cambridge University.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

CONTRIBUTORS are kindly requested to send their communications, if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

THE BALLACHULISH MEDICAL DISPUTE.

THERE are no new developments to report in connection with the deadlock at the Scotch slate quarries. The lock-out has now extended over seven months, and at a mass meeting held a few days ago the men seemed as determined as ever to stick to their medical officer, Dr. Grant, notwithstanding that on technical grounds the verdict in the law courts went against. The public in the district are loyally supporting the men, and through them Dr. Grant. The fund organised in support of the men now amounts to £660.

DR. JACOB (Maryborough).—Thanks for your letter. The possibility of taking the steps you suggest is under consideration.

R. V. (Brixton).—The issues are so purely controversial that it seems preferable to wait developments. There is nothing to be gained by our joining in the fray at this juncture, especially as the medical bearing of the discussion is by no means clear.

MR. O'KEEFFE (Belfast).—You run no risk by keeping the patient, the more so as she is not certified and probably not certifiable. As her husband is a medical man the responsibility rests with him.

WRONG DIAGNOSIS.

"The trouble with you," the doctor said after examining the young man, "seems to be that something is the matter with your heart."

"With my heart?"

"Yes. To give it a name, it is *angina pectoris*."

"You'll have to guess again, doctor," said the young man. "That isn't her name at all."—*Chicago Tribune*.

Appointments.

BUTLER, WILLIAM, M.B., C.M.Glasg., D.P.H.Lond., Medical Officer of Health of Willesden.

GILL, J. W., D.P.H.Lond., Surgeon and Agent for the care of Sick and Wounded Seamen and Marines at Llantwit Major by the Admiralty and Medical Officer to the Nash Lighthouse Establishment by the Elder Brethren, Trinity House.

HAWTHORNE, C. O., M.D.Glasg., M.R.C.P.Lond., Examiner in Medicine and Clinical Medicine in the University of Aberdeen.

MILLER, J., M.R.C.S., L.R.C.P.Lond., Medical Officer to the Troops stationed at Exeter.

OSBORNE, A., M.R.C.S., L.R.C.P.Lond., Medical Officer of the Ilfracombe district by the Barnstaple Board of Guardians.

VAN PRAAGH, HAROLD J., M.D.Lond., Honorary Physician to the Bayswater Jewish Schools, Paddington, W.

BIGGAM, JOHN, M.D Edin., Medical Officer of Health to the Sedgley Urban District Council.

GRIFFITH, A., M.D.Lond., Medical Officer of Health for the Borough of Hove.

PECK, HERBERT, M.D.Edin., Medical Officer of Health to the Chesterfield Rural District Council.

RICHARDSON, ADAM, M.B., C.M.Edin., L.S.A.Lond., Medical Officer of the Sengast District and Circle, North Natal, by the Indian Immigration Trust Board of the Natal Government.

WARR, J. P. S., M.R.C.S., L.R.C.P.Lond., Medical Charge of Troops at Crownhill Barracks, near Plymouth.

Vacancies.

Stockport Infirmary.—Assistant House and Visiting Surgeon. Salary £80 per annum, with board, washing, and residence. Applications to the Secretary.

Birkenhead Borough Hospital.—Junior Male House Surgeon. Salary £80 per annum, with board and washing. Applications to Hon. Secretary.

Eastern Counties' Asylum for Idiots, Imbeciles, and the Feeble-Minded, Colchester.—Resident Medical Attendant. Salary £100 per annum, with furnished apartments in the Asylum, board, and washing. Applications to John J. C. Turner, Superintendent and Secretary.

City of Sheffield.—Medical Officer of Health. Salary £700 per annum. Applications to H. Sayer, Town Clerk, Town Hall, Sheffield.

Liverpool Dispensaries.—Assistant Surgeon. Salary £100 per annum, with board and apartments. Applications to Sam. B. Leicester, Secretary, 56, Vauxhall Road, Liverpool.

Royal Lancaster Infirmary.—House Surgeon. Salary £100 per annum, with residence, board, attendance, and washing. Applications to the Secretary.

Ancoats Hospital, Manchester.—Resident House Physician. Salary £80, with board, etc. Applications to Samuel Baron, Secretary.

University College of South Wales and Monmouthshire (a Constituent College of the University of Wales).—Professor of Anatomy. Salary £350 per annum. Applications to J. Austin Jenkins, B.A., Registrar, University College, Cardiff.

Somerset and Bath Asylum, Cotford, Taunton.—Assistant Medical Officer. Salary £160 per annum, with furnished apartments board, fuel, lighting, and washing. Applications to the Medical Superintendent.

Salop Infirmary, Shrewsbury.—House Surgeon. Salary £100 per annum, with board, washing and residence. Applications to the Board of Directors

Ballinasloe Union.—Medical Officer. Salary £120 per annum, together with Registration and Vaccination Fees; also to act as Medical Officer of Health at a salary of £15 per annum. Applications to R. J. Gill, Clerk of Union. (See advt.)

Ballyshannon Union.—Medical Officer. Salary £100 per annum, with vaccination fees; also to act as Medical Officer of Health at a salary of £20 per annum. Applications to J. B. Chism, Clerk of Union. (See advt.)

Births.

GREGORY.—On July 21st, at Beverley, East Yorks, the wife of W. Herbert Gregory, M.D.Edin., of a son.

GRIFFITHS.—On July 21st, at 6, Windsor Place, Cardiff, the wife of Cornelius A. Griffiths, F.R.C.S., of a son.

MURPHY.—On July 18th, at Cambridge Terrace, Dover, the wife of Charles E. Murphy, L.R.C.P., L.R.C.S Irel., prematurely, of a son (stillborn).

RITCHIE.—On July 23rd, at 28, Beaumont Street, Oxford, the wife of James Ritchie, M.D., of a daughter.

THOMPSON.—On July 25th, at 12, Northbrook Street, Newbury, the wife of Arthur Thompson, B.A. (Cantab.), M.R.C.S., L.R.C.P., of a son.

Marriages.

BEVAN—BARNARDO.—On July 22nd, at Christ Church, Lancaster Gate, Kensington, Arthur Bevan, M.D., of 17, Kensington Gardens Terrace, Lancaster Gate, youngest son of the late W. J. B. Bevan, to Amy Cecilia, only daughter of George C. F. Barnardo, M.C.E., of Surrey Road, Bournemouth.

LOOSELY—SMITH.—On July 23rd, William Henry Loosely, L.D.S., R.C.S.Eng., of 14, Stratford Place, London, W., to Marjorie Stanley, second daughter of E. Stanley Smith, M.B., of 68, Wimpole street, London, W.

MACLEOD—MCWALTER.—On July 22nd, at Rosehill, Falside, Paisley, J. J. R. Macleod, M.B.Aberd., to Mary Watson, second daughter of the late Robert McWalter, Paisley.

ROXBURGH—PEAKE.—On July 25th, at Holy Trinity Church, Mossley, Congleton, Cheshire, Robert Roxburgh, M.B., F.R.C.S.(Edin.), of Weston-super-Mare, son of the late Rev. John Roxburgh, D.D. of Glasgow, to Eliza Fanny, daughter of the late Thomas Peake, Esq., of Tunstall, and Brampton Lodge, Newcastle, Staffordshire.

Death.

MURRAY.—On July 24th, at 58, Addison Mansions, W., J. Ivor Murray, M.D., F.R.C.S.E., late Colonial Surgeon, of Hong-Kong.

OPERATIONS — METROPOLITAN HOSPITALS.

WEDNESDAY.—St. Bartholomew's (1.30 p.m.), University College (2 p.m.), Royal Free (2 p.m.), Middlesex (1.30 p.m.), Charing Cross (3 p.m.), St. Thomas's (2 p.m.), London (2 p.m.), King's College (2 p.m.), St. George's (Ophthalmic, 1 p.m.), St. Mary's (2 p.m.), National Orthopædic (10 a.m.), St. Peter's (2 p.m.), Samaritan (9.30 a.m. and 2.30 p.m.), Gt. Ormond Street (9.30 a.m.), Gt. Northern Central (2.30 p.m.), Westminster (2 p.m.), Metropolitan (2.30 p.m.), London Throat (9.30 a.m.), Cancer (2 p.m.), Throat, Golden Square (9.30 a.m.), Guy's (1.30 p.m.).

THURSDAY.—St. Bartholomew's (1.30 p.m.), St. Thomas's (3.30 p.m.), University College (2 p.m), Charing Cross (3 p.m.), St. George's (1 p.m.), London (2 p.m.), King's College (2 p.m.), Middlesex (1.30 p.m.), St. Mary's (2.30 p.m.), Soho Square (2 p.m.), North-West London (2 p.m.), Chelsea (2 p.m.). Great Northern Central (Gynæcological, 2.30 p.m.), Metropolitan (2.30 p.m.), London Throat (9.30 a.m.), St. Mark's (2 p.m.), Samaritan (9.30 a.m. and 2.30 p.m.), Throat, Golden Square (9.30 a.m.), Guy's (1.30 p.m.).

FRIDAY.—London (2 p.m.), St. Bartholomew's (1.30 p.m.), St. Thomas's (3.30 p.m.), Guy's (1.30 p.m.), Middlesex (1.30 p.m.), Charing Cross (3 p.m.), St. George's (1 p.m.), King's College (2 p.m.), St. Mary's (2 p.m.), Ophthalmic (10 a.m.), Cancer (2 p.m.), Chelsea (2 p.m.), Great Northern Central (2.30 p.m.), West London (2.30 p.m.), London Throat (9.30 a.m.), Samaritan (9.30 a.m. and 2.30 p.m.), Throat, Golden Square (9.30 a.m), City Orthopædic (2.30 p.m.), Soho Square (2 p.m.).

SATURDAY.—Royal Free (9 a.m.), London (2 p.m.), Middlesex (1.30 p.m.), St. Thomas's (2 p.m.), University College (9.15 a.m.), Charing Cross (2 p.m.), St. George's (1 p.m.), St. Mary's (1 p.m.), Throat, Golden Square (9.30 a.m.), Guy's (1.30 p.m.).

MONDAY.—London (2 p.m.), St. Bartholomew's (1.30 p.m.), St. Thomas's (3.30 p.m.), St. George's (2 p.m.), St. Mary's (2.30 p.m.), Middlesex (1.30 p.m.), Westminster (2 p.m.), Chelsea (2 p.m.), Samaritan (Gynæcological, by Physicians, 2 p.m.), Soho Square (2 p.m.), Royal Orthopædic (2 p.m.), City Orthopædic (4 p.m.), Great Northern Central (2.30 p.m.), West London (2.30 p.m.), London Throat (9.30 a.m.), Royal Free (2 p.m.), Guy's (1.30 p.m.).

TUESDAY.—London (2 p.m.), St. Bartholomew's (1.30 p.m.), St. Thomas's (3.30 p.m.), Guy's (1.30 p.m.), Middlesex (1.30 p.m.), Westminster (2 p.m.), West London (2.30 p.m.), University College (2 p.m.), St. George's (1 p.m.), St. Mary's (1 p.m.) St. Mark's (2.30 p.m.), Cancer (2 p.m.), Metropolitan (2.30 p.m.), London Throat (9.30 a.m.), Royal Ear (3 p.m.), Samaritan (9.30 a.m. and 2.30 p.m.), Throat, Golden Square (9.30 a.m.), Soho Square (2 p.m.).

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Original Communications.

OBSERVATIONS ON THE EVOLUTION OF ABDOMINAL SURGERY,

FROM PERSONAL REMINISCENCES EXTENDING OVER A THIRD OF A CENTURY AND THE PERFORMANCE OF 2,000 OPERATIONS (a),

By A. W. MAYO ROBSON, F.R.C.S.,

Hunterian Professor of Surgery and Pathology, Royal College of Surgeons of England.

IT is clearly impossible in a short time to even briefly record all the advances made in surgery, but in my work as a general surgeon I have also had the privilege of taking part in the development and progress of a special branch, abdominal surgery, than which nothing could better exemplify the great changes that have occurred during the thirty-three years which I am considering; for, in the early seventies, abdominal diseases were practically always treated expectantly, and if we look at the reports for 1870 we shall see that, judged by results, it was perhaps just as well that surgery had then no business inside the abdomen.

As knowledge increased, and surgery became more scientific, many of the diseases in question became surgical either from the beginning or at a later period in their course, so that to-day abdominal surgery is a subject of the first importance. Formerly, ovarian disease was generally known as a form of dropsy, and was either treated by tapping, when the pressure became so severe as to demand some relief, or seeing that tapping was at times fatal or only gave a temporary respite, the greater number of cases went untreated. The surgery of the intestines, except for strangulated hernia, was not thought of, and uterine, renal, gall-bladder, stomach, liver, and pancreatic surgery were hardly dreamt of as possible. In 1870 an attempt was being made in some of the general hospitals to emulate the example set by certain pioneers, such as Clay, of Manchester, Spencer Wells, of London, and Keith, of Edinburgh.

The rise and progress of abdominal surgery has centred more around ovariotomy than any other branch of work, hence it may be of interest to review for a moment the evolution of that operation, for it has been the battlefield of abdominal work. I remember in the early seventies, when there was no special preparation of ligatures, which were of silk used straight out of the storage cabinet, and often handed to the surgeon by the theatre porter, who might even be post-mortem attendant; when little care was spent on cleansing the surgeon's hands and none on cleaning the patient's skin; when a perfunctory washing was supposed to be sufficient for instruments, and a very superficial cleansing to be ample for sponges, which were doubtless the most fertile source of mischief. The surgeon then wore a non-washable operating coat to protect his own clothes from being soiled, and not, as now, a sterilized overall to guard his patient from contamination.

The introduction of antiseptics started the change, but at first and for some years, carbolic acid was by many thought to act like a fetish, and to cover a multitude of sins. Then came a reaction against the use of antiseptics, and a veritable crusade, with much acrimonious writing, was led off by Lawson Tait, who argued that antiseptics were not only unnecessary to success, but were actually injurious. But his success came from another discovery, for, although he was by no means what we should now call an aseptic surgeon, as shown by his results in other than abdominal wounds, his genius found a different way, for he taught us the value of natural drainage through the intestines, and the importance of the avoidance of morphine. He made a routine practice of purging after operation, and so avoided that distension which used to kill so rapidly in early ovarian work. Had purging and the avoidance of morphine been adopted in the early seventies I have no doubt that the large mortality of that day would have been materially lessened. Other lessons I learnt from Lawson Tait were the value of rapidity in operating and of thoroughness in the removal of disease, for in early work on the uterine appendages it was not at all uncommon for the surgeon to be deterred by adhesions, and to rest satisfied with the drainage of pus tubes and cysts, instead of their complete removal, with the result that such patients either remained invalids or died more rapidly than if they had never been treated. Under perfected technique, and a judicious combination of asepsis and antisepsis, ovariotomy has become one of the most successful major operations in surgery, and has paved the way for other equally great triumphs within the abdomen.

The discovery of the frequency of perforative appendicitis, of perforating gastric ulcer, and of other peritoneal catastrophes is gradually abolishing the term acute peritonitis for the more rational one of acute peritoneal infection, for the treatment of which surgery alone is of any use, and even for it to be of service operation must not be long delayed.

Up to 1883 every case of intraperitoneal rupture of the bladder had died, but in that year the late Sir William MacCormac operated on and saved two lives; since that time there have been 54 operations recorded (according to Dr. Jones) (a), out of which 28 recovered. Could these cases have been seen earlier, the saving of life would have been much greater, for in the cases that recovered there had only been an average interval of 25¼ hours between the accident and the operation, whereas in the cases that died the average interval had been 32 hours, and of the 26 deaths, 17 were due to peritoneal infection. Just as in gastric ulcer, the danger is increased with every hour of delay between the accident and operation; hence in case of doubt, exploration (which can be done through a very small incision, just sufficient to admit the finger) is safer than waiting, and experience shows that the aiding of the diagnosis by the injection of air or fluid into the

(a) Abstract of an Address in Surgery at the annual meeting of the British Medical Association at Swansea, July, 1903.

(a) "Annals of Surgery," June, 1903.

bladder adds to the risk of general peritonitis by spreading infection over the whole abdomen.

In injuries of the abdomen by penetrating wound, whether stab or bullet wounds, the resulting troubles are from infection, either directly through the instrument causing the injury or by perforation of one of the hollow viscera and escape into the peritoneal cavity of the septic contents; how much more rational it is to consider this as an infection and immediately to set about the removal of the poison and the repair of the damage, if it can be done under conditions favourable to success, than to treat it as peritonitis and rely on so-called antiphlogistic remedies.

Appendicitis of the acute, perforating, or gangrenous type comes on so suddenly as often to constitute a peritoneal catastrophe, and in a proportion of cases terminates fatally in so rapid a manner that the diagnosis is made only with great difficulty, or not at all. The disease is said to be on the increase, but I am not at all clear as to the truth of this, as there have been buried in our literary records for generations, fairly accurate accounts of dangerous inflammations occurring in the right iliac fossa and described vaguely as typhilitis, perityphilitis, paratyphilitis, &c.

It is certainly more frequently diagnosed and more scientifically treated than it was, and it is a comfort to know that the operation, when undertaken early, is attended with an encouraging amount of success, and, as shown by Sir Frederick Treves, when treated in the quiescent period it is almost devoid of risk.

The evolution of the operation of hysterectomy has been most interesting; just as the external treatment of the pedicle in ovariotomy gave the best results at first, so in hysterectomy the treatment by Koeberle's *serre-noeud* rendered the operation a justifiable one.

Panhysterectomy, or removal of the whole uterus by the abdominal route, has been advocated by Doyen, and when I saw him operate some years ago I could not help being impressed with the ease and rapidity with which it can be completed. With the patient in the Trendelenburg position it is comparatively easy of performance, and, as it is thorough, it should certainly be the operation of choice whenever there is the slightest suspicion of malignancy, or when the myomatous growth extends down into the cervix.

Freund advised the abdominal operation for removal of a cancerous uterus, but a mortality of nearly 70 per cent. in 106 published cases caused its abandonment for a time, though after the introduction of the Trendelenburg position matters became changed, and now the abdominal operation is coming to the fore again under very different auspices, for it enables a most thorough technique to be carried out by the removal, if needful, of part of the broad ligaments and the lymphatic glands. Jacobs reported 81 cases with a 7·4 per cent. mortality.

As showing the feasibility of this method, I have recently operated successfully on a patient at the advanced age of 72, who had no more shock than after some simple operation. Where the cervix is chiefly involved and the broad ligaments and lymphatic glands are free, the vaginal operation will, however, still be the operation of choice.

I have employed all these methods, and have come to the conclusion that it is better to be eclectic and to treat each case on its merits.

The surgery of the bile passages is one of the most interesting episodes in abdominal work, for, although the first cholecystotomy was performed so far back as 1867 by Bobbs, of Indianapolis, it is only within recent years that surgery has come to be recognized as the treatment for gall stones. I performed my first cholecystotomy in 1885, since which time I have operated nearly 600 times on the gall bladder and bile ducts. At first cholecystotomy only was practised, with the result that the ducts were often left obstructed and fistula necessarily followed. Common-duct operations, as performed by the upward incision and rotation of the liver, which I introduced some time ago, are now as easy as an ordinary cholecystotomy used to be, for an improved method enables the whole of the biliary ducts to be brought near to the surface, and to be deliberately dealt with.

Nothing could demonstrate this better than the results in my own practice in an experience of over 100 choledochotomies, for, whereas in my first series before 1900 the rate of mortality was 23.8 per cent., in my last series it is only 1.5 per cent., and I have had a continuous series of 50 cases without a death; moreover, it must be borne in mind that nearly every one of these cases is not merely a successful operation, but a life saved, for common-duct cholelithiasis associated with infective or suppurative cholangitis and deep jaundice is a mortal malady.

Fortunately, gall stones are usually easily diagnosed, the symptoms are classic, and in the early stages, before complications have supervened, cholelithiasis is curable by surgical methods in 99 per cent. of cases, as I myself have demonstrated in a large series of operations; but if we wait for complications to supervene, and for the onset of jaundice and various infections, or until cancer has invaded the liver and gall bladder, which it does ultimately in 50 per cent. of cases in which jaundice is present, then there will be a very different tale to tell.

Even yet we do not get these cases always in time, and until the fact is grasped that medicine can, as a rule, only relieve and cannot cure cholelithiasis we shall be continually having to operate in the presence of serious complications, endangering life, when operation is five to ten times more dangerous than if it had been undertaken at an earlier stage.

The surgery of the liver was, until recent years, limited to the evacuation of abscesses and hydatids, and it is interesting to note the evolution of the various methods following closely one on the other: of emptying by trocar or aspirator; of opening by caustic or thermo-cautery; of incision *à deux temps;* and, lastly, of the method which we now generally adopt—hepatotomy, or direct incision of the organ after reaching the liver, either through the abdominal parietes or, if necessary, through the thoracic wall—an operation the credit of which must be given to Lawson Tait, who published a first series of 10 cases between 1873 and 1882, all successful. At first sight it would seem impracticable to remove a tumour of the liver, but experience shows that, although the liver tissue is friable and the capsule thin and not easily sutured, the bleeding is readily arrested by pressure, and it is possible to remove both simple and malignant tumours if localized and not too extensive.

The relief or cure of ascites dependent on cirrhosis of the liver is quite a recent development of surgery, due to Dr. Drummond and Mr. Rutherford Morison, who conceived the idea of establishing a collateral circulation by stitching the omentum to the abdominal parietes. Quite a number of cases are now on record where Morison's operation has undoubtedly saved life, and, among others, I can point to a patient who is now well and free from dropsy for whom I operated two years ago.

The surgery of the stomach is still more recent than that of the gall-bladder; but, unlike gall-bladder work, which was successful from the outset, the way to success in gastric operations has been paved with many failures, and only recently has the surgeon been able to show what can be done in this branch of work. I am firmly convinced that many deaths are ascribed to cancer when the disease is inflammatory and perfectly curable by the operation of gastro-enterostomy without removal of the tumour; this I can prove from my own experience in patients now living and well several years after an operation which at the time was thought would be only of a palliative nature.

Until quite recently gastric ulcer, except for one or two of its complications, has been considered to be a subject for medical treatment from first to last. The profession is, however, becoming awakened to the fact that it is not the trifling ailment it was once considered to be, and that it should from the first be taken seriously, for it is in the early stages that medical treatment can be employed to the best advantage, and in the later

stages that general treatment is so often followed by relapse or by serious complications.

The pancreas had practically received no attention, from a surgical point of view, up to Senn's classical experimental work in 1886. Acute pancreatitis is, however, one of the most serious and fatal of diseases, often coming on with startling suddenness, and it is astonishing how it can have escaped the notice of pathologists until so recently. Fortunately surgery has been able to interfere beneficially in some of these cases, especially those ending in suppuration, and as our knowledge of the subject increases we shall be able to do more both in the way of prevention and cure.

Chronic pancreatitis, though recognised from a pathological point of view, was practically unrecognised as a subject for surgical treatment until I drew attention, in June, 1900, to the fact derived from an experience extending over some years, that many cases described as cancer of the head of the pancreas and leading to chronic jaundice, which ended fatally, were really cases of chronic pancreatitis that could be cured by draining the pancreatic duct indirectly through the bile passages; this has led to great success in the treatment of a class of cases previously treated as hopeless.

As yet the treatment of cancer of the pancreas is very unsatisfactory, and whether we shall ever be able to do much for malignant disease in this situation the future alone will prove. The treatment of cysts is most successful, and it is now well established that in drainage we may reasonably expect to cure or materially relieve in a very large proportion (probably 93 to 95 per cent.) of cases.

Calculus of the pancreas is a disease about which very little has been heard and still less done, but of which more will be recorded in the future. The more complete exposure of the pancreas which can now be obtained by the method I have suggested for exposure of the common bile duct will give an impetus to pancreatic surgery, and will render the operative technique both easier, safer, and more certain.

Tuberculous Disease.—The advances in the pathology and treatment of phthisis since the discovery of the tubercle bacillus have become public knowledge, but I do not think it is quite realised how enormous the saving of life has been; for, while in 1838 38 persons in 10,000 died of phthisis, the proportion is now but 13 in 10,000. Surgically, I need only consider tuberculosis as it concerns the abdomen; and, just as we saw that so-called acute peritonitis may be better described as an acute peritoneal infection, so in the case of chronic tuberculous peritonitis, we should do better to term it tuberculous infection of the peritoneum, for it is generally a secondary infection, and frequently, as can be proved from actual cases, may be treated in an early stage by removal of the cause, whether that be a tuberculous appendix, a tuberculous pyosalpinx or ovary, a tuberculous mass of intestine or mesenteric glands.

What we must do in the future is to prevent these diseases, if we can, by avoiding the distribution of tubercle bacilli in the air and in our food; or, failing that, we must, if possible, catch cases at an earlier stage, and remove the primary focus, so as to prevent the general invasion of the peritoneum to which I have just referred.

The surgery of the intestines provides the most varied and difficult field of work in the abdomen, and, as the ordinary methods adopted in general surgery here need modification, the evolution of intestinal surgery has been accompanied by infinite variety in detail. Cases of tumour of the bowel, when I was a student, were given up as hopeless, though a little later colotomy was performed as a means of giving relief, which was, of course, merely temporary. At the present time such growths are removed before the supervention of obstruction, and with very good results, both immediate and remote; for instance, my colleague, Mr. H. Littlewood, recently reported a series of 14 colectomies with 10 recoveries, and out of 38 enterectomies which I have performed 26 have recovered, but out of my last 16 in private 15 recovered, showing the progress that has been made in the operative technique.

For the rational treatment of intestinal obstruction we owe much, first, to the anatomical researches of Sir Frederick Treves, and, secondly, to his admirable work on the pathology and surgery of the subject. At the present day the differential diagnosis has been so well worked out, and the technique of operative work so much improved, that no physician or surgeon long delays resorting to operation if relief be not soon obtained, and the results, as shown by numerous reports, amply justify the change.

What we want to impress on the public is to have the radical cure performed early, when it is practically devoid of risk.

Where the radical cure has not been done and strangulation unfortunately occurs, it ought to be more fully grasped that no time should be lost in taxis, but that operation should be performed without delay, when it can be done with a risk of not more than 5 per cent. and radical cure can at the same time be performed.

Among the great advances of surgery in the period in question has been the successful treatment of many of the anomalies of pregnancy; for instance, the eminently satisfactory results now obtained in that ancient operation Cæsarean section. I know of no operation that has given greater satisfaction than this one, for the patients are eternally grateful, which is truly the highest reward of the surgeon.

Ectopic gestation until recently constituted a dark chapter in medicine; it was altogether misunderstood both as to cause, pathology, symptoms, and treatment, and hundreds of lives were lost annually which are now saved by timely surgical intervention. To the genius of Lawson Tait, who utilised the post-mortem experience of Bernutz and Goupil, published in 1886, and the clinical observations of J. S. Parry, we owe the successful treatment of this otherwise fatal disease. His work on this subject alone should be sufficient to establish a claim for him to be placed among the great benefactors of science and of humanity. The subject is replete with interest, and it may be said without any fear of contradiction that this operation alone has saved many thousands of lives which, when I was a student, would have been sacrificed, and probably certified as having died from internal hæmorrhage.

The Surgery of the Kidneys and Ureters.—In 1898, Mr. Henry Morris was able to report 34 nephro-lithotomies with 33 recoveries, showing the invalidity of the objection which had before 1880 been urged against the proposal to operate on a kidney not already converted into a mere abscess sac; and proving that the conservation of the kidney by removal of the disease was infinitely better than the sacrifice of the organ, which was at one time advocated. The next advance was due to Hahn, who in 1881 described two cases in which he had performed the operation of nephropexy for the fixation of movable kidney, a procedure which in proper cases confers great benefit on a class of patients who previously had to bear their troubles until the movable organs were often converted into large fluid cysts owing to intermittent kinking of the ureters. Partial excision of the kidney as a conservative operation is the next advance to chronicle.

The differentiation of diseases of the kidney—a great advance in diagnosis—had been rendered much more certain by catheterisation of the ureters, which I was privileged to be among the earliest to do in 1886; but to Kelly, of Baltimore, is due the credit of working out the subject systematically and demonstrating with what facility it may be done. Already, however, this is replaced by a much superior method, the idea of E. Lambotte, of Brussels, who in 1890 invented an instrument which, when passed into the bladder, collects the urine from each side and conveys it to two separate bottles. The invention in 1898 of a segregator by Harris, of Chicago, has still further extended the usefulness of this method, so that there is now no longer need for doubt in any case as to whether the disease is limited to one or involves both kidneys.

The most recent advance in renal surgery has been in the treatment of chronic nephritis, or Bright's disease, which was first drawn attention to by my friend Mr. Reginald Harrison, who recommended

renal puncture or incision in certain cases of chronic albuminuria; but to Dr. Edebohl, of New York, must be given the credit of adopting an original operation for the treatment of Bright's disease. As yet it is too early to pronounce a definite opinion on the procedure, but it is an undoubted fact that decapsulation does effect some improvement in this serious malady, and it may possibly prove effectual in saving life in those terrible cases where suppression of urine comes on after some trifling operation, such as catheterism, or after a chill, or in scarlatina.

Ureterotomy for stricture and valvular obstruction, leading to hydronephrosis, was an innovation first successfully performed by the late Christian Fenger, of Chicago, in 1892, and since done by others. I find that I have operated on the kidneys 130 times, with 122 recoveries; but 5 out of the 8 fatalities were in my first 18 cases before 1892, 2 being from nephrectomy, and 3 from nephrotomy; this leaves 112 cases since 1892, with 3 deaths, or a mortality of 2·6 per cent. As the series includes cases of nephrectomy, nephrotomy, nephrolithotomy, and nephropexy, it serves to show the greater safety of these operations within the last ten years.

Although abdominal surgery in its widest sense has practically sprung into being and developed within the last third of a century, something more than merely crossing the threshold has been accomplished, though very much still remains to be done. It is reasonable to hope that before another decade has passed that great scourge of mankind, cancer, will have been hunted to its source, and then we may reasonably expect the discovery of a means of cure; but as yet, let us confess it plainly, we know nothing of its pathogeny and can only recommend its removal as soon as discovered, for if it be discovered early and removed freely, surgery can undoubtedly cure a fair proportion of cases and give relief and respite in many more. I look forward to the time when, knowing the cause, we shall discover the antidote, and, either by an antitoxin or by some form of serumtherapy, we shall be able to prevent or cure the disease; then, instead of the aid of surgery, the sufferer will have to look to the help of the pathologist and physician.

Of the treatment of streptococcus infection, such as erysipelas and other diffuse inflammations, by the antistreptococcus serum, we can probably all point to some excellent as well as to other uncertain results; but as improvement in the preparation of the antitoxin occurs, and as our knowledge of when and how to use it is increased, we shall be able to calculate on more certain results. At the present time surgeons are finding the injection of the serum of service in immunising before operating in certain regions, such as the tongue, mouth, throat, and rectum, where asepsis cannot be secured with certainty.

ON

INFECTIVE AND INFECTIOUS DISEASES. (a)

By FREDERICK T. ROBERTS, M.D., B.Sc., F.R.C.P.Lond., and Censor.

Senior Physician to University College Hospital and Holme Professor of Clinical Medicine, University College, London.

WHEN the pathological factor or factors which directly originate a particular disease or group of diseases, about which there had previously been but vague theories and hypotheses, have been definitely recognised, and their true nature established, we may claim that a distinct and important advance in knowledge has been gained. It must be clearly understood that according to this definition the term "infective" is not synonymous with "infectious," which implies that a complaint is capable of being communicated, either by direct inoculation or contagion, or indirectly in various ways, from person to person, or from some other animal to man. In short, an infectious disease must be infective; but an infective complaint is not necessarily infectious.

I now proceed to deal briefly with certain points relating to what I may term the practical etiology of infectious diseases. The first question to be determined from the point of view of practical etiology is whether a particular disease is infectious, in the true sense of the term, or not? Next, it is very desirable, with regard to each individual infectious disease, to have as definite a knowledge as possible concerning its period of incubation; the degree of infectiousness; and the period of infectivity, that is how long infection lasts in a particular case? In relation to many of the best known affections belonging to this group, these points have now been established fairly accurately, but there is still much to be done in this direction. As regards the degree of infectiousness, undoubtedly the gradations in this respect between different diseases are by no means so clearly recognised as they ought to be, even by the profession sometimes, but more especially by the laity, and consequently one cannot help being struck with the want of proportion and tendency to exaggeration exhibited in the way in which certain of these complaints are dealt with. For instance, phthisis is really nowadays looked upon by the large majority of persons as if it were a most virulent infectious disease, equal to small-pox or scarlet fever, which is of course absurd, but the idea has none the less got a firm grip, and is doing an infinite deal of serious harm in different ways.

Passing now to the more practical results of modern investigations as to infection, the following facts are worthy of special attention:—

1. As a starting point infective micro-organisms have been found and demonstrated in the blood; in certain secretions; in the excreta, urine as well as fæces; in the cutaneous structures or shed epithelium; possibly in the expired air; and in specific lesions, morbid products, and discharges from the body of various kinds. Hence we can readily understand how and why most of the diseases with which these organisms are associated are likely to be transmitted from individual to individual; how the infected materials may contaminate fomites, and be thus conveyed far and wide; how they retain their activity in a dried state for an indefinite period, thus rendering apartments or other places infectious; and how they may be "airborne," being carried about by atmospheric currents or winds, and afterwards either inhaled or swallowed by persons, it may be, far removed from the original source of infection, remote epidemics being thus not uncommonly originated.

2. The communicability of certain grave diseases by the contamination of drinking water in different ways, but especially by admixture of infected excreta, is an established fact the importance and far-reaching consequences of which it is impossible to estimate or realise in any adequate degree. While we are now all so familiar with the dangers of infected water, it required some hard teaching to convince the profession and the laity of its reality, and we ought never to forget the excellent work done by Snow, Beck, Ballard, and other pioneers in relation to this matter. Even at the present time, moreover, my experience has led me to the conclusion that these dangers are by no means always appreciated as they ought to be, and I have met with not a few glaring instances of the injurious effects of ignorance or carelessness.

3. One of the most striking additions in modern times to our knowledge regarding the conveyance of infection is in relation to food. In this connection milk and its products stand out very prominently, not only on account of their frequent contamination by infectious materials, probably mainly from the deliberate addition of tainted water to milk, but also because this valuable food may convey organisms directly from diseased animals by whom it is secreted. No doubt you are all familiar with the present controversy as to the communicability of bovine tuberculosis to to the human subject in this way; but, notwithstanding Koch's dogmatic negative statement, more recent investigations, prominent amongst them those of

(a) Abstract of the Address in Medicine at the Annual Meeting of the British Medical Association at Swansea, July, 1903.

Professor Hamilton, of Aberdeen, and Mr. M'Laughlan Young in this country, seem to have demonstrated conclusively that this authority, in spite of his high scientific claims and standing, is entirely wrong. At any rate it would be a grave mistake to act on Koch's view, or to ignore in the slightest degree the possibility of the conveyance by milk of the infective agents of tuberculosis or other diseases.

4. The *rôle* which different animals play in the transmission of infectious diseases to man is another aspect of the subject upon which modern observations and researches have thrown remarkable light. Of course the relationship in this respect of such diseases as hydrophobia and glanders has long been recognised. The idea of direct infection through the milk of flesh of infected animals is of comparatively recent date. The danger of infection being carried directly by domestic animals, such as birds, cats, and dogs, from person to person, or perhaps because they themselves are suffering from certain diseases, is not yet appreciated as it ought to be. The *rôle* played by such unwelcome "large vermin" as rats and mice in relation to plague, and probably some other complaints, is now familiar to all. Flies, cockroaches, and the smaller but too well known personal vermin may no doubt be instrumental in conveying infection in certain cases, and flies may thus taint food. But the most remarkable and important revelations which modern investigators have given us as to the transmission of infection by animals are those relating to mosquitos. The discovery and demonstration of the connection between these minute torturers of humanity and malaria, in which Sir Patrick Manson and Major Ross have taken such a prominent part, has already worked incalculable good, and promises in the future to revolutionise the conditions of life in many parts of the world, to the inestimable advantage of the communities who are native to the district, as well as of Europeans whom circumstances compel to reside there. The same statement applies to yellow fever, and probably to other affections prevailing in climates and localities where mosquitos abound.

5. The question of the relation of infection to soil, place, and particular houses or groups of houses, is a very important one, but about which there is at present much that is uncertain and indefinite, and that needs to be worked out more fully before any positive conclusions can be arrived at with regard to individual diseases. The fact that the tetanus bacillus comes from the soil, being especially associated with garden earth, or horse-dung, is well established, and was a most interesting and important modern discovery. Beri-beri is regarded by Manson as a "place disease," due to a toxin produced by a living germ operating in some culture medium outside the body. Of course, houses or rooms may, when once infected with the organisms of well-known diseases, retain them in definitely, and thus be the means of originating similar affections after long intervals.

6. Another most important aspect of infection, from a practical point of view, is the fact that we are every one of us always carrying about in various parts of our bodies microbes, which, while habitually innocuous and non-virulent, may under favouring conditions, so far as they are concerned, become extremely virulent, or possibly specific, to our personal undoing; or we may even be harbouring in our mouths, throats, noses, ears, and thereabouts specific germs by which, quite unintentionally, we are liable to infect others at any time, while we ourselves go scot free. It is certain that very dangerous germs may lie dormant for an indefinite period in the human body, such as the bacilli of diphtheria, influenza, or tubercle, or their spores, and either lead to unexpected auto-infection, or to the corresponding specific disease in others. When suppuration is set up in any part of the body, moreover, it is wonderful how disagreeable the different organisms can be, in the way of migrating to various other structures, and producing a similar condition in connection with them.

7. I must just refer, lastly, to the progress made in our knowledge of the channels of entrance of microbes into the system, and the modes in which they are disseminated. Here again the mouth, throat and neighbouring parts come into unpleasant prominence, especially the tonsils, in connection with scarlatina, rheumatic fever, tuberculosis, actinomycosis, and other diseases. The dissemination of the organisms by cells, the blood stream, and the lymphatic channels is also an important fact positively demonstrated; and in this dissemination embolism not uncommonly plays a conspicuous part.

Clinical History and Phenomena—Diagnosis.—While we have to record certain distinct advances in our knowledge of the clinical history of several of the infective diseases and the means of diagnosis, progress in this direction has not been anything like commensurate with that relating to their pathology and etiology. We must, as a matter of general routine, rely, and can safely rely, on the diagnosis of a particular infectious disease, as regards its actual clinical history, on its mode of onset or invasion, its course of progress, and the simpler phenomena which personally I always speak of as "symptoms," as distinguished from those revealed by skilled physical or other special methods of investigation. And, in my opinion, it would be a serious mistake to encourage in any way the idea that in the ordinary run of cases of this class of complaints we cannot come to any definite conclusion except with the aid of modern scientific methods.

There are certain general symptoms which, in a large proportion of infectious and infective diseases and cases, demand careful observation and study. Those indicative of the "febrile state," I need scarcely say, often assume a special prominence. From this point of view I presume that every medical man, as a matter of routine, "feels the pulse," "looks at the tongue," and "takes the temperature." In some instances both the pulse and the tongue afford special information; but I am not at all sure that this fact is always duly appreciated nowadays. In this connection one can scarcely avoid making some allusion to the "clinical thermometer." This small instrument is, I need hardly remind you, at present universally recognised as an invaluable and often essential aid in diagnosis in most infective diseases, not only in determining the existence of pyrexia, but also in studying its degree, course, and other details.

The symptomatic aspect of infectious diseases is of fundamental and essential importance in the ordinary run of cases, but notwithstanding the progress made in scientific clinical methods I must enter a protest against the tendency among the rising generations of our profession, which it is impossible to overlook, either to ignore common symptoms altogether, as if beneath their notice, or to take no trouble whatever either to understand or to study them. In relation to the complaints with which we are now concerned, it is usually a combination of symptoms which are of diagnostic significance; and in many instances they are more or less characteristic even during the so-called "premonitory stage," though they usually become more definite later on, and it may be impossible for a time to arrive at a positive opinion. As already stated, in some of these diseases one particular symptom or class of symptoms is, however, quite pathognomonic.

I now pass on to refer briefly to physical examination, especially as applied to the chest and abdomen, and examination of the urine. Of course, in the clinical study of many inflammatory diseases and special affections now included under this category—for example, pneumonia or cardiac rheumatic manifestations—skilled physical examination is essential; while it is also of great help in the detection of complications and sequelæ, to which, it must be noted, attention may not be attracted by any prominent symptoms, and consequently they are very liable to be overlooked unless the practitioner is constantly on the alert to detect them by the systematic employment of this method of investigation. The necessity for examining the urine at frequent intervals would, I suppose, be generally recognised in scarlatina, or perhaps even in diphtheria, for well-known reasons; but this measure is not always carried out so regularly or systematically

as it might be in other complaints of an infectious nature.

The special methods of diagnosis applicable to infective and infectious diseases which modern scientific researches have brought so prominently before the medical profession have naturally attracted great attention and excited keen interest. I must content myself with merely giving the following summary of these methods and their objects, mainly coming under the head of bacteriological diagnosis. They include :—

1. Examination of the blood, both as regards its normal constituents, especially the number of leucocytes and the relative proportion of different kinds of cells, the blood plates, and the presence of abnormal corpuscles ; and from a bacteriological point of view. The spirillum of relapsing fever and the malarial parasites are prominent examples of pathogenic organisms found in the blood, and the latter have to be observed and studied during the changes they undergo, along with their effects upon the red corpuscles and the formation of pigment.

2. The further detection and miscroscopic demonstration of organisms, specific or non-specific, or both, either obtained from the tissues of the body or contained in secretions, fæces and urine, various discharges, sputum being particularly noteworthy, and other morbid products of different kinds, fluid or solid, of which diphtheritic material is a conspicuous example. The organisms are not only identified by their morphological characters, but also, as a rule, by their peculiar staining reactions.

3. Separation or isolation of the microbes, which are afterwards grown on suitable media, in order to obtain cultures, the results being often highly characteristic, both to the naked eye and on microscopic examination.

4. Application of the " segregation " and " agglutination " tests in relation to the blood serum of the patient, which is most familiar to us in Widal's test for enteric fever.

5. The observation of the effects on the individual of the inoculation of certain products of the specific microbe of the disease from which he is supposed to be suffering, as in the so-called " reaction test " with tuberculin for tuberculosis.

6. The pathological results of inoculation of animals, either with the organisms themselves or with their toxins, which in some instances are essential for positive and accurate diagnosis, lesions of a definite and characteristic nature being thus produced, as is well exemplified by diphtheria.

A rather awkward question, but one of extreme practical importance to the profession, has been recently forced upon our notice, which I cannot altogether pass by, *viz.*, the numbers of cases of mistaken diagnosis sent to the Asylums Board's hospitals as notifiable. Of course, any carelessness in diagnosis in relation to infectious diseases is inexcusable ; but really young practitioners are not responsible for the fact that they are not so familiar with these complaints clinically as would be desirable, and that many of them have to gain the requisite experience after they have entered upon their active professional duties. May I venture to suggest that while the modern medical student has immense advantages, he labours under a decided disadvantage from this point of view, as compared with those of us who served an apprenticeship, and became familiar with at any rate the more common infectious diseases, even before we started upon our regular studies at a medical school. As a matter of fact he gets very little opportunity of gaining practical knowledge of most of these complaints during his period of studentship, and has to fall back upon so-called " post-graduate instruction " if he desires further and more special training and experience. The bacteriological methods of diagnosis ought to help materially, should there be any real difficulty, in diminishing the number of mistaken cases in the future, especially if facilities are afforded to the practitioner of using them without delay ; but they are not infallible, even where they can be applied.

TREATMENT AND PREVENTION.—Taking a comprehensive survey of the changes and modifications which have taken place in the treatment of infectious diseases, one of the most conspicuous and beneficial is that the severe depleting and depressing measures which were formerly extensively, if not almost universally, carried out, have been practically done away with, and are now only resorted to under exceptional circumstances or for particular purposes, as in the free use of purgatives for certain individual complaints. Further, it is a matter of profound congratulation for ourselves and our patients that we now apply practical common sense, and sound physiological, natural, and sanitary principles, in dealing with these diseases as a matter of routine, in the way of physical and mental rest, abundance of fresh air and free ventilation, careful attention to hygienic conditions and surroundings, regulation of diet, personal cleanliness, general comfort, judicious disinfection, and other essential matters. In my opinion a very large proportion of cases of acute specific fevers can be steered through their course on the lines just indicated, without any active treatment whatever, unless it be an occasional aperient ; or, if the exigencies of private practice demand some " medicine," we have excellent friends in the old-fashioned " saline mixture " and the " effervescent mixture," which, at any rate, are quite harmless, and may be of definite use for certain purposes. The " open-air " treatment of phthisis is in reality in the main a mere development of similar principles.

Let it not be supposed, however, from what I have just said, that I advocate a general policy of " masterly inactivity " in dealing with infectious diseases. Without entering into any details, I may point out that one of the chief classes of therapeutic agents which in modern times have come to the front in the treatment of infectious diseases are antiseptics, antiferments, germicides, or bactericides, as they are variously called, to which group not only many most valuable additions have been and are being made, but which are now employed in ways which our predecessors never dreamt of, though I think that some of the methods of using or administering certain antiseptics in relation to particular diseases which are advocated and practised at the present day are decidedly open to criticism. Another remarkable group are the antipyretics prepared in the chemical laboratory—phenazone, acetanilide, phenacetin, &c.—which, when judiciously given, may be of conspicuous service. Other agents deserving of mention are cardiac stimulants and tonics, strychnine being now recognised as a most valuable remedy from this point of view ; and the newer hypnotics or other drugs intended to relieve particular symptoms, which may thus afford material assistance in guiding patients through serious illnesses of this nature. In this connection I may also mention certain therapeutic methods and agents, of comparatively modern introduction, which are undoubtedly of conspicuous service in combating grave conditions immediately threatening life, such as subcutaneous intravenous injection of ether or other diffuse stimulants, inhalation of oxygen, saline injections, and transfusion of blood or other suitable substitutes. For the various complications and sequelæ with which we have so often to deal in relation to infectious diseases, and which not uncommonly sorely perplex us, treatment must be conducted on general principles, guided by the knowledge, experience, and common sense of the practitioner.

There are certain special questions bearing upon the treatment of infectious diseases which I cannot pass over on an occasion like this without brief comment. Regarding hydrotherapy and allied measures in the treatment of infectious diseases, I would remark that every medical practitioner ought to be familiar with them, and be able and ready to carry them out when required. The milder methods, such as sponging the skin or applying ice locally, are easily practised, and are often of the greatest service. Personally, however, I do not advocate or employ the more severe methods as a routine system, as many do ; and I feel sure that

I have met with serious injurious consequences from such a practice. On the other hand, their essential value in saving life under such grave conditions cannot be too strongly insisted upon.

With regard to the administration of alcohol, I feel bound to take this opportunity of stating emphatically that when we, as members of the medical profession, approach from any point of view this alcohol question, we ought to do so under a deep sense of responsibility, but at the same time rationally and without undue bias one way or the other. The medical profession as a body is bound to sympathise with and encourage every effort made in this country to check the terrible evils produced by intemperance, which confront us in such an overwhelming and appalling degree on all hands in our daily experience, and to do our utmost to promote sobriety among all classes, however hopeless the task may appear to be. And from this point of view we should always be most careful to avoid ordering stimulants to patients not accustomed to them, unless they are, in our individual opinion, really necessary; while it is well always to give definite instructions as to their administration. At any rate, so far as infectious diseases are concerned, I must express my own strong convictions that in a large number of cases the judicious administration of alcohol is of the greatest service, and I have seen a considerable number of grave and sometimes hopeless cases in which I have no hesitation in affirming that recovery was due to the use of alcoholic stimulants, not uncommonly in considerable quantities. Moreover, they are often of conspicuous value during convalescence.

What would, no doubt, be generally regarded as the most vitally interesting and important question of modern times, bearing upon the prevention and treatment of the entire group of infective diseases, is that of "serum-therapy," using the term as an inclusive one, which has come as the natural outcome of the microbic theory, and is founded, on the whole, on reliable bacteriological researches and experiments, supported by the results of practical experience in living subjects. Following Sims Woodhead's classification, the materials used are divided into—(1) Vaccines, which are either cultivations containing pathogenetic micro-organisms with toxins, or toxins only; or the tissues or fluids of an animal suffering from a particular infectious disease. (2) Antisera, which may be antitoxic only, neutralising the toxins; antibacterial or antimicrobic, acting directly upon the organisms; or in some instances having both actions. The comparatively recent investigations of Professor Macfadyen and Mr. Sydney Rowland with regard to the immunising power of the cell plasma of the typhoid bacillus, and the effects of repeated injections of this substance in rendering the blood serum of an animal both antitoxic and bactericidal, are very remarkable, and promise great results in the future. Up to the present time these therapeutic agents have been practically only employed by inoculation, being usually injected subcutaneously, but exceptionally more deeply, or into special structures. I note, however, that the antidiphtheritic serum has lately been recommended to be administered by enema, or even in pastilles. Vaccines and antisera are employed either for the purpose of producing temporary or permanent immunity against an individual disease or for the actual treatment of certain complaints or morbid conditions, either as "cures," or so modifying their course that their severity and dangers are materially lessened, their progress is hastened, and their mortality greatly diminished. The large majority of these agents are specific, being only used in relation to a particular disease; but the antistreptococcus serum has been found of service in various affections, and so-called "Coley's fluid" is also non-specific. The diseases thus treated with which we are most familiar are small-pox, as prevented or modified by vaccination and revaccination, hydrophobia, diphtheria, tetanus, enteric fever, scarlatina, cholera, pneumonia, septicæmia, anthrax and glanders, plague, tuberculosis, leprosy, and cancerous or sarcomatous growths, assuming them to be infective.

It was my original intention to offer you some observations on the prevention of infectious diseases from a general standpoint, but I have already trespassed too long upon your patience, and must content myself with a few closing remarks. I venture to affirm that the predominant aim of the medical profession as a whole is essentially beneficent, in support of which statement I can confidently draw attention to the deep interest exhibited by its members in this question, and to the efforts made by them, not only to limit and prevent these complaints in a general way, but to eradicate and exterminate those with which we may be thus able to cope effectually. This is no sham or pretence on our part, but an honest and straightforward policy and purpose, to which not a few devote their lives and best efforts, which ought to be a rebuke to scoffers and slanderers, of whom there are many. I will go further, and say that in dealing with infectious diseases, medical practitioners and scientific workers often exhibit a brave, courageous, and self-sacrificing spirit, which is worthy of our highest esteem and admiration.

Our duty is plain enough. Not only must we work on steadily as a profession in the direction I have indicated, but we must earnestly strive to gain the confidence and co-operation of influential individuals and communities, and to guide them on intelligent and rational lines.

THE COMPARATIVE VALUE OF ORAL AND RECTAL TEMPERATURES IN THE STUDY OF PULMONARY TUBERCULOSIS[a]

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In the diagnosis, prognosis, and treatment of pulmonary tuberculosis much reliance has been placed on the results of a systematic, periodical registration of the temperature.

Unfortunately for long there have been wide differences in the methods employed for taking temperatures. With the springing up of sanatoria in various parts of the country, in which temperatures are taken as one of the important guides in the modern hygienic treatment of these cases, it seems advisable that there should be less divergence in the methods of registration not only in the interests of the patients themselves but also for the sake of scientific medicine.

Since comparatively few observations have been published in this country with the exception of the recent papers by Mr. J. C. Braine-Hartnell, (*b*) and Drs. F. W. Burton-Fanning and S. G. Champion (*c*) on the results of a systematic registration and comparison in the same case and at the same time of rectal and oral temperatures, we propose to briefly summarise our recent observations on oral and rectal temperatures, and to indicate what we consider to be their respective advantages and disadvantages.

Our conclusions are based on 17,420 individual

(*a*) Substance of a paper presented to the Medical Section of the Seventy-first Annual Meeting of the British Medical Association at Swansea, July 31st, 1903.

(*b*) Braine-Hartnell J. C. "On the Value of Rectal Temperature in Pulmonary Tuberculosis." *Transactions* of the British Congress on Tuberculosis, vol. III., p. 299. 1902. (*c*) Burton-Fanning F. W., and Champion, S. Gurney. "The Comparative Value of the Mouth, the Rectum, the Urine, the Axilla and the Groin for the Observation of the Temperature." The *Lancet*, London, March 28th, 1903.

observations in 300 different patients, in all stages and of every variety of tuberculous disease of the lungs.

It should at once be clearly understood that in many of the statements hitherto made in regard to this matter, sufficient attention has not been drawn to the variations in the temperature of the mouth and rectum brought about by varying degrees of exercise.

In a healthy adult, during rest, the rectal temperature is normally a little less than 1° F. higher than the oral.

It is clear that most forms of exercise necessarily entail a certain degree of exposure of the mouth, which, of course, tends to give a lower thermometric reading than that of the protected rectum. It may here be noted also that the oral temperature is not infrequently distinctly raised by exercise when such is carried on without undue exposure of the face and mouth to cold air or winds or other influences tending to lower its temperature.

In a healthy adult, in fair training, after exercise the rectal temperature is raised from 2° to 3° F. In the case of one of us, after an hour's lawn tennis the rectal temperature rose from 99° to 101·4°, whilst at the same time the oral temperature passed from 98·4° to 98·6°. Similar results were obtained on subsequent occasions.

From the above consideration it is manifest that in diseased states the normal physiological variation in the temperature as taken in the rectum during exercise and rest must not be overlooked.

In some institutions, we understand, great importance is placed upon the rectal temperature taken during or immediately after exercise; and greater stress is laid upon its directing value by some than when taken during rest. In such procedure, it seems to us, sufficient allowance is not made for the physiological rise directly dependent upon recent exercise, and not necessarily indicative of any pathological condition.

In the healthy adult this rise is but of short duration, whereas it is claimed that in the tuberculous the elevation is maintained for some time; but, even allowing for this, we are of opinion that as a general guide to the prognosis and treatment of phthisical cases the temperature records taken during rest are of greater importance and afford much more reliable indications for treatment than does the rapidly altering pyrexia dependent on exercise.

We may here add that at the Mount Vernon Hospital, where our observations have been made, it is customary to depend chiefly on temperatures taken during rest and at least an hour after exercise, and this plan, from an experience of several years, has been shown to afford what we consider the most satisfactory indication of progress and reliable guide to exercise and general management of cases.

THE ORAL METHOD OF REGISTERING TEMPERATURE.

The advantages of the oral method are generally recognised to be its simplicity of application, its cleanliness, and that it has for long been in vogue since most of our best available data respecting tuberculous temperatures are based on readings taken in the mouth.

Whatever method is shown to be the most suitable for phthisis may also be expected to prove most desirable for the registration of "surgical" and other formsof tuberculosis and pyrexial diseases generally if reliable comparisons are to be made.

The chief disadvantage said to be associated with the oral method is that it is unreliable.

It is claimed that exposure of the face in the open, the imbibition of drinks, engaging in conversation, active exercise and the like, lower the temperature of the buccal cavity below that of thebody generally.

It is, moreover, said that even with a quick registering thermometer a considerable time (some say 30 minutes) is required to obtain the maximum record. A consideration of the conditions under which it is customary to take oral temperatures will show that many of the above objections are mainly theoretical. It may be added, however, that reliable "rest" oral temperatures can be obtained with much greater rapidity than during or after exercise, and it must be admitted that under conditions usually associated with the latter some difficulty may be experienced in obtaining a reliable reading in the mouth.

THE RECTAL METHOD OF REGISTERING TEMPERATURE.

The advantage claimed for the rectal method of recording temperature is that it is more reliable since it is less susceptible to varying extraneous influences.

In 11·3 per cent. of our observations the rectal reading maintained a more regular range than the oral, and, taken into consideration along with the condition of the patient, was considered to afford the best guide to management.

The disadvantages of the rectal method, particularly when taken after exercise have been already alluded to. Whilst some patients do at first object to the procedure, any æsthetic objection may generally be readily overcome by a tactful physician if the advantages can be shown to be sufficiently real. A reference to our observations may here be made as indicating the relative value of oral and rectal temperature.

In 45 per cent. of our cases the rectal temperature closely corresponded with the oral, being from ·4° to 1° F. higher.

In 38 per cent. of our cases the rectal temperature bore no constant relation to the oral, being sometimes higher and frequently lower. Most of these cases were afebrile or had only a slight degree of pyrexia; and here it may be added that, generally speaking, the discrepancies between oral and rectal temperatures have been most apparent in patients with a comparatively slight degree of pyrexia, whilst, on the other hand, the oral and rectal have more closely corresponded when a conspicuous and persistent degree of pyrexia has existed.

In 4·3 per cent. of our cases the rectal temperature appeared to be very misleading, being constantly below the oral. Thus in one case of extensive laryngeal ulceration and miliary outbreak in the lungs the rectal temperature was almost constantly 2° below the oral. The remaining cases in this group were also active, and the rectal temperature remained constantly below the oral in each case for four weeks.

CONCLUSIONS.

1. Temperatures carefully taken in the mouth during rest form a reliable guide in the management of phthisical cases under conditions of sanatorium life.

2. Temperatures taken in the mouth during or shortly after exercise cannot be considered trust-

worthy unless registered with such precautions as militate against their general applicability.

3. Temperatures taken in the rectum during rest, generally speaking, register higher than in the mouth, but do not otherwise usually afford any special assistance in the management of phthisical cases.

4. Temperatures taken in the rectum during or shortly after exercise in both healthy and phthisical subjects register a temperature considerably higher than that in the mouth; and, whilst in the non-tuberculous the return to normal is more rapid than in the tuberculous, no special directing advantage in the treatment of the phthisical appears specially to accrue from this method.

5. For practical purposes, in the management of phthisical cases undergoing so-called sanatorium treatment, the registration of temperature by the oral method, when taken during rest and with due care affords reliable guidance.

ATROPHIC CORYZA:
ITS DIAGNOSIS AND TREATMENT. (a)

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[*Specially reported for* THE MEDICAL PRESS AND CIRCULAR.]

I PROPOSE to pass in review the numerous clinical varieties of atrophic coryza, an affection on which specialists are not always in accord: one which has been the fruitful source of discussion in every country in the world. Rhinologists designate the disease by the titles of ozæna, true ozæna, or simple atrophic ozæna. These names are misleading, for we meet with ozæna without atrophy and atrophy without ozæna. The name ozænic rhinitis, although more exact, does not fully express the condition we are here considering—the active period of the disease, when the secretion is very abundant and prevalent, with a tendency to accumulate in the nasal fossæ and to decompose there. When the pathological process has proceeded to the total destruction of the glands and soft tissues and broken down the osseous structures, the ozæna disappears, and the ordinary nomenclature becomes misleading. Again, it is undeniable that certain forms of coryza of the atrophic variety, though they have a copious purulent secretion, never develop a fœtid smell, the odour being no more disagreeable. In this stage the membranes are swollen, the hypertrophic state of some authors. The conditions are not, however, accurately described by the name atrophic coryza.

In these latter years some practitioners, Grünwald especially, admit that ozæna has its origin in the sinuses; but they add that it is not always possible to detect the site. Now we hold that owing to the facility the nasal sinuses offer for examination the site of the beginning suppuration can be always detected. The many different views held on the pathology of the disease may be ascribed not only to the many clinical varieties that present themselves for examination, but also to the period of the disease, the age of the patient, and so forth.

It is plain that atrophic coryza seen in the young adult, in the man of middle life, and in the aged does not offer the same resistance to treatment. Trousseau drew attention to the fact that in advanced life when the nasal cavities are enlarged we seldom encounter true ozænic coryza. In my opinion atrophic coryza has its beginning in the purulent rhinitis of infancy, beginning in one or more of the sinuses; it is therefore a secondary affection, which should not be allowed to develop, but ought to be arrested in its initial stage, that is to say, when atrophic changes had not commenced and before the crusts of inspissated purulent secretion had initiated those changes which terminate in ozænic coryza.

There are some young strumous patients who suffer from a pseudo-atrophic coryza, in whom the spur of the lowest turbinate bone becomes affected, and the disease is characterised by a muco-purulent discharge with the formation of numerous thick yellow crusts, without, however, giving the fœtid smell so typical of the true disease. In these cases the atrophy is usually found associated with suppurating adenoid vegetations in the submaxillary and cervical regions. In this affection the ethmoidal, sphenoidal, and maxillary sinuses are not unfrequently affected. In this stage of the rhitinitis there is not unusually to be noticed the commencement of lupoid disease of the mucous membrane. In unilateral lupus of the nares I have found the opposite cavity to have all the characters of the pseudo-atrophic coryza. I therefore look upon the rhitinitis described as an initial stage of lupus. This form of the disease is of constitutional origin and inherent to its victim. True atrophic coryza is also hereditary in the majority of cases. It is characterised not only by the diminished volume of the inferior turbinate processes, but also by the thick black crusts which plug the nose and come away in conical-shaped masses and give for days the intolerable stench so typical of ozæna. The most obstinate form of the disease is that which has its nidus in the mucous membrane of the antrum of Highmore, and commences in early life when the upper teeth are as yet sound. Here, as Zauffel says, the secretions on the one part and the enlargement of the nasal cavities on the other are clearly the factors that cause the fœtid smell.

The treatment which in 1897 I recommended to the members of the Otological Society of France I repeat to-day: In the purulent ozæna of the young our efforts should be directed to the allaying of the inflammation of the mucous membrane and the lessening of the tumefaction of the tissues, by lavage of the part. I follow this with massage of the part and the use of a fine spray of a solution of nitrate of silver, which, as Meyjes writes, is an excellent therapeutic remedy in such cases, arresting the process of destruction and finally effecting a cure. When the mucous membrane of the inferior and middle turbinate bones is hypertrophied only it is well to try the effects of cocaine or adrenal in solution before resorting to the galvano-cautery or other surgical measures, which have not unfrequently been followed by an extension and recrudescence of the inflammation. These tumefactions disappear very satisfactorily, even if slowly, under the influence of regularly applied local remedies.

In the pseudo-atrophic coryza I cannot speak too highly of the value of lavage with dietetic treatment. By this method I have seen the rhinitis gradually disappear without any surgical interference. If, however, either of the above forms are found to be associated with sinuses, the sinuses are to be treated surgically as they are

(a) Read before the International Congress at Madrid, April, 1903.

in other regions of the body. Lastly, in the true atrophic ozæna, of Martin, with all ozænas of infancy lavage is to be regularly practised, until the child reaches an age that allows of more active treatment, that is, until it reaches six, eight, or ten years of age. Then we should endeavour to restore the processes of the turbinate bones, which have decayed by interstitial injections of paraffin, which I have practised for years, as have my colleagues. Without doubt this treatment is most valuable in both staying the secretion and getting rid of the fœter. In the use of the interstitial injections of paraffin in my clinic Dr. Brindel and I have devised a technique which on a future occasion we hope to bring before you. I may just say that the treatment follows the natural lines in restoring the lost parts, and by distending the mucous membrane gets rid of the aprons of tissue which form saccules and so retain the fœtid crusts of inspissated purulent matter. The use of paraffin in these cases is the carrying out in practice of the theory of Zauffel. I look on this method of treatment by paraffin as an undoubted improvement, a step forward which should give successful results. It is a happy application of the method of Gersuny, and, above all, of d'Erkstein, of the treatment of an intractable disease, one that the majority of rhinologists consider incurable.

The Out-Patient Departments.

SAMARITAN FREE HOSPITAL.

Tubal Pregnancy developing under observation, and diagnosed before Rupture.

Under the care of Mr. W. SAMPSON HANDLEY, M.S.

R. N., æt. 35, attended the Samaritan Hospital on June 6th, 1901. She had been married five years. There was one child, born in 1897. The confinement was normal, and there has been no miscarriage at any time. Menstruation began at seventeen, comes on every four weeks, lasts six days, and is sometimes profuse. It is accompanied by considerable pain in the hypogastric and sacral regions. The last period was a week ago. She complained of hypogastric pain, dating back two years, and more or less constant. The pain is not worse during micturition, and has no relation to posture. It sometimes keeps her awake. The bowels are regular. The pelvic organs appeared to be normal; there was no lump near the uterus-unicolon. Mist. tinct. c. rheo. was ordered. There was some doubt as to the patient's habits with regard to alcohol. On August 1st she reported that the courses were a fortnight overdue. The nipples were sore, the breasts painful, and occasional morning sickness had occurred. The os was not softened. The uterus was firm and somewhat enlarged, and a doubtful small lump was indistinctly felt to the right of the uterus. On August 8th the patient had a large loss of blood, with clots and fleshy pieces; she fainted two or three times. One of the fleshy pieces was, she states, as large as the palm of the hand. From this date (August 8th) the breasts have become smaller and less painful. On August 12th, when she was seen, there was no milk in them. A blood-stained discharge was coming from the vagina. The uterus was movable and decidedly enlarged, reaching to the level of the pubes. To the left of the uterus was a very definite, tender, rounded movable lump, displacing the uterus slightly to the right. The uterus was firm, was not tender, and had not the characters of the pregnant uterus.

A diagnosis of tubal mole was made, the involution of the breasts apparently indicating death of the fœtus. As the hospital was on the point of closing for the summer vacation there was no choice but to send the patient home to bed. The nature of the case was explained to her, and she was told to seek help at once if severe pain or bleeding supervened. Small doses of bromide were given.

On September 19th, she came up again, still with hypogastric pain and bright blood-stained vaginal discharge. The uterus was slightly retroverted, and the lump slightly in front of it, as well as to the left. On October 6th the lump appeared, if anything, rather smaller, but symptoms still persisted, and an operation appeared unavoidable. The hospital being now reopened, she was admitted under one of my colleagues, who removed by colpotomy an unruptured left tubal mole. On the right side there was a small hydrosalpinx. The patient made a good recovery.

In this case the evidence of death of the fœtus, combined with the absence of severe pain and of serious bleeding, seemed to justify, if not to demand, expectant treatment. Even in so favourable a case as this, however, operation became necessary, and in any similar future case I should advise operation, unless the pain and bleeding completely ceased after a fortnight's rest in bed.

The main lesson of the case is that a thorough pelvic examination should be made in every case of supposed complete or incomplete abortion. If a lump is found near the uterus the possibility of ectopic gestation in one of its less dramatic forms should be carefully considered.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—VI.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

THE OCHIL HILLS SANATORIUM.

THE establishment of sanatoria for the hygienic treatment of pulmonary tuberculosis in accordance with the best modern methods has raised many points of considerable ethical as well as financial importance. It is perfectly true that in many quarters strong objection is felt to the conduct of an institution for the arrest or alleviation of disease by organised financial combinations of a more or less private nature. No doubt a publicly conducted sanatorium presents many advantages, at least judged from a theoretical standpoint, but since the expense of founding and maintaining an adequately equipped institution suitable for the effective treatment of consumptives is beyond the means of most private individuals, it becomes necessary in some instances to carry on the work by an association which cannot well be other than on "business lines." It is, however, most desirable that these institutions should be saved from any impairment of usefulness by a charge that they are "run to pay." In all cases absolute honesty must prove the best policy, and the interests of the patients must ever have the first consideration.

This leads us to point out that the sanatorium we are about to describe is the result of combined business action; in short, that it is conducted by a small limited liability company.

The Ochil Hills Sanatorium, Kinross-shire, Scotland, has been built at a cost of £40,000, and is one of the most imposing of recent British institutions for consumption. It occupies a particularly fine site, and its equipment is most elaborate and complete. It is quite new, and has only recently been opened to patients.

The sanatorium is placed on an elevated plateau with dry gravel soil and 800 feet above sea level. On the north-east the land rises to 1,050 feet, and on all other sides there is ample protection, and the front of the sanatorium is wholly exposed to the south. The views from the buildings and adjacent hills are particularly fine, including Loch Leven, the Grampians, the Lomonds, the Pentlands, and the Valley of the Forth. Many places of great natural beauty and historical interest are within walking or driving distance.

Unlike many recently constructed buildings for consumptives, the Ochil Hills Sanatorium has an imposing aspect, and being well-built of stone,

presents a very substantial appearance. Indeed, for many miles it appears as the most conspicuous object in the landscape.

There is accommodation for 60 cases. Each patient has a bedroom with a southern aspect. The rooms are well-constructed and suitably furnished. The corridors are particularly spacious, and have evidently been designed to afford the maximum of sunlight and abundant ventilation. The dining-room is well placed, and meals are served at separate tables. The comfort and convenience of all patients seem to have been studied with elaborate care; indeed, there seems a danger that the luxurious attractions of the building itself may tempt cases to neglect the simplicity of out-door existence.

Very extensive arrangements have been made for the application of hydro-therapeutic measures. Spray, shower, plunge and sitz baths are available on each corridor. The buildings throughout are lit by electricity. An elevator is provided for the use of the patients.

The grounds, which are very extensive, extending to 460 acres, are peculiarly attractive, and well suited to the needs of consumptive patients. Excellent shelters are provided, and a well-placed sun-bath is in course of preparation. The estate possesses many miles of walks of various gradients, amid the shelter of pine trees, and allowing of magnificent views of loch and mountain scenery.

Admirable arrangements exist for the thorough scientific investigation of every case, and the sanatorium is well equipped with all modern requirements for treatment. There is a special inhalation room fitted with electric motor for driving a spray apparatus, a convenient electrical room with elaborate installation including apparatus for radiography, the application of high-frequency currents, and the use of ultra-violet light.

Strict medical supervision is provided. Two medical officers are in constant residence. The senior resident physician, Dr. Thompson Campbell, has enjoyed several years' experience in sanatorium methods. Dr. Duncan and Dr. Donald Fraser attend as visiting physicians, and Mr. Walker Downie, of Glasgow, is the consulting laryngologist.

The inclusive terms for board, medical attendance, and medicine are £5 5s. per week, but this charge is exclusive of special nursing, personal laundry, driving and alcoholic liquors.

The sanatorium can be conveniently reached. Kinross Junction or Milnathort Station, the two nearest points of arrival, are on the main line of the North British Railway, within an hour from Edinburgh and an hour and a half from Glasgow.

Telephone trunk connection with the sanatorium can be effected with all parts of the country.

France.

[FROM OUR OWN CORRESPONDENT.]

Paris, August 2nd, 1903.

Syphilis in the Monkey.

At the meeting of the Académie de Médecine, M. Metchnikoff presented a female chimpanzee on which he inoculated by scarification of the clitoris the scrapings of a chancre; twenty-five days afterwards appeared a small erosion, followed by ganglions in the inguinal regions. Although there had not yet appeared any trace of eruption on the body, the speaker considered that the character of the erosion and the inflammation of the inguinal glands justified him in believing that the inoculation was successful.

M. Fournier said that he had no doubts on the case, yet he thought that it would be well to wait another month to see if the secondary symptoms of syphilitic infection made their appearance. If that were the case new horizons opened out for the treatment of that plague of humanity, as probably a curative serum would be discovered. He had made repeated experiments following his colleague, M. Metchinkoff, but failed each time, and he believed his failure was due to the fact that he had tried them on certain races of monkeys too far removed from man. In any case he paid a high tribute to the scientific researches of the Pasteur Institute, which not only honoured medical science but were also a source of great benefit to humanity.

Phlegmasia alba dolens.

M. Chantemesse, speaking of the quantity of chloride of sodium eliminated by the urine in typhoid fever being less than in the normal state, said that it was thought that the retention was made in the blood, but such was not the case, the salt being retained by the proper cells of the tissues. The proof was easy. If a large dose of salt were administered to a typhoid fever patient the excess was not eliminated by the urine, nor would it be found, by analysis, in the blood; it was absorbed by the organic elements. Everyone knew that phlegmasia alba dolens was a relatively frequent complication of typhoid fever, and was remarkable for its long duration. M. Widal had demonstrated how in patients suffering from Bright's disease, the œdema of the cellular tissue was in proportion to the quantity of salt absorbed by the patients, and that it could be diminished or reproduced by suppressing or administering the salt. The speaker considered that there was a correlation as to cause between the œdema of Bright's disease and phlegmasia dolens of typhoid fever. He had applied the régime of saltless food to six patients suffering from typhoid fever and phlegmasia dolens of one of the inferior extremities, and all of the cases rapidly improved under that treatment and in a very remarkable manner. He believed he was right, consequently, to conclude that the above-named affection appearing in the course of typhoid fever was the result of infection of the limb by the presence of chloride of sodium; the venous obliteration might be considered as only a predisposing cause.

Germany.

[FROM OUR OWN CORRESPONDENT.]

Berlin, August 1st, 1903.

At the Society für innere Medizin, Hr. Litten related a case of

Acute Yellow Atrophy of the Liver,

with demonstrations. The patient was a girl, æt. 17, of healthy parentage. She came to Berlin with a view of preparing for a situation, and brought a medical certificate of health with her. Three weeks ago she made an excursion to Potsdam along with the other members of the *pensionnat*, which lasted from six in the morning to nine in the evening. There long walks were taken, and in the evening there was dancing, in which the young girl was specially active. The following morning she complained of diarrhœa. The medical man who saw her found no fever, a very slight jaundice, discoloration of the skin, and concluded the illness was an intestinal catarrh with slight catarrhal icterus. The following day both diarrhœa and icterus were worse; the patient became very yellow, and on the fifth day was admitted into hospital. The condition on admission was as follows: She was well nourished, with deep yellow coloration of the skin and conjunctivæ; the spleen was enlarged; there was a left-sided pleural exudation; 4 per cent. albumin in the urine and yellow-coloured cylinders; numerous small hæmorrhages in the skin; temperature, 35·0° C.; sensorium free; pale-coloured liquid motions; urine strongly icteric, and the abdomen distended. The

following day the sensorium became affected, and the patient died in a comatose condition. As there was no question of poison the diagnosis lay between acute yellow atrophy of the liver and portal thrombosis. The autopsy declared for the former. On opening the thorax, a small pleuritic effusion was seen on the left, extensive hæmorrhages in the pleura, nothing abnormal in heart or lungs. The liver was found to be quite shrunken, very small, weighing only about 870 grms., as against 1,500, the average. The spleen was double the normal size. There was severe catarrh in the large intestine, especially in the lower part, and a cloudy swelling of the kidneys. The case was one of old excessive atrophy of the liver, upon which an acute yellow atrophy had developed. For this reason the disease had run so rapid a course that no red atrophy had appeared. The microscope showed that the two diseases had existed side by side, an acute destruction of the liver cells such as the speaker had scarcely ever seen—the liver structure was totally destroyed. There was also newly-formed connective tissue, out of which later liver cells and bile capillaries would develop—therefore, degenerative and regenerative changes hand in hand. It was very remarkable that the strong girl had not shown a single symptom of atrophy of the liver before the fatal illness.

From the spleen cultures were made from which cocci developed, and these on agar gave long chains of streptococci. From these, again, cultures were made in bouillon with which two mice were inoculated. One mouse died in three days (kidney degeneration); the second became ill, but recovered.

Hr. Holländer showed preparations from a case of

GLOMERULO-NEPHRITIS IN AN INFANT.

The infant, æt. 8 months, had suffered from hæmaturia for two months. The medical attendant was doubtful whether the case was one of renal calculus or of Barlow's disease, as the child had been fed on sterilised milk. Whilst the child had suffered in its general condition but little, fever suddenly set in, and pus passed from the bladder. Constipation followed the use of uncooked milk. When the speaker first saw the child the hæmorrhages had ceased for a week, it was much reduced, there was pus in the urine, painfulness about the right kidney, with slight enlargement of it. The cystoscope showed normal urine from the left ureter, whilst that from the right was mixed with blood and pus. There was therefore a right-sided renal tumour, with secondary bacterial infection, or the tumour was on the left, the infection on the right, or kidney disease on both sides with infection of the right, or right-sided kidney disease from the Barlow's disease, of which, besides the hæmaturia, no other symptoms were present. An operation was performed, and the right kidney extirpated. It was strewn through with miliary patches. The fever ceased at once after the operation, and the child had recovered as far as the operation was concerned. It might be accepted that the hæmaturia was due to Barlow's disease. Microscopically, the disease proved to be glomerulo-nephritis.

ALCOHOL APPLICATIONS EXTERNALLY.

Professor Isaweljew, Dorpat (*Allg. med. u chir. Zeit.* February, 1903), has a paper on this subject. He has been using them for two years in cases of pleurisy, peritonitis, and arthritis. He reports two cases of peritonitis in which the alcohol was applied in the following manner. A soft serviette was folded in four and soaked in alcohol so that nothing dripped from it, and then laid over the abdomen. Slightly moistened parchment paper was then laid over the dressing, the edge being tucked in all round to prevent wetting of the garments. The dressing was renewed as the alcohol evaporated, at first every half-hour, then less frequently, and at last twice in the twenty-four hours. On the second day improvement set in, which ended in recovery. The pain was rather severe, and made worse by weight, so lint was used later in place of the serviette. The lint was covered with parchment paper with holes in, so that the alcohol could be put in afresh without disturbance. A bandage was placed above all. The alcohol was introduced into the perforation through a glass funnel. A good deal of alcohol was required, so that it would not be made use of frequently in private practice.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, August 2nd, 1903.

ARISTOCHIN AND PERTUSSIS.

SWOBODA is attracting attention to aristochin, one of the quinine preparations which has been freely used in Prof. Frühwald's wards with apparently good results in cases of whooping-cough. He relates 69 cases of recurrent paralysis which have been quite restored by the application of the drug. Among these cases were eleven from atheroma of the aorta, and six from aneurysm of the aorta. It seems that the atheroma was directly the cause of this paralysis, and not pressure on the nerve as if from an aneurysm. The same may be said of two cases of aortic insufficiency, and others by stenosis of the mitral valve, carcinoma, mediastinal tumours, pleuritis, and tuberculosis accounted for others of a more serious character.

Frankenberger said that he had seen cases of aortic aneurysm where the Röntgen rays alone could be relied on as diagnostic. A very common cause of recurrent paralysis was syringomyelia.

Thomayer said that recurrent paralysis did not always produce hoarseness, and therefore was not a trustworthy symptom. He recently had a theatrical patient with recurrent paralysis, not from atheroma or any of the usually ascribed causes, but from protracted vocal exertions.

APHASIA.

Heveroch related the history of an unusual case of aphasia to the meeting of Ærzte assembled in Prague. On exhibiting the patient, he said his intelligence had begun to wane about four years ago, as well as the power of speech, which was more prominent in the case of answers or explanation. His efforts were often so long continued that different ideas were in the end produced from what he had originally intended. He thought the disease belonged to that group of morbid change usually designated "amnestic aphasia," which is also related to "automania." The original cause, he thought, was due to atrophic or encephalo-malacia in the brain function of speech.

Vitek compared this case to another of transcortical motor aphasia of his own, wherein the association communications were involved, leading to the same difficulty with verbs that was present in Heveroch's case. He considered the cause to be one of interruption of the motor centre that isolates the verbs.

XERODERMA PIGMENTOSA.

Samberger exhibited a boy, æt. 13, whose face, neck, hips, and hands were covered with a sort of summer speckled skin with atrophic interspaces, whose vessels were largely diluted. On the left lower eyelid there was a patch about the size of a franc piece,

raised, hard and nodular. Other small red tumours were also present.

Along with this case he showed another of folliculitis, or necrotic tuberculides, according to some authors, occurring in a young woman, æt. 23. The body and extremities were covered with dark red nodules, varying from the size of a pin's head to that of a lentil, around which were halos of infiltration, vesicles, pustules and ulcers. Some of these had taken on a healing process, leaving a dark pigmented cicatrix. The disease commenced about two years ago. It may be added that wherever any appearance of healing takes place a new eruption appears greater than the original.

Castration.

In a long communication to the "Gesellschaft," Brener and Seiller brought forward a number of very conclusive facts to prove that castration has as marked effects on the male as the removal of the ovaries in the female. The blood which was examined for some time before the castration, was found normal, but immediately after the operation both the quantity of hæmoglobin and the number of red blood corpuscles rapidy fell, as in the female when the ovaries are removed. They conclude their argument with the theory that the real genesis of chlorosis is dependent on the ovaries.

In connection with this subject Freund raised a discussion on a different form of iron found in the blood in combination with albuminates, that must be estimated differently to obtain the same result. This new body Seiller is pleased to call "hæmatinogen."

The Operating Theatres.

GUY'S HOSPITAL.

Femoral Aneurysm.—Mr. Arbuthnot Lane operated on a soldier, æt. 28, who was suffering from an aneurysm of the common femoral, which extended along the upper part of the superficial femoral. Fixed on the surface of the pulsating mass, which was about the size of a large tangerine orange somewhat flattened from before backwards, were a number of enlarged lymphatic glands, and along the external iliac large glands could also be felt. The man denied having had a chancre or any evidence of syphilis, but had had gonorrhœa on two occasions. The history of the swelling was very short; indeed, he said he had only observed it three weeks before. There was no evidence of his having sustained any injury or strain. He had served several years in India. Mr. Lane exposed the external iliac artery, which he ligatured about a finger's breadth above Poupart's ligament. He then exposed the swelling and found the enlarged glands inseparably fixed in its wall. The femoral vein beyond the swelling was blocked with clot; it was matted firmly together with the superficial femoral artery. On laying open the tumour a quantity of firm clot was exposed. Bright red blood welled up continuously, and not intermittently, from the cavity. This was found to emerge from the openings of the profunda and superficial femoral arteries. These were ligatured. The bulk of the sac was then removed and the wound closed, except where a small drain was inserted. Mr. Lane said that in his experience the case was one of considerable rarity. He pointed out that when the student reads his text-books he becomes imbued with the idea that psoas abscess, femoral hernia, inflammation of the femoral glands, and aneurysm of the femoral artery are of equally common occurrence, and he is rather surprised to find that aneurysm of the femoral artery is a condition of great rarity, and that he will probably never see a case during his lifetime. In this particular instance, Mr. Lane remarked, the aneurysm must have been developing for a very much longer period than the patient imagined, since the collateral circulation in the arterial and venous systems had been rendered so perfect that after the operation only a very little transitory œdema was observed. The presence of a variable temperature and the tenderness which was associated with the inflammation, and enlarged glands which were embedded in the wall of the aneurysm, led many of those who saw the case to believe it was one of an abscess of the femoral glands, the existence of a quantity of firm clot in the sac and the consequent inability to diminish its bulk materially by pressure when the circulation was controlled by pressure on the external iliac artery helping to give support in their minds to the diagnosis of abscess; but, on the other hand, there was a definite expansile pulsation to be felt throughout the whole tumour, which was far in excess of any impulse transmitted to the fluid contents of an abscess by an artery running through it. One naturally wondered, he said, what would have happened if the diagnosis of abscess had been acted upon and the swelling incised, as would have been done naturally under the circumstances, and what the operator should do if brought face to face with such an accident. He thought that digital pressure on the external iliac and firm pressure on the orifice made into the aneurysm would have served to control hæmorrhage till some one had exposed and ligatured the external iliac above the point of pressure, when the aneurysm itself could have been opened, its contents evacuated, and the profunda and superficial femoral ligatured.

There was a little transitory œdema of the foot for a few days after the operation, otherwise the progress made has been most satisfactory. The patient was at once put on antisyphilitic treatment after the operation.

ROYAL FREE HOSPITAL.

Operation for Compound Depressed Fracture of Skull.—Mr. T. P. Legg operated on a boy, æt. 5, who had been admitted after having been struck on the left side of the head by the shaft of a cart, the blow causing the child to strike his head on the left occipital region against some railings. On admission there was a lacerated scalp wound, two and a half inches long, over the upper portion of the left frontal bone, in the centre of which was a sharply defined depression, about three-quarters of an inch long, the edges of which were steep and infiltrated with dirt. Over the posterior portion of the left parietal bone there was a curved lacerated wound extending down to the bone, and exposing a linear fracture, two inches long, the lower fragment of bone being depressed about an eighth of an inch below the level of the upper piece of bone for the whole length of the fissure. The boy was quite conscious, the pupils were equal and re-acted to light; there was no muscular paralysis; the pulse was 120, small, and compressible; and there was no vomiting. The following operation was at once performed:—The lacerated edges of the scalp wounds were pared, after the scalp had been shaved and thoroughly disinfected. A small trephine was then applied to the sound bone immediately behind the depression in the frontal bone. The piece of bone thus removed was packed away under the scalp in order to preserve it, with a view to its subsequent replacement. The depressed bone was completely removed by means of sequestrum and Hoffman's skull forceps. It was noticed that the dura mater did not pulsate until the depressed fragments were removed. The crown of bone removed by the trephine was replaced, and the wound in the scalp sewn up without a drain tube being

inserted. The posterior wound was now dealt with. As the margins of the fissure in the bone were infiltrated with dirt, they were removed by means of a Wood's saw applied parallel to and just outside the border. The edges of the skin wound were united by interrupted silk-worm gut sutures, a small drainage tube being put into its most dependent part, as it was impossible to get rid of all the infected tissues. Mr. Legg said that the case raised several points of interest. The first and most important was the avoidance of sepsis, which is the most important element of success in the treatment of compound fractures of the skull. The only means of making sure that this danger can be avoided is by removal of all infected pieces of bone and of the scalp. This cannot be efficiently accomplished by scrubbing with antiseptic lotions; the only certain method is by the use of the knife and bone forceps. The next point of interest, he remarked, was the depressed fracture in the frontal bone, which, though small, was evidently exerting considerable pressure on the dura mater, as was shown by the absence of pulsation until the fragments had been removed. The dura was not opened, as it did not bulge unnaturally into the gap left by the removal of bone, and there was no discoloration seen beneath it. Moreover, the absence of symptoms pointing to increased intra-dural pressure made it unnecessary to incise the dura. The third point, he said, was the question of replacement of the fragments removed. This, in most cases, is impossible when the fracture is compound; none of them were replaced in this instance, the fragment removed by the trephine was, however, replaced in order to diminish the size of the opening in the skull, as it was quite free from infection by dirt. It is, he pointed out, a well-known fact that such fragments, if replaced, will live even when completely separated from the pericranium, and in this particular case it was impossible to stitch this structure over the replaced fragment of bone as well as over the adjoining portions. There are two chief methods, he said, of preserving the vitality of any fragments of bone removed during the operation. One, probably the better, was that adopted in this case *i.e.*, placing the fragment under the scalp where it is kept constantly surrounded by blood and at the body temperature. The age of the child was five, and if the fracture had not been compound the question of the advisability of operating would have had to be discussed; but when the depression is sharply defined and marked, in all cases he considered it better to operate. Owing to the fact that in such cases the internal table is almost always more damaged than the external there is the liability of the dura mater being injured and the probability of sequelæ which may occur at a later date.

The after progress of the case was satisfactory in every way. Both wounds healed by first intention; the highest temperature was 100°, the day following; and the boy left the hospital on the seventeenth day after the operation.

Small-pox at Cambridge.

THE epidemic shows no signs of abatement, fresh cases occurring daily. Police assistance has been necessary to preserve order in and around the vaccination stations, and some difficulty has been experienced in obtaining an adequate supply of vaccine.

Action for Recovery of Fees.

AN action was tried last week at the Liverpool Assizes in which Dr. Crawford claimed £835 for medical attendance on the late Mr. John Westmoreland, of the Imperial Hotel, Liverpool. It transpired that a bill for £1,030 against the estate of Mrs. Westmoreland had already been paid, and the jury returned a verdict in favour of the plaintiff for £699.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 5, 1903.

THE BRITISH MEDICAL ASSOCIATION MEETING AT SWANSEA.

THE seventy-first annual meeting of the British Medical Association was opened last week by the usual presidential address, delivered on this occasion by Dr. T. D. Griffiths, who took for his theme the evolution of antiseptic surgery and its influence on the progress and advancement of bacteriology and therapeutics. It was a thoughtful and well pondered address, but the habit of digging over the ground again and again is apt to pall, and we yearn betimes for what the humorist called a retrospective glance into the future. The orator's remarks on the great question of public health strike a fresher note, for, as he says, the practical application of our knowledge for the benefit of the public health has not kept pace with the great progress made in medicine and surgery during the last third of a century. Experience has shown that both the law and its administration are defective in many points and must be improved upon if the public is to be secured the full benefit of recent progress. For instance, although local sanitary authorities are required to appoint a medical officer of health, it is a matter of notoriety that in the majority of instances these authorities consider that they have done all that can reasonably be asked of them by appointing a local practitioner at a nominal salary to do nothing—for any outbreak of zeal on his part would render his tenure of office precarious. He cannot move without injuriously affecting individual interests: the tradesmen who appoint him are strongly averse to any interference with their version of what constitutes free trade, and he is reduced to justifying his existence by the periodical publication of vital

statistics which, unless intended to serve as the basis for action, are mere waste of time. They cannot even be said to satisfy idle curiosity, for none is felt. Yet overcrowding exists in many a small, picturesque village in a more marked degree than even in our large cities, and is rendered more injurious by reason of the strikingly unhygienic conditions of rural dwellings in general. The smallness of the rooms, the tiny windows, and the contiguity of the cesspool to the well more than compensate for the ample supply of fresh air which is allowed to run to waste outside. The alimentation of the poorer classes in the country is deplorable. The choice of food is limited, it is often inferior in quality, and the people are woefully ignorant of the art of cooking, as town dwellers find to their cost when they quit their urban haunts for pastures new. We cannot afford to be indifferent to the consequences of this neglect on the part of rural sanitary authorities. The food supplies of towns are derived from the country, and the non-enforcement of regulations for the cleanly and sanitary conduct of dairy farms, for instance, is productive of much of the infantile mortality that swells the death returns of cities. The causes of this state of things, we are told, may be found in the absence of a strong central authority and the ignorance, apathy, and prejudice of the smaller authorities; and the remedy suggested is the creation of a minister of public health, who must, almost of necessity, be at the head of the Local Government Board. Without attaching an overweening importance to a ministerial creation, much might assuredly be done by insisting on the combination of the smaller public health authorities into areas sufficiently large to secure the services of an efficient medical officer, whose remuneration should suffice for him to give up the whole of his time to the duties of his office; in short, the service must be placed on such a basis as to tempt some of the best talent in the profession to enter it. Incidentally, adequate laboratory accommodation would have to be provided, and the tenure of office of medical officers of health must be rendered independent of the good-will of the persons on whose unsanitary toes he may tread.

THE ST. BARTHOLOMEW'S HOSPITAL QUESTION.

Some months ago the proposal to rebuild and extend St. Bartholomew's Hospital on its present site was met by a storm of adverse criticism. The main objections urged were that, in view of the enormous cost of additional land and the conversion of a resident into a day population, it would be better for all concerned to build a new hospital in the suburbs, where land is cheap and population dense. The matter has been inquired into by a Mansion House Committee, who recommend that the hospital shall remain upon its ancient site. From the sentimental point of view, and also from the standpoint of city philanthropists interested in this institution, the retention of its present position is undoubtedly desirable. The arguments on the other side, however, are so numerous and weighty that the mere assertion of the Mansion House Committee that objectors have based their criticisms upon "inaccurate information" can hardly be accepted as conclusive. Some more exact and convincing proof will be required before the public are likely to furnish further enormous sums for the extension of what is already the wealthiest endowed medical charity in the United Kingdom. The report of the Inquiry Committee asserts that the value of the present City site has been much exaggerated. It is, of course, easy to obtain a closely approximate estimate of the value per foot of the land involved. There need be no hesitation in assuming that the site value would reach a very high figure, although not likely to touch prices obtainable in some of the most central positions, such as Cornhill. The essential point, however, is the difference between the value of land lying between Smithfield and Newgate and land in the suburbs. A well-placed square yard of area in the City of London costs about as much as an acre of average land in the suburbs. Therefore, a cramped St. Bartholomew's in the City might become, without increased expenditure, a spacious pile of buildings, with a palatial scale of curtilage, in an outlying district. To say that the value of St. Bartholomew's has been exaggerated is simply to avoid the discussion of a main issue. The second proposition of the Committee is still less satisfactory. It asserts that there would be little, if any, ultimate profit in removing the hospital to another locality. As an *ex cathedrâ* statement of opinion, it will be noted that the views of the committee are stamped with an air of Spartan brevity and finality. We shall await with interest a full account of the arguments upon which so grave and emphatic a conclusion has been based. One incident in the course of the inquiry is significant. Captain Nott-Bower, the City Commissioner of Police, told the committee that the removal would be an inconvenience and a danger, because of the distance the police would have to take City accident cases. The implied suggestion that the removal of St. Bartholomew's Hospital to a suburb would preclude the provision of ample City accommodation for accidents and emergencies is absurd. Clearly, to leave behind wards for the reception of such cases, in case of removal, would be a first duty. It is not necessary, however, in order to provide accident and emergency accommodation, that many hundreds of sick and injured persons should be brought together from the suburbs and from the country to be nursed in a hospital in the heart of crowded London. The Mansion House Committe apparently accepted Captain Nott-Bower's evidence with full approval. Can they accept its corollary, as above stated, with equal complacency? On the whole, we think that the case for the retention and extension of St. Bartholomew's Hospital on its present site has not been satisfactorily made out. The decentralisation of the great medical charities of the Metropolis must sooner or later follow the decentralisation of the resident population. To

retain an institution for the purpose of housing a sick population in the centre of a huge city is indefensible on hygienic grounds. To retain and extend its premises on land of enormous value is, in our opinion, open to no less valid objection on economic grounds.

MEDICAL WITNESSES' FEES.

THE medical profession in England and Wales have, on the whole, good ground for congratulating themselves on the report which has been presented by the Departmental Committee appointed last year by the then Home Secretary to inquire into the allowances to prosecutors and witnesses in criminal prosecutions. For many years the gross injustice to which medical witnesses have been subjected in the matter of these allowances has been insisted upon, and proved to the full by constantly recurring cases. A typical example of the scale of fees which is at present in vogue was laid before the Committee. It showed that, in one case, a witness received the sum of ten shillings and sixpence for attendance at a police court for almost eight hours, and in another case a sum of two guineas for attendance at Assizes for eight hours on one day and nine and a quarter hours on the next day. In other words, the time of medical men is valued by the community at the sum of approximately two shillings per hour. The report of the Committee on the present scale is very definite and can hardly be evaded by the Home Office. "We think that the allowances hitherto paid under this head (professional evidence) have been inadequate, especially in the case of doctors summoned to places distant from their practice. It seems to us that the complaints made by the medical profession in respect of the present scale are justified by the very fact that its members are much more frequently called upon to assist criminal justice by evidence drawn from their professional experience than any other class of the community." The report then makes the following recommendations:—"We recommend, therefore, that the following be the maximum allowances in future:—For giving evidence in the town of residence, one guinea per case, but for more cases than one not to exceed two guineas for one day. For giving evidence away from the town or place of residence, one guinea per day in addition to the above." These recommendations, if not generous, can still be regarded as just, if one alteration is made and the word "maximum" is struck out. To give power to a local bench of magistrates, or even to a presiding judge, to order the payment of a smaller fee is manifestly unfair, and is well calculated to lead to abuses. The medical profession has clearly in its mind the recent utterances of a learned judge—whose utterances, by the way, are not always governed by that judicial spirit which men look for from those in authority—with regard to the ability of a member of the medical profession who did not immediately diagnose antimonial poisoning in the case of a dying woman. With every respect for the eminent body of men who constitute his Majesty's judges, we express the opinion that a judge who is not capable of forming a common sense view of the average capability of a medical man, and who expects to find the experience of a hospital physician and the knowledge of a professor of chemistry united in the person of a general practitioner, is also incapable of assessing at a true value the time of a medical man. If a guinea per case is a fair average fee, as the report of the Committee appears to indicate, it may be taken for granted that the cases in which it is earned easily will be more than counterbalanced by the cases in which it is earned with difficulty, by hard work and much loss of time. In the latter case, an increased fee cannot be granted, and why in the former case should the fee be reducible? Another recommendation in the report also calls for notice, as in its present form it creates a distinct injustice to medical witnesses, and at the same time an injustice which we believe is unintentional and contrary to the spirit which actuated the Committee. The report advises that if any witness is detained less than four hours from his home or place of business, he should only receive one-half the allowance which he would otherwise have received. If this recommendation is intended to apply to professional witnesses, it goes far to destroy the value of the other recommendations, but we do not believe that it is meant to so apply. As we have said, the recommendations do not err on the side of generosity, but they do go a considerable way to remove the gross injustice which at present exists. We trust that the Home Office may, without delay, give effect to them, and so supersede a scale of charges which dates back to 1858.

Notes on Current Topics.

The Jonathan Hutchinson Festival.

A CORRESPONDENT writes:—"It was, as we all know, on Thursday, July 23rd, on his 75th birthday (really his 76th, by-the-bye, for we never count our first!), that we met to do honour to 'our guest' at the Balmoral Room of the Trocadero, under the chairmanship of the President of the Royal College of Surgeons of England. There were many of the best there, and, no doubt, many, like myself, who are only 'as good as they can be.' But we felt that the greatest general practitioner in the world was being honoured, and that attracted many of us—general practitioners! And what a speech it was, and how mounted in simplicity, I, for one, shall never forget! Here seemed an instance, as we listened, of an exception to the existence of the rule that the greatest work of the world is done by the talent of the world and not by the genius of the world. For if the 'capacity for taking pains' be genius, who shall deny to this man the genius he disclaims? But the fact is that genius has varieties, and is now and then Heaven-moulded and blended with a saving and sane alloy of talent also—as here! But I am concerned with the speech, and because it touched and ennobled the whole philosophy of earnest life. It was a sermon

of endeavour from one whose whole life is and has been a prayer. Sir Joseph Fryer had touched the true chord in his claim for 'our guest' of 'fidelity to conscience.' It was Huxley's plea for truth 'before all' once more—the 'truth' that 'never was indebted to a lie' that Dr. Young spoke of in his 'Night Thoughts'—And here were 'Night Thoughts' clothed in hues and language of eternal day. He spoke quite plainly, quite simply, quite without desire for effect. And therein was the effectiveness of every word 'that fell like snowflakes from his lips.' It was a wonderful little speech—I speak as a student of orators. I have heard the best, Bright, Gladstone, Castlebar, Cosen, Sexton, Sir James Paget, Falory, and I know 'our guest' was not 'orating'—he was speaking what he felt in a way that made us all feel, and that is higher than all art. The art was in the avoidance of art. But every luminous sentence was a point of precision and help. He showed us that a great ideal cannot be classed with mere ambition, that a life-purpose has no pyrotechnics in it, and that the consciousness of work well done is the highest reward of the finest motives. And if that is not an exemplification of George Eliot's phrase that 'Fruit is Seed' I really do not know what is."

Head Injuries and Suicide.

The recent tragic death of a young clergyman as the result of a semi-conscious morbid impulse following upon a fall from a bicycle, illustrates the extreme importance of the effects of injury upon the brain, however slight, and also the dangers incurred by neglecting conditions of mild concussion. The facts of the case are briefly these. Early in the morning of the day of his death the deceased gentleman went for a ride on his bicycle in Hampstead, and was seen by a spectator to fall therefrom. He was able to return home and transact some business. Shortly afterwards he was found by a servant lying dead in his bedroom with a bullet wound behind and above the right ear, a revolver being found beside him. The medical evidence at the inquest was to the effect that the act was automatic, and that he was in a dazed state consequent upon the fall from his bicycle. Instances similar to this are well known, in which the sight of any object suggests to the beholder its immediate use. Conditions of automatism are not uncommon as a result of traumatism, and in those states of slight concussion of the brain, in which consciousness is not altogether lost, imperative ideas are often seen as the outcome of the mental disturbance produced, the individual being absolutely irresponsible for his actions. The importance of injury to the head as a factor in the production of insanity is well recognised, and epilepsy may frequently be traced to traumatism, either in the patient himself or sometimes in the parents. It is one of the golden rules of medical practice never to pass over lightly any injury to the head or spine, however trivial such may apparently be. The after consequences may be delayed for some time, or they may manifest their presence immediately after the accident. Prognosis in head injuries is always difficult, and much caution is needed before arriving at any conclusion

The Evolution of Abdominal Surgery.

The introductory address in surgery delivered by Mr. Mayo Robson last week at Swansea is a brilliant exposition of the steps by which surgical practice has advanced to its present high position, virtually within the lifetime of the present generation. In many of these advances the author, it cannot be denied, has taken a prominent part, although, with characteristic modesty, he has devoted his attention rather to the achievements of others than to his own. The great lesson which we deduce from the address is that progress in surgery is attainable only by the closest attention to details. Many a major operation now in daily use only gained scientific recognition after years had been spent in elaborating the, at first sight, insignificant details thereof. But—and this is a point to which the lecturer did not refer—success in surgery is dependent on early diagnosis, and towards this end physicians and pathologists have laboured in common with their surgical brethren. In no department of medicine has progress been more marked and undeniable than in diagnosis, thanks, no doubt, in part to the fact that surgeons have a simple way of their own of throwing light on obscure points, *viz.*, by making an opening. That simple procedure, however, is not applicable to a large proportion of cases of suspected cancer, appendicitis, and the like, in which the success of a surgeon is greatly dependent on the perspicacity of the physician. Although abdominal surgery in its widest sense has sprung into being and developed within the last third of a century, something more than merely crossing the threshold has been accomplished, though much remains to be done. There is promise, however, that before another thirty years have passed the progress of therapeutics will have done something to restore the balance in its favour.

Human Barometers.

Just as "there is in souls a sympathy with sounds" so is there some subtle and mysterious connection between the body and its functions and the state of the atmosphere. In many people an increased vivacity is experienced before the approach of rain, which symptom is in common with those displayed by the lower animals, and similarly in wet weather a sense of drowsiness or incapacity for exertion is sometimes felt. Many of the bodily sensations are capable of a physical explanation, such as the well-known aching of corns before rain, which is due to the heightened congestion of the parts owing to the decrease in the barometric pressure. There are, it is true, some individuals of equable temperament who never appear to be influenced in the slightest degree by atmospheric conditions, and who can work with equal facility in extremes of cold and heat, wet or dry. It may be that their power of adaptation to their physical environment is unusually strong, but they are the envy of

more susceptible persons who cannot so adapt themselves. It was Dr. Weir Mitchell who called attention to the fact that neurotic individuals are most influenced by the state of the weather. Certain forms of headache are very prone in them to coincide with electric conditions of the atmosphere. They are the people who have "presentiments of thunder in the air," and nearly always their predictions are verified. In some cases the incidence-curves of headache coincide almost exactly with the curves of the summer electric storms, when represented graphically. Mental depression in some, and irritability in others, is closely dependent upon the absence of sunshine, and in weak nervous states a period of dull weather has been known to retard convalescence to an appreciable extent. With the exception of a small minority, everyone is influenced more or less by atmospheric changes, though it is possible, and indeed desirable, not to allow oneself to be so affected.

A New Contrast Stain.

THOUGH the average microscopist is coming more and more to rely on a few practical stains for routine use, yet he is always interested in experimenting with new modifications. For instance, all who are interested in the clinical examination of blood have now learned that there is no stain as convenient as Leishman's preparation of casein and methylene blue, and have gladly substituted its use for that of the two stains successively. Similarly, we are now offered a contrast stain for cells and bacteria which, we are told, gives excellent results. One per cent. solutions of pyroxin and of methyl green are made separately, and mixed in the proportion of four parts of the former to one of the latter. The films (*e.g.*, of pus) are prepared in the usual way, and a few drops of the colour placed thereon. They are gently heated for a few seconds, and then washed in water. On examination the nuclei of the cells are seen to be green, while bacteria show out clearly a brilliant red. As by most other methods of staining bacteria and nuclei take the same colour, the advantages are obvious.

Progress in Cancer Research.

THE first annual report of the Cancer Research Fund, read before the general committee of the Association at a meeting held on July 30th, showed that a considerable amount of work has already been accomplished since its formation in the shape of necessary preliminary organisation. It is very gratifying to note the very wide basis and scope of the inquiries instituted, and also the large amount of assistance both given and promised by the various Government Departments, Home and Colonial, the medical Corporations, as well as numerous individual members of the medical and veterinary professions. The investigations in progress fall mainly into three groups—experimental research, therapeutic work, and general cancer statistics. It is hoped that special attention will be paid to the nature and appearances of cancer as it is seen in the animal kingdom, and to such important questions as the methods to be adopted for the more early diagnosis of malignant disease, and to the transmission or heredity of cancer in general. The report having been accepted, Mr. Balfour, who occupied the chair as one of the Vice-Presidents of the Association, delivered a most able and stirring address on the work and objects of the inquiry, in the very breadth of which, it was stated, there is much encouragement to be derived. The necessity for co-operation in research of this kind is very urgent, as even in science union always proves to be strength. The value of the comparative study of cancer, undertaken in a thoroughly systematic manner, cannot be over-estimated, for, as has been the case with tuberculosis, much of our knowledge, and indeed all that relates to sero-therapy, has been gained by the observation of the disease as it appears in animals. We look into the future with hope, and we trust that the noble work of this Research will not be hindered by the lack of the necessary funds.

Motor Car Legislation.

THE measure now in the process of legislation having for object the regulation of motor car traffic threatens to press hardly on the provincial practitioner who has adopted this rapid and, on the whole, economical mode of conveyance. Should he be convicted on the uncorroborated evidence of a police constable of driving at an unduly rapid pace he may be heavily fined or even sent to prison, while his licence may be revoked. What would be the predicament of the medical owner of a motor car deprived of his licence? He cannot dig, and to beg he would be ashamed, yet if he be deprived of the means of visiting his patients at a distance he would have to adopt one of the alternatives. And, when hurrying to an urgent case, he would be but too likely to trangress the law. It amounts to this, that the provincial practitioner would have to take care to keep on good te ms with the police, even to the extent of attending them for nothing, rather than run the risk of incurring their displeasure. Such a position would be intolerable, and we would urge on medical members of Parliament to endeavour to obtain some latitude for medical men when engaged in *bonâ fide* professional work. We have seen it stated, though we are unable to say on what authority, that under an antiquated law medical men are accorded certain privileges in the matter of speed and short cuts, and perhaps our readers can assist us in refurbishing these antique exemptions for present use.

Galactorrhœa in the Virgin.

CASES of this class are sufficiently rare to make the one reported by our French correspondent sufficiently interesting to place on record. The patient was under Professor Gauthier, of Paris. She was a spinster, twenty-five years of age, of a nervous temperament, though otherwise in good health. She menstruated at fifteen years of age and for the following five years her changes were normal in

frequency and amount; after this the changes ceased for three months, during which time her breasts became swollen. Five years afterwards she again suffered from amenorrhœa; the menses appeared irregularly and finally ceased altogether. With this cessation was established a copious secretion of milk in both breasts, and it flowed so freely that the patient found it necessary to swathe her breasts with napkins, which had to be frequently renewed. By applying pressure around the nipple she could produce a copious flow of normal human milk. At the end of five days the flow diminished, and finally ceased. But on the occurrence of each menstrual period the galactorrhœa returned for five or more days, and so continued until the sixth month. She was now treated for the nervous condition from which she was suffering, and at her sixth menstrual period the flow of milk was decidedly less and she had a slight menstrual discharge. From this she continued to get better and in a few months was quite well. The whole period during which she suffered galactorrhœa was twelve months.

Visceral Lesions in Acute Insanity.

The bodily conditions which determine or accompany the various forms of mental aberration is a subject which never fails to excite the interest of the physician and the alienist alike. We are yet in ignorance of the reason why the sensations proceeding from diseased or deranged organs should in certain cases be morbidly construed, but there is reason to believe that it is along physical lines that our knowledge of the pathology of insanity will ultimately be advanced. Dr. G. R. Wilson and Dr. Chalmers Watson record in the the *Journal of Mental Science* two cases of acute mania, both in females, in which visceral changes of a more or less pronounced type were discovered post mortem. The morbid appearances consisted in a chronic form of bronchitis, a chronic congestion of the gastro-intestinal tract, and one case presented a small-celled infiltration of the mucous and submucous coats of the bladder, evidently of long standing. In both cases the bone-marrow was observed to be abnormally red and to contain scattered areas of gelatinous-looking material. In neither instance did the clinical symptoms lead to any suspicion that the visceral lesions were of so grave a nature. The character of the lesions were, broadly speaking, atrophic and hypertrophic, the latter being considered as an early stage of the former. The observers do not, of course, pretend to form any conclusions from these two cases as to the cause of acute insanity, but they only desire to point out the value of a more careful clinical study of individual cases, especially from the physical standpoint. The science of neuro-pathology has made many strides of late years, owing to improvements in the methods of research, but in view of the possibility that mal-nutrition of the brain may result from lesions in various parts of the viscera the study of ordinary morbid pathology must still continue to be pursued as keenly as ever.

Leucocytosis in Variola.

The occurrence of a leucocytosis in various inflammatory disorders is now recognised as an established fact, and in many cases its presence or absence forms a not unimportant factor in arriving at a correct diagnosis. The clinical value of the blood-count apart from blood-diseases is somewhat tardily receiving the appreciation that its merits demand. Leucocytosis in small-pox has been known and described by Brouardel, Hayem, Pick, Emile Weil, and MM. Courmont and Montagard. Dr. Alexander Furguson, of Glasgow, has further elaborated the subject and has embodied the results of his researches in a recent paper in the *Journal of Pathology and Bacteriology*. The special feature of the leucocytosis is that it is mononuclear in character. It is not generally present before the appearance of the rash, and usually attains its maximum by the eighth or ninth day. The lymphocytes and smaller hyaline cells are always increased in number in the more severe cases, in which eosiniphile cells and nucleated red corpuscles are also seen. As in other forms of suppuration, the leucocytosis is most marked in the stage of pustulation, after the subsidence of which it gradually begins to decrease, persisting, however, in a slight degree for some time after the acuter symptoms have passed away. The appearance of abnormal cells, such as derivatives of the bone-marrow, are regarded as of graver prognostic significance, though in some instances their occurrence may be only accidental. Taken in conjunction with other physical signs the results of blood-examination in variola may be of assistance in forming an opinion upon the severity of the case.

Bacteria in Swimming-Baths.

The popularity of the public swimming-bath during the hot summer season is largely due to the physical gratification experienced by the free and unrestricted movements of the limbs combined with the exhilaration produced by a more or less prolonged contact with the cold water. The average Britisher who takes his daily morning "tub" does so partly from a sense of duty, and in his early ablutions he has no time to waste. The purity of the water in municipal baths is a matter of the greatest importance when the large number of bathers who frequent them is taken into account. In a paper by Drs. Glynn and Matthews, read before the Congress of the Royal Institute of Public Health at Liverpool, it is distinctly shown, as might be expected, that the cleanliness of the water varies in direct proportion to the "class" of the bath, that in the first-class containing the least number of bacteria, and also that the salt-water baths contain less than the fresh-water ones. The question as to whether the risks of contracting disease in this manner are great or not can hardly be settled by one series of observations, but the injurious effects, if any, must depend upon the pathogenic character of the bacteria present in the water at a given time. The organic substances in the dirt and epithelial

débris from the human skin are not necessarily productive of actual disease, but, at any rate, they should be removed from the baths as speedily at possible. As a rule, however, there is little to complain of in this respect, for the water in the majority of public swimming-baths is generally clean and fresh.

Corsets or No Corsets.

WE have been accustomed for so long to credit corsets with a lengthy train of all the ills that female flesh is heir to that it is quite refreshing—right or wrong—to come across an article in praise of the corset. It seems that we have been quite wrong in laying to the door of this much-abused article of attire ailments of such varied nature as floating kidney and constipation, anæmia and dyspepsia, dyspnœa and dysmenorrhœa, of whose causation tight-lacing afforded such a convenient explanation. We know one worthy gynæcologist who is accustomed to explain the serious deviations from health which come under his notice as due to excessive "tea-drinking," but for how many was the tight corset a ready scapegoat! However, Dr. Gallant, of New York, (*a*) has put an end to all this, and has shown that the veritable culprit is not the corset, but the waist-band. Let us hear his indictment: "As the spinal column lengthens, it should carry upward all the viscera attached thereto, but, owing to the weight of clothing and compression at the waist-line this process cannot take place, stretching of the ligaments occurs, the viscera are thereby dislodged and hang at a level much below the normal. . . . As a logical sequence, pouching of the stomach results in food retention, fermentation, gastro-intestinal indigestion, intestinal inactivity, and auto-infection from resorption of excrementitious matter too long delayed within the alimentary canal, manifested by coated tongue, hepatic torpor, dusky skin, dark, scanty urine, dysuria, frequent headache, general malaise, anæmia, menstrual disturbance, defective vision, &c." (One is grateful for the "&c.," for the list might have been interminable.) Luckily, the condition is not altogether as hopeless as we might expect, for Dr. Gallant knows not only the disease (as we have seen), but the cure. Truly is the corset revenged.

The Prokhorow Treatment of Syphilis.

IN view of the extreme importance of a systematic mercurial treatment in all cases of syphilis, it has long since been recognised to be unwise to leave its administration in the hands of the patient. Another reason for the treatment being carried out by the medical adviser is that it is possible to adopt the method of administering the mercurial salt by intra-muscular injections, a method which has much to recommend it by reason of the satisfactory nature of the therapeutical results thus obtained. The pain associated with the method of injection will not be objected to by the majority of patients, seeing that such injections do not require to be made more than once or, at most, twice a month. In this connection we have read with interest a monograph by Dr. F. L. Nario, of Buenos Ayres, on Prokhorow's plan of treating syphilis by means of intra-muscular injections of a solution of the biniodide of mercury containing thirty centigrammes of the biniodide of mercury and sixty centigrammes of iodide of potassium in fifty grammes of distilled water. This solution contains six milligrammes of the salt in each cubic centimetre. The dose is half a cubic centimetre per kilogramme of body weight in the adult, and half that quantity for children, and the treatment comprises a generous dietary pushed to hyper-alimentation. In children Dr. Nario claims to have obtained specially good results, but it is necessary to remark that as a rule a single injection suffices to determine the retrogression of the syphilitic manifestations, in which event no further injection is made for thirty days. If necessary, however, it may be repeated in a fortnight. When five injections have been made a long period of repose is desirable. In adults he injects once a month for the space of a year. A complete course of treatment by twelve injections would be a desideratum, and this method certainly promises to revolutionise the treatment of syphilis.

(*a*) "Canadian Journal of Medicine and Surgery, July, 1903."

Climate and Menstruation.

IT has long been regarded as a commonplace that menstruation appears earlier in warm than in cold countries. High temperature was supposed to have a direct positive effect in the early maturation of the sexual organs, and the comparatively late puberty of these islands was assigned to their cold climate. It would seem, however, from the statistics published recently by Engelmann at the International Gynæcological Congress at Rome, that this generality is somewhat too wide for the facts, and will have to undergo considerable modification, if, indeed, it is not bound to disappear entirely. The variation in the age of puberty seems to depend much more on racial and dietetic conditions than on mere difference in latitude. In Europe alone is it true that the warmer the country the earlier menstruation begins. Jewesses, in whatever clime they may live, are known to come to maturity early, while Somali girls, living under the Equator, are as slow of development as Lapps, living in Arctic regions. On the other hand, Indians of Northern Canada develop very early (the average age at first menstruation being 12·6), and the Esquimaux are also early. Strange to say, the highest average is in Cochin China, where the age of puberty is placed at 16·6 years.

PROPOSALS for improving the pay and general conditions of the Indian Medical Service have now been formulated by the Government of India, and will shortly be taken into consideration by the Secretary of State for India in Council. It is hoped that the revised terms will be published in September.

Dr. Frederick Roberts on Infectious Diseases.

The Address in Medicine delivered at Swansea by Dr. Frederick Roberts was one of the genial generalisations of which he has the secret. Untrammelled by the hard-and-fast lines of scientific dogma, Dr. Roberts brings to bear on the great problems which are awaiting solution a broad-minded common-sense which is positively refreshing. Although bacteriologists have as yet failed to isolate the specific organisms even of some of the most prominent infectious maladies, he invites us to accept as a working hypothesis that they exist, though how this "working hypothesis" is to assist us in treatment is not very clear. The lecturer was well advised to raise a protest against the absurdly exaggerated view which is daily gaining ground amongst the public as to the infectivity of phthisis, a view which is apt to entail very serious consequences to the unhappy sufferers. To console us for the fact that therapeutics has few specific remedies of recent discovery to place to its credit, we are assured that, by the application of sound common-sense—how rare an attribute, alas!—and sound principles, a very large proportion of cases of acute specific fevers can be steered through their course without any active treatment whatever. It is something to be able to diagnose obscure diseases, even though it may not be within our power to stay their course, and, once diagnosed, diseases become the happy hunting-grounds of the therapeutist.

Polycythæmia and Phthisis.

It has long been recognised that individuals with certain morbid tendencies appear in some way to be immune to tuberculous infection. The antagonism between gout or morbus cordis and phthisis is a favourite topic among clinical teachers. Those bodily conditions in which plethora of the vessels is a marked feature seem to render the subject proof against the invasions of the tubercle bacillus to a great extent. The character of the blood itself, both in the early stages of pulmonary consumption and also at the expiration of a period of sanatorium treatment should afford some trustworthy information as to the effects of pure air upon the progress of the disease. Dr. Arthur Ransome (*a*), in a valuable article upon the subject, finds that a considerable "erythrocytosis" is one result of sanatorium treatment, and it is interesting to note in connection with this that at higher altitudes the number of red corpuscles is greater than that observed at lower levels, which statement has been confirmed by actual experiments upon the same individual at different elevations. The bactericidal power of the blood is increased by its "hyper-aeration," though it would appear that even a venous plethora affords some protection against the infection. Nevertheless, it is manifestly the abundance of rich arterial blood which is needed for the cure of the disease. The success of the open-air treatment, according to Dr. Ransome, lies undoubtedly in its blood-making power, which, he states, is not the usual explanation given. It is generally thought that it is simply owing to hygienic measures that the powers of the patient are so invigorated as to enable him to fight successfully against the attacks of the bacillus. The whole question of "polycythæmia" in the cure and prevention of consumption is one which is well worthy of careful attention.

(*a*) *The Medical Chronicle*, April, 1903

Dr. H. E. W. Hoffmeister has been appointed Surgeon in Ordinary to the Princess Henry of Battenberg.

The Barker Anatomical prize, open to all medical students in the United Kingdom, has been this year awarded to Mr. Alfred Norman Crawford, a student of the Royal College of Surgeons, Dublin.

Dr. William Collier, Senior Physician of the Radcliffe Infirmary, has been nominated President of the British Medical Association for the meeting which is arranged to take place at Oxford in 1904.

BRITISH MEDICAL ASSOCIATION.

71st ANNUAL MEETING, SWANSEA, July 28th to August 1st, 1903.

The South Wales meeting of the British Medical Association, although unmarked by any epoch-making pronouncement on matters medical, has nevertheless proved eminently successful, and the "doctors' picnic," as cynics are wont to describe the annual gathering, has furnished much material for pleasant memories. It is estimated that upwards of 700 members attended. Swansea is not readily accessible, and certainly lacks in beauty and suffers from many limitations, and, moreover, the weather was hardly of the best for the full enjoyment of the many delightful excursions and out-door receptions provided by local hospitality. The surrounding country is rich in natural beauty, and full of historical and archæological interest; and the advantages offered by South Wales as a desirable health and holiday resort were well demonstrated to the visitors who gathered from all parts of the country.

A "souvenir" was presented to each member, in which the attractions of Swansea Bay were excellently illustrated and suitably described. A convenient "Excursion Guide" afforded particulars of the many outings arranged for members and friends. The "Daily Journal" was published each morning in its customary form. The local press devoted much space to the records of the meeting, and much hospitality was extended to all the visitors to the Principality. The President, Dr. T. D. Griffiths, and all his colleagues may well be congratulated on a most successful gathering.

The Annual Church Service.

There has always been a close association between the pulpit and the practitioner, and on the present occasion very appropriately the Right Rev. the Lord Bishop of St. David's, on Tuesday morning, July 28th, preached the annual sermon from the text "Christ also suffered."

Representative Meetings.

The reconstitution of the Association has been accomplished with the minimum of discomfort, and it may be hoped will have gone far to secure the maximum of efficiency. Certainly the meetings of the "representatives," ably presided over by Sir Victor Horsley, have furnished strong evidence that a change for the better has been accomplished. Much

time was spent on the consideration of the draft Standing Orders and the report of the Council. Although "the Council" may be expected to fulfil its duties as a medical "House of Lords" in true conservative fashion, there is strong reason to believe that the "representatives" forming "the Commons" will be a watchful and insistent body wisely progressive with a statesmanlike precision, and directed by a scientific knowledge of the needs of the profession.

The reports of the proceedings of the Council and the representative meetings were duly published in the "Daily Journal." It is to be regretted that the initiation of the new dispensation has awakened but little interest among the majority of the visitors, and it is to be hoped means will be found for quickening the all too feeble *esprit* existing among the members of the British Medical Association.

THE GENERAL MEETINGS.

On Tuesday afternoon, July 28th, the retiring President, Mr. Walter Whitehead, of Manchester, introduced the new President, Dr. T. D. Griffiths, whose portrait we were able to present in our last week's issue. The same evening the President delivered his address in the Albert Hall, before a large audience of ladies and gentlemen. He dealt with the evolution of antiseptic surgery and its influence on the progress and advancement of bacteriology and therapeutics, and furnished an interesting retrospect and forecast concerning many points of paramount importance to the medical profession. His references to the conduct of nursing institutions and surgical homes, and the improvement and extension of procedure in the practical application of scientific knowledge to public health aroused much interest, and has furnished material for careful consideration.

The reception of foreign visitors and representatives of colonial branches, who formed but a small gathering, preceded the Presidential Address. A particularly interesting event was the presentation of the Stewart prize to Dr. F. W. Mott, F.R.S., in recognition of his researches concerning asylum dysentery and the influence of syphilis in the etiology of diseases of the nervous system.

THE SPECIAL ADDRESSES.

The address in Medicine was most appropriately delivered by Dr. Frederick Thomas Roberts, Senior Physician to University College Hospital, who spoke with characteristic felicity on infective and infectious diseases, dwelling particularly on the practical importance of etiological factors, and indicating the value of scientific precision in the study of clinical phenomena and the service of rationally conducted therapeutic and prophylactic measures.

Professor A. W. Mayo Robson was the orator in Surgery, and wisely selected a subject which he has made particularly his own—Abdominal Surgery. His address was a luminous presentation of personal reminiscences extending over a third of a century and based on a record of two thousand operations.

THE WORK OF THE SECTIONS.

The real work of the meeting is supposed to find expression in the various sections, which at the present meeting numbered eleven. Unfortunately, the sections had to hold their gatherings in two separate buildings, although generally the rooms provided were convenient and more than sufficient as regards size for the meagre audiences. The material presented in most instances cannot be considered notable, and most of the discussions were lacking in distinction. It is much to be hoped that under the new *régime* means will be found to revivify the scientific work of the sections, and secure a satisfactory presentation of the best results of recent research. Unless a high standard of efficiency in the scientific work of the sections is maintained, the annual meeting of the Association will speedily cease to attract serious workers, and will lose in dignity and powers of service to the profession and humanity.

We are of opinion that the Council should devote particular attention to the conduct of sectional arrangements. It would be well if in all cases an adequate synopsis of each introduction to a discussion and a short summary of every paper were made available at least a week before the commencement of the meeting. Unless some such departure is made from the haphazard procedure which seems at present to rule in certain sections, it will be impossible to secure a representative expression of the best professional opinion on a subject, or obtain anything like satisfactory conclusions based on collective investigation. We are glad to see that in some of the sections an attempt was made to meet the needs of the scientifically minded by presenting in the "Daily Journal" a synopsis of the papers introducing certain very important discussions.

THE MEDICAL SECTION.

The work of this section was particularly disappointing. The subjects selected for discussion were not peculiarly attractive and aroused but limited interest. Dr. P. M. Chapman introduced the subject of the medical treatment of inflammations in the cæcal region; Dr. N. D. Rolleston opened the discussion on the treatment of gastric ulcer; and Dr. Robert J. M. Buchanan summarised recent work on susceptibility and infection.

Among the communications presented in this section were papers by Dr. Wilfred J. Harris on the treatment by operation of Erb's palsy, traumatic paralysis of the upper extremity, and infantile paralysis by cross-union of the nerve trunks; Dr. George Parker on bronzed diabetes; Dr. McVail on the treatment of uræmia by spinal puncture; and Dr. Kelynack and Mr. M. Sydney Williams on the relative value of rectal and oral temperatures in the study of cases of pulmonary tuberculosis.

The sub-section devoted to electro-therapeutics attracted considerable attention, and the discussion on the results of treatment of malignant disease by electrical methods, opened by Dr. Lewis Jones, was of much interest, although the general trend of opinion seemed clearly to indicate that the *rôle* of electricity in permanently arresting malignant growth was but of very limited service.

Dr. Chisholm Williams opened a discussion on the application of electrical methods in the treatment of tuberculosis, and furnished evidence which went to show that considerable benefit might accrue from the rational application of this agent in suitably selected cases.

SURGERY SECTION.

The most important feature of this department was the excellent discussion on methods of intra-abdominal anastomosis, ably introduced by Mr. G. H. Makins and Mr. E. Stanmore Bishop. Special interest was aroused by the admirable diagrams and valuable series of preparations presented by Mr. Bishop. The discussion was essentially practical and of special service, in that it was mainly devoted to the exposition of technical difficulties and the procedures by which they might be overcome.

A discussion on the treatment of advanced tuberculous disease of the knee-joint attracted considerable attention; and a number of papers of more than average interest were read.

SECTION OF OBSTETRICS AND GYNÆCOLOGY.

The chief discussion in this section was directed to the management of pregnancy complicated with uterine fibroids, opened by Dr. Amand Routh, who dealt with the effect of pregnancy upon the fibroids and then proceeded to discuss the effects of fibroids upon pregnancy. He advocated an expectant treatment unless urgent symptoms existed, and indicated the best procedures to be followed before and after fœtal viability, and during the puerperium.

An interesting discussion also took place on the diagnosis and treatment of tuberculosis of the uterus and adnexa.

Many papers of much interest were also presented.

SECTION OF STATE MEDICINE.

This section proved the gathering ground for many medical officers of health and others specially interested in public hygiene and preventive medicine.

An opportune discussion took place on the Vaccination Acts and small-pox prevention, opened by Dr. J. C. McVail, of Glasgow.

A paper which aroused considerable local interest was presented by Dr. Newsholme and Professor Herdman on sea-shore pollution as it affects oysters and other shell-fish and the pisciculture of estuaries.

Many other papers of considerable interest to sanitarians were read.

Psychology Section.

One of the best sections was presided over by Dr. Robert Jones, of Claybury Asylum. Here Dr. W. Ford Robertson opened an excellent discussion on the pathology of general paralysis, and strongly supported the view that it depended on a chronic toxic infection from the respiratory and alimentary tracts, permitted by general and local impairment of the natural defences against bacteria and due to the excessive development of various bacterial forms, especially the abundant growth of diphtheroid bacillus. The widely-accepted view that general paralysis is dependent upon a syphilitic toxæmia was strongly controverted. Dr. Robertson gave a lantern demonstration illustrating certain features in the pathological anatomy of general paralysis of the insane, which afforded support to his views; together with the results already obtained in the course of an experimental inquiry.

A discussion on alcohol in its relation to mental diseases, opened by Dr. Theo R. Hyslop, attracted much attention and elicited important communications from Dr. Archdall Reid, Dr. Mercier, Dr. T. N. Kelynack, Dr. Yellowlees, Dr. Andriezeu, Dr. Eldridge-Green and others.

Dr. Yellowlees opened a very practical discussion on the care and treatment of incipient insanity; other papers of considerable value were also read.

Pathology Section.

The chief features of note connected with this section were the valuable opening address of the President, Professor W. J. Hamilton, on the inoculability of human tuberculosis upon bovines; Professor Thomas Oliver's introduction to a discussion on the pathology of miners' diseases; and Dr. Rolleston's summary of the pathology of splenic anæmia.

The more important preparations exhibited in the small but select Pathological Museum we hope to describe in our next issue.

Ophthalmology Section.

The attendance at this section was, as might be expected, small; but serviceable discussion took place on the operative treatment of conical cornea, opened by Dr. Stanford Morton; ocular changes in relation to renal disease, introduced by Mr. Edward Nettleship; and the treatment of convergent squint, dealt with by Mr. Hartridge.

Diseases of Children.

Three discussions of much interest were held by this section. Dr. D. B. Lees dealt with the pathology and treatment of chorea; Mr. Burghard discussed the management of congenital dislocation of the hip; and Dr. Nathan Raw, in his address on tuberculosis in children, and its relation to bovine tuberculosis, held that the human may be affected by two varieties of turbercle, one conveyed by infection from one person to another, the other, bovine tuberculosis, conveyed by milk from tuberculous cattle.

Laryngology and Otology.

Good work was accomplished in this section, the chief interest centring about the discussions on operative treatment for malignant disease of the larynx, introduced by Sir Felix Semon and Dr. E. J. Moure, of Bordeaux; the technique of operations on the temporal bone in suppurative middle-ear disease, opened by Dr. P. McBride, of Edinburgh, and Dr. Arthur Hartmann, of Berlin; and the upper respiratory tract as a source of systematic infection presented by Dr. de Havilland Hall and Dr. Jobson Horne.

Navy, Army and Ambulance.

This section not unnaturally received somewhat scanty attention although valuable discussions took place on such important matters as the *personnel*, equipment and training of medical units attached to volunteer infantry brigades, the poverty of attraction for men to become regimental bearers, the training of volunteer bearers, and the position of regimental medical officers.

Tropical Diseases.

Sir Patrick Manson opened a valuable discussion on trypanosomiasis, and after indicating the methods for examination of blood for tropical micro-organisms and the clinical features of trypanosomiasis, showed the possible relationship to other diseases, particularly sleeping-sickness. Sir Patrick showed that the prognosis of trypanosomiasis is not necessarily bad while that of sleeping-sickness is always so.

Mr. Jonathan Hutchinson again presented his now well-known hypothesis in favour of fish as a means of spreading leprosy.

Professor W. J. Simpson opened a discussion on the very practical subject of the disposal of excreta in the tropics.

We shall hope to present abstracts of certain of the more important papers in subsequent issues.

Entertainments and Excursions.

Numerous receptions, garden parties, and excursions proved exceedingly popular, and afforded many opportunities for congenial intercourse, pleasant private discussion, interchange of views and the renewal of old friendships.

Among the most popular was a visit to Craig-y-Nos Castle, the picturesque residence of Baron and Baroness Cederstrom (Madame Patti).

Receptions were also held by the President and local executive committee and the Mayor of Swansea.

On Saturday, August 1st, excursions took place to Tenby, Llanwrtyd, Llandrindod and Caerphilly.

On Tuesday, July 28th, the President, Dr. T. D. Griffiths, gave a luncheon, and among the guests were the Mayor of Swansea, the Bishop of St. David's, the Vicar of Swansea and members of the Council and officers of the Association.

The annual dinner was held on Thursday evening, July 30th.

THE ANNUAL EXHIBITION.

The "trade" exhibit, in spite of the discouragement and disdain of the few, still remains a popular feature with the many. For the busy practitioner it affords a ready, convenient, and pleasurable means of introduction to new preparations, and goes far to retain, and, it may be, sometimes to renew, an acquaintance with tried and trusted firms. At the present day the wisest practitioners are those who recognise the necessity for a scientific co-operation with the pharmacist and instrument maker, and all others who seek to assist in the development of rational medicine and the application of technical knowledge to the details of the healing art. It is therefore very desirable that great judgment and much discrimination should be conspicuous in the conduct of the affairs pertaining to the Annual Exhibition of Foods and Drugs, Medical and Surgical Instruments, and Sanitary and Ambulance Appliances.

The present year's "show" has been a fairly representative one, although many well-known firms were conspicuous by their absence. Unfortunately, the accommodation in the Swansea Free Library afforded altogether inadequate opportunities for a satisfactory display; and exhibitors on the first and second floors, in the School of Art and Art Gallery of Engravings, in spite of their artistic surroundings, suffered from their elevation.

The exhibition, however, was well patronised, and the customary means for the giving and getting of "samples" duly provided. As far as we could ascertain, no very startling novelties were forthcoming, but the presentation of many old favourites testified to the favour of numerous popular preparations, and doubtless assisted in the widening of the connections of many old-established firms.

The number of exhibitors was somewhat less than

usual, but we counted eighty-four separate "shows," and the catalogue of the exhibition, in its customary panel-like and most convenient book form, ran to 152 pages.

A number of well-known chemical and pharmaceutical firms furnished attractive exhibits. MESSRS. PARKE, DAVIS, AND COMPANY had an interesting stall on which were displayed their well-known standardised fluid extracts, serums and toxins, chocolate-coated tablets, medicinal elixirs and syrups, effervescing tablets and granules, euthymol preparations, digestive products, and such well-known agents as acetozone, adrenalin, chloretone, aseptic ergot, liquor sedans, together with a goodly show of medicine cases and chests.

The DENVER CHEMICAL MANUFACTURING COMPANY showed their new antiphlogistine, a non-irritating antiseptic absorbent for the local treatment of inflammatory conditions.

The well-known BAYER COMPANY displayed numerous pharmaceutical products from their famous manufactory at Elberfeld, including agurin, a preparation of theobromine; aristochin, the carbonic ester of quinine; aspirin, the now much-used substitute for salicylic acid and its salts; aristol, helmitol, hedonal, somatose tannigen, theocin, and also many very convenient photographic products.

MESSRS. OPPENHEIMER, SON, AND COMPANY showed their popular palatinoid preparations, concentrated liquors, and other special products.

MESSRS. C. J. HEWLETT AND SON displayed their well-known preparations to advantage. Special attention should be drawn to their very convenient hot-water bath and discs for the application of Unna's pastes.

MESSRS. ARTHUR AND COMPANY showed their special cosmetic and other elegant preparations.

MESSRS. WYLEYS, of Coventry, presented an elaborate and attractively arranged stall on which their well-known preparations were well displayed.

The CHARLES U. PHILLIPS CHEMICAL COMPANY exhibited an elegant "milk of magnesia."

MESSRS. J. T. DAVIS AND COMPANY, of Swansea, displayed a good selection of medical and surgical appliances, but the number of local firms exhibiting was but small.

MESSRS. S. KUTNOW AND COMPANY were to the front with "Carlsbad Powder," and their widely-known "Anti-Asthmatic Powder."

MESSRS. FERRIS AND COMPANY, of Bristol, made a good display of their convenient specialities.

MESSRS. BURGOYNE, BURBIDGES, AND COMPANY showed the pharmaceutical products of Von Heyden, including acoine, cresotal, xeroform, and salocreol.

MESSRS. SCOTT AND BOWNE still sought to declare the particular advantages of "Scott's Emulsion."

We regretted to see that too much space had been allotted to certain brewers and wine merchants, and venture to think that it will be well in the future to carefully limit the display of "the trade" in an exhibition devoted to scientific medicine.

The exhibitors of prepared foods and food products were present in considerable numbers. Bovril was, of course, to the fore, and Virol and other attractive preparations were duly sampled.

The Cheltine Foods were present in endless variety and attractiveness. The BRITISH SOMATOSE COMPANY also showed samples of their various preparations.

The AYLESBURY DAIRY COMPANY had a goodly show of their well-known and justly popular milk preparations. Maltova was also represented.

MESSRS. CADBURY, of the garden town of Bournville, displayed chocolate in all its fascinating varieties.

The needs of the diabetic were well catered for by such firms as VAN ABBOTT AND SONS, CALLARD AND COMPANY, and the MANHU FOOD COMPANY.

Such old favourites as MELLIN, NESTLE, LIEBIG, and BRAND had conspicuous and attractive stalls.

MESSRS. BROOMFIELD AND COMPANY showed their pure and refined vegetable fat, "Albene."

The SHREDDED WHEAT COMPANY made an attractive display of their dainty and very useful preparations. Billon's Ovo Lecithin was also exhibited. The usefulness of Robinson's Barley was also duly proclaimed, although this article has been before the public for eighty years.

COSENZA AND COMPANY had a good display of their far-famed Maggi's preparations.

The MARMITE FOOD EXTRACT COMPANY exhibited their new vegetable extract; and "Vegox," a very palatable food essence, met with favour.

Various mineral waters occupied a prominent place. The advantages of those of Harrogate, Llanwrtyd Spa, and Leamington were duly declared. The APOLLINARIS COMPANY and the dispensers of "Friedrichshall" made good shows. CAMWAL, LIMITED, was well represented. A new natural mineral water, "Arabella," at least furnished an attractive name.

The well-known providers of lime-juice were as usual much to the front.

The surgical instrument makers were present in small numbers, but such firms as ARNOLD AND SONS, the HOLBORN SURGICAL INSTRUMENT COMPANY, DOWN BROTHERS, MAYERS, AND MELTZER had furnished good stalls.

Medical literature was somewhat scantily displayed. MESSRS. E. AND J. GRIFFITHS, of Swansea, made a capital display, including a good selection of the publications of MESSRS. BALLIERE, TINDALL, AND COX, and on this stall we noticed a large number of copies of THE MEDICAL PRESS AND CIRCULAR. Cassell and Company. Rebman, H. K. Lewis, and W.B. Saunders and Company, also displayed their publications.

Among other interesting exhibits reference may be made to the good show of bedsteads by the Longford Wire Company, of Warrington, and the well-known "Lawson Tait" spring bedstead, made by Messrs. Geo. Gale and Sons, of Birmingham. The O'Connor Extension Company demonstrated their specialities for the lame. The Sanitary Wood Wool Company also exhibited their now widely-known preparations. Mr. Harry Cox had a good display of his X-Ray outfits. Ronuk, Limited, also showed their sanitary polishes now so much used in hospitals.

Special Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

[FROM OUR SPECIAL CORRESPONDENT.]

BELFAST.

OPENING OF THE ROYAL VICTORIA HOSPITAL.—On Monday, the 27th inst., his Majesty King Edward, accompanied by her Majesty Queen Alexandra and H.R.H. Princess Victoria, came to Belfast to fulfil several engagements, the principal one being the opening of the new Victoria Hospital, a description of which has already appeared in our columns. The Royal party was received by the Lord Mayor and Mr. and Mrs. Pirrie, and after an address had been read by Mr. Wm. Crawford, Chairman of the Management Committee, several of those prominently connected with the undertaking were presented, including Dr. J. Walton Browne, senior surgeon and Chairman of the Medical Staff, and Sir Wm. Whittle, senior physician. The King having replied to the address, and opened the door with a gold key, an inspection of the entire building was made, and one ward named the Clarence Ward by her Majesty, in memory of the late Prince Albert Victor, Duke of Clarence.

MEDICAL AND NURSING STAFFS.—Some details of the medical and nursing arrangements of the new hospital, which have been made for the care of 300 beds, may be of interest. The visiting staff consists of four physicians and four surgeons, with two assistant physicians and two assistant surgeons for the extern; gynæcologist and assistant, ophthalmic surgeon and assistant, and pathologist. In addition to these there are two registrars, medical and surgical, and two administrators of anæsthetics. The resident staff consists of three house surgeons, a house physician, and two resident pupils.

The nursing staff will number about 80. There is a matron, a home sister, a superintendent, a housekeeper, twelve sisters (each of whom will be in charge of a "unit"), twelve charge nurses, and nearly 50 probationers.

THE ROYAL VISIT AND THE DUBLIN HOSPITALS.

The following official communication has been received for publication:—

"The Castle, Dublin.

"The Lord Lieutenant is commanded by the King to announce that a communication has been received from Lord Iveagh, who wishes to mark their Majesties' visit to Dublin by making a presentation to the Dublin Hospitals.

"Lord Iveagh has given to the King the sum of Fifty Thousand Pounds to be divided amongst the Dublin Hospitals—Protestant and Catholic alike—and wishes to include in this the National Hospital for Consumption, Newcastle, which is intimately connected with Dublin, and devotes itself to a work in which his Majesty has himself taken a special interest.

"The King, who is well aware of the pressing needs of many of the Hospitals in Dublin, has received this information with great satisfaction, and desires that a representative Committee of five gentlemen should be nominated to distribute this munificent gift, and to decide which Hospitals are to benefit, and the amount to be given to each."

Lord Iveagh, thanks to his keen insight into the most pressing of the needs of Dublin, has selected the very best means of commemorating their Majesties' visit. The Dublin Hospitals, one and all, are in need—some of them in sore need—of a helping hand, and Lord Iveagh's most generous donation comes at an opportune moment. We trust, however, that it will be found to be, not merely a generous donation on his part, but the forerunner of similar donations from others who are equally capable of assisting in the good work done by the Dublin Hospitals. We are sure that nothing could give greater pleasure to the founder of the Prince of Wales' Hospital Fund, which has done so much for the London Hospitals, as to know that the finances of the Dublin Hospitals had been placed on a more satisfactory basis than they at present possess.

Correspondence.

MENINGITIS IN CHILDREN

To the Editor of The Medical Press and Circular.

Sir,—In June, 1890, you were good enough to publish a Communication I sent you on "The Diseases of the Brain in Infants and Children." The chief object that I had in sending that communication was to raise the question of diagnosis in cases of supposed tuberculous meningitis in children. I gave reasons for thinking that such cases as are described by Dr. Burnet in this week's Medical Press and Circular are not tuberculous.

Having made many post-mortem examinations of cases of meningitis, I had come to the conclusion that only a small number were distinctly tuberculous, and that in the majority of cases the symptoms are due to acute inflammation, provoked by septic or other causes.

Yours faithfully,

Robert Lee.

Trinity College, Dublin—Trinity Term, 1903.

Final Examination.—Section B.—James G. Wallis, Charles J. Coppinger, George B. M'Caul, Herbert St. M. Carter, Herbert Stone, Keith R. C. Hallowes, Gerrard A. Crowley, Henry E. M'Cready, Thomas J. T. Wilmot, John C. Hall, Thomas C. A. Sweetnam, Cecil J. Wyatt, Frederick W. Bury, Arthur W. Goldsmith, Harold T. Marrable, Charles E. Fawcett, Owen J. Parry-Edwards.

Literature.

GALTON'S LIFE HISTORY ALBUM. (*a*)

Mr. Francis Galton's numerous studies regarding anthropological problems, and his valuable investigations into the mysteries of natural inheritance and the unravelling of family characteristics, has peculiarly fitted him for the difficult office of counsellor in such matters. Mr. Galton is no mere enthusiast, carried away by the fascination of academic research, but a serious student of the human desirous that the observation of the past shall make us wise to meet the future. We heartily commend this admirable Life History Album to all physicians, philosophers and patriots. We should like every practitioner to possess a copy, and each family doctor might well induce all rational parents coming under his guidance to procure one also. Every child has to study the genealogy of historical characters at school, and almost every man and woman delights to detail the pedigree of horse, dog, or other animal pet, but most so-called intelligent individuals know little of their ancestors, and make no serious study of the lives they have been instrumental in launching on life's swift-flowing river. Mr. Francis Galton's Life History Album goes far to stimulate and encourage a serious and continuous study of mankind. The work is arranged to contain a life record. At first the parents are to be the recorders, but later the individual may continue the history of the life's progress. Provision is made for the entering of details concerning genealogy, family characteristics, description of child at birth, particulars of weight and stature, medical history, anthropometric observations, and the preservation of photographs and finger prints.

In an appendix is provided tests of vision, and a series of charts for the registration of various features.

It would be easy to dwell on the humorous and pathetic side of life inevitably associated with such work as Mr. Galton desires to be carried out; and many, no doubt, will take exception to some of the suggestions here given, and may even disapprove of the practice as likely to stimulate egotism or arouse morbid introspection, but we consider that any and every effort which, based on rational and scientific ground, seeks to secure a more reasonable and thorough study of the human subject deserving of approbation and support, and we have, therefore, no hesitation in commending Mr. Francis Galton's Life History Album to our readers.

ELEMENTS OF BACTERIOLOGICAL TECHNIQUE (*b*).

This is a technical guide to the application of the various methods of the study of bacteria and their life history. Only methods which experience has shown to be trustworthy, even in the hands of beginners, are described, and the author has endeavoured to present the elements of bacteriological technique in their logical sequence. Recognising the superior educational value of diagrams over mere descriptions, the author has provided a generous supply of illustrations, most of which have been prepared expressly for this work.

The literary style is concise in the extreme, and the directions are as brief as is consistent with lucidity. The work has been arranged to allow of its use as a laboratory guide by the technical student generally, in whatever department he may be engaged—brewing, dairying, agriculture, &c. There is, however, a special chapter on pathogenic bacteria for the benefit of medical and dental students.

We have nothing but praise for the way in which the author has acquitted himself of his task. He has

(*a*) "Life History Album: Tables and Charts for Record/ng the Development of Body and Mind from Childhood Upwards, with Introductory Remarks." Second Edition. Re-arranged by Francis Galton, D.C.L., F.R.S. London: Macmillan and Co., Ltd. 1902.

(*b*) 'The Elements of Bacteriological Technique." By J. W. H. Eyre, M.D., M.S., F.R.S Ed., Bacteriologist of Guy's Hospital. London. and Lecturer on Bacteriology, &c. Philadelphia and London: W. B. Saunders and Co.

covered the whole ground "up to date," and it is well printed on stout paper.

Obituary.

DR. J. IVOR MURRAY.

DR. J. IVOR MURRAY, late colonial surgeon of Hong Kong, whose death is announced as having taken place at Addison Mansions, was educated at the University of Edinburgh, and was admitted a licentiate of the Royal College of Surgeons there in 1845, and a Fellow in 1856, taking also in the same year the M.D. degree. Twenty-five years later he was admitted a member of the Royal College of Physicians, Edinburgh. Dr. Ivor Murray was an Army Staff Surgeon in the Crimea during the Russian war, for which he had the Crimean and Turkish medals with clasps, and was afterwards colonial surgeon, a magistrate, and inspector of hospitals at Hong Kong from 1859 to 1870. He had held several public appointments in Edinburgh and Scarborough, where he practised for some time, and had been a member of several learned societies. He had been decorated by the Kings of Italy and Sweden with the Order of Merit for assistance to scientific expeditions in the East. Dr. Murray had done considerable literary work. He was the author of the "Catalogue Raisonné of the Military Surgery Museum in Edinburgh University," and he had contributed to the professional journals papers on the "Meteorology and Climate of China," on "Scarborough as a Health Resort in Phthisis," &c.

Laboratory Notes.

ALLSOPP'S LAGER BEER.

WE have had occasion to examine various samples of Allsopp's Lager Beer, which we have no hesitation is describing as a light alcoholic beverage, pleasantly flavoured, and manufactured from sound materials. Owing to the absence of preservatives, it is free from the mawkish taste which characterises many imported lager beers, and it may therefore safely be assumed to be free from the undesirable physiological effects which are associated with the habitual ingestion of chemical antiseptics. It is an ideal beverage for the warm season, containing as it does only 4·3 per cent. of absolute alcohol per volume. Analysis gives 4·8 grains of extractive per hundred cubic centimetres and 0·25 per cent of ash. These results are in accordance with the recognised composition of a well-brewed lager beer. It has a delicate flavour of hops, and the product is one which testifies to skilful brewing, so that it can with advantage be recommended as a summer beverage and as a light, mildly-stimulating drink with meals.

SWISS MILKS.—In our analytical report of "The Cow's Head Brand," last week, the proportion of 13.3 given as milk and sugar should be read as "milk-sugar."

Medical News.

The Gordon Defence Fund.

The following further donations have been received:—

	£	s.	d.
Already acknowledged in this Journal ...	79	7	6
Sir Charles Cameron	1	1	0
Walter Smith, M.D. ...	1	1	0
J. Hawtrey Benson, M.D.	1	1	0
H. Sneyd-Torney, M.D.	1	1	0
Robert Browne, M.D.	1	1	0
David B. Jacob, M.D.	1	1	0
Thomas Codd, L.R.C.S.I. ...	1	0	0
W. S. Elliott, M.D. ...		10	0
	87	3	6

ANDREW J. HORNE,
Hon. Treasurer.

August 2nd, 1903.

The Medical Sickness and Accident Society.

THE usual monthly meeting of the Executive Committee of the Medical Sickness, Accident, and Life Assurance Society was held at 429 Strand, London, W.C., on the 24th ult. There were present Dr. de Havilland Hall, in the chair; Dr. J. B. Ball, Dr. J. F. Allan, Dr. M. Greenwood, Dr. A. J. Rice Oxley, Dr. Walter Smith, Dr. J. W. Hunt, and Dr. Fredk. S. Palmer. The Committee had presented to them the accounts for the first six months of the year, showing that, although the amount paid for sickness claims was large, it was somewhat less than in the corresponding period of last year. As the number of members entitled to sickness benefits grows, the expectation of sickness is proportionately increased, and it is therefore satisfactory to find that the amount paid in the first half of this year, £4,860, is about £100 less than in the first half of 1902. The number of members is still increasing; in fact, during the last six months more proposals for new membership have been received than in any previous half-year of the Society's operations. The economical manner in which the Society's business has been carried on enables the Committee to offer terms to the members of the medical profession distinctly more liberal than can be obtained elsewhere. Prospectuses and all particulars on application to Mr. F. Addiscott, Sec., Medical Sickness and Accident Society, 33 Chancery Lane, London, W.C.

University of Durham College of Medicine, Newcastle-upon-Tyne.

DURING the last twelve months there has been a slight decrease in the number of specimens examined in the Bacteriological Diagnosis Department of the University of Durham College of Medicine, Newcastle-upon-Tyne. Some of these examinations have been made for medical practitioners, others by special arrangements for the County Councils of Northumberland and Durham, the Guisbrough Combined District Councils of the North Riding of Yorkshire, the Town Councils of Sunderland and West Hartlepool, the Newcastle Royal Infirmary and other public institutions. The total number of specimens examined in the laboratory during the year ending May 31st, 1903, amounts to 938, as compared with 1009 during the preceding twelve months. The different kinds of examinations carried out were as follows:—513 samples of sputum from suspected cases of phthisis were examined for tubercle bacilli, which were found in 218 cases; 101 specimens of blood were examined from suspected cases of enteric fever by Widal's method, a positive result being obtained in 44 cases; 205 swabs from suspected cases of diphtheria were examined for the bacilli, which were found in 66 specimens; 10 specimens of pus were examined, the pneumococcus being found in 2, streptococcus pyogenes in 3, staphylococcus pyogenes aureus in 4, and the gonococcus in 1; tubercle bacilli were found in 1 specimen of urine, and in 1 of fæces; 8 specimens of anthrax were examined, positive results being obtained in 4; 50 samples of water were examined quantitatively for bacteria.

Sale of Practice Dispute.

AN action was tried in the King's Bench Division on the 30th ult., in which Dr. Houchin, of Ilford, claimed the sum of £978, the balance due on the sale of his practice from Dr. John Marshall. The defence was based on alleged misrepresentation as to the value of the practice and the improving condition of the neighbourhood. Ultimately, however, a settlement was arrived at out of court, by what the French call *un échange de bons procédés*.

The Royal University of Ireland—Meeting of Senate.

AT a meeting of the Senate on Friday, July 31st, 1903, in addition to the transaction of other business, a letter was read from his Royal Highness the Duke of Connaught accepting, on behalf of her Royal Highness the Duchess of Connaught and himself, the Honorary Degrees voted by the Senate at last meeting. On the motion of Sir Christopher Nixon, seconded

by Judge Shaw, it was unanimously resolved:—"That the Senate considers that veterinary medicine is entitled to have its claims for University status recognised by the University; and that the Standing Committee be requested to take such steps as it may deem necessary to carry out this object." It was ordered that the annual meeting of Convocation should be held on Wednesday, October 14th, at 4.30 p.m.

PASS LISTS.

Royal College of Physicians and Surgeons of Edinburgh and Faculty of Physicians and Surgeons of Glasgow.

At the July sittings of the above Board in Glasgow the following candidates passed the respective examinations:—

First Examination (five years' course).—John Robert Dunn Holtby, of Queen's College, Belfast (with distinction); John David Jones and Andrew Downie Macfie, both of St. Mungo's College, Glasgow; Matthew Hamilton Fleming, Anderson's College Medical School, Glasgow; Charles Nyhan, Queen's College, Cork.

Second Examination (five years' course).—John M'Arthur, St. Mungo's College Medical School; Henry Ruddock Morehead, Queen's College, Cork; George Lees Baker, Owens College, Manchester; William Tregea, University of Birmingham; Hugh Graham Anderson and James Beveridge M'Gregor, both of Anderson's College Medical School.

Second Examination (four years' course).—Robert Roberts, William Henry Williams, and Edward Wallen Strickland, of the Glasgow School, Alexander Jack Queen's College, Belfast; John Cretin, University College, Bristol.

Third Examination.—Eva Mary Handley and Anne F. Cleaver, of the London School of Medicine for Women; William Noble Walker, of Anderson's College Medical School; David H. Vickery, Queen's College, Cork, and Trinity College, Dublin; Christopher Parker, of the Westminster Hospital School; George Henry Waugh, Owens College, Manchester; Joseph Owens, of the Edinburgh Medical School; John Priestley Newton, St. Mungo's College,; Robert Crothers, Edinburgh University and St. Mungo's College.

Final Examination, and admitted Licentiates of the three co-operating authorities.—Alexander Allen, St. Mungo's College (with honours); Robert Calder Blyth, William Douglas Cockburn, Thomas M'Master Glen, Archibald Monteath Laurie, James Robert Robertson, John Walker, and Alexander Russell Young, all of St. Mungo's College; Robert Cumming, M.A., B.D., of Glasgow University and Anderson's College; John Mulvihill Gerety, Ivan Arthur Jackson, Russell Gerald William Adams, and John Gilmour, all of the Edinburgh Medical School; Anne Fenton Cleaver and Margaret Lucy Tyler, of the London School of Medicine for Women; David Hadden Vickery, Queen's College, Cork, and Trinity College, Dublin; Christopher Parker, Westminster Hospital; Thorvald Maurentius Haugen, Royal Frederick University of Christiana; John Martin, of Queen's Colleges, Galway and Belfast; and Charles E. Hargitt, Queen's College, Birmingham, and Sheffield Medical School.

The quarterly examinations of the above Board, held in Edinburgh, were concluded on 25th ult., with the following results:—

First Examination (four years' course).—Mr. Leonard Clarke Webster, Tasmania, passed the examination.

First Examination (five years' course).—Of 34 candidates entered, the following 20 passed the examnation:—Effie Jemima Cassels, Glasgow; Michael Albert Mirbrain, Trinidad; Thomas Richard McKenna, Queensland; Lester Ernest Ashley-Emile, India; Archibald Davidson, Melbourne; George Edward Walker Henderson, Edinburgh; Leon Galdemar, Mauritius; Charles Henry Arthur Alderton, Madras; John Scott Ward, county Cork; Leo Murphy, county Cork; Percival Thomas Rutherford, Shipley; Denham Cecil Woods, Hyderabad; Taylor David Murison, India; Herbert Moncrieff Sturrock, Edinburgh; James Haig Johnston, Carnbee (with distinction); Douglas Llewellyn George Radford, Leith (with distinction); Herbert Charles Orrin, Colchester; Rodolphe Edouard Laurent, Mauritius; James Quinlan, county Cork; and Francis Willoughby Bullock, London; and one passed in Physics, two in Biology, and one in Chemistry.

Second Examination (four years' course).—Of seven candidates entered, the following three passed the examination:—William Murray, Middlesbrough; Henry Gordon Campbell, Dundee; William Patrick Timmon, Navan; and two passed in Anatomy, one in Physiology, and two in Materia Medica.

Second Examination (five years' course).—Of 30 candidates entered, the following 17 passed the examination:—Lester Ernest Ashley-Emile, India; David Thomas Henry Croly, county Mayo; Henry Albert Pascoe, Durban; Walter Damms, Sheffield; Carlo Ferruccio Fiaschi, Sydney; David James Melville Legge, Dundee (with distinction); Patrick Raoul Eskell, Port Elizabeth; Daniel Kennedy, Cork; Thomas M'Laren, Galloway; Kirkcaldy (with distinction); Denham Cecil Woods, Hyderabad; Thomas Campbell Dykes, Dumfries; Henry James Gorrie, Dundee; Sites Chunder Chuckerbutty, Calcutta; Robert Thomas Aloysius Patchett, Lancashire; Dirk Johannes Neethling, South Africa; Leo Patchett, Lancashire; and Sorabji Jamasji Bhathend, Bombay; and one passed in Physiology.

Third Examination (five years' course).—Of 21 candidates entered, the following 14 passed the examination:—Tom Newman Darling, Reading; William Cooke Renshaw, Cheshire; Gideon Hendrik van Zyl, Cape Colony; Edward Herrick Knowles, Australia; James Ninian Geo. William McMorris, Newfoundland; John James Gillis, county Antrim; Colin Garner, Preston; Charles Chaves, Bombay; John Douglas Haley, Youlgreave; Sohrab Shapurji Antia, Central India; Narindra Singh Sodhi, Punjab; Ramchandra Kashinath Dhuru, Bombay; Reginald William Townley, Blackburn; and Henry Murray Agnew, Belfast; and two passed in Pathology and one in Materia Medica.

Final Examination.—Of 57 candidates entered, the following 34 passed the examination, and were admitted L.R.C.P.E., L.R.C.S.E., and L.F.P. and S.G.:—John Archibald Turnbull, Guernsey; Michael Joseph King, Ireland; John St. Aubyn Maughan, Grimsby; George James Stones, Birkenhead; Benjamin Peter Donald, Victoria; John Samuel McLean, Melbourne; William Edgar Robertson, Ontario; George Morley Arundel Thomas, Maesteg, Glam; Adrien Ernest Emile Réboul, France; Herbert Fabian Alsop, Melbourne; Adam Wilson Hall, Edinburgh; Harry Armstrong, West Hartlepool; Allan Graham Hurdman, Ottawa; Thomas Bunnett Lewers, Victoria; Charles Stuart Macaskie, Northumberland; Herbert Frederic Walker, Launceston; William Pearson Cowper, Orkney; Tom Bragg, Whitehaven; John Brydon, Hartlepool; Vincent Paul Pereira, Bombay; Randal Herley, county Cork; Norman Cecil Rutherford, Shipley, Yorks; Angus M. S. Kelso, Arran; Loren Wilson May, Ottawa; Dowlatram Gop Edas Advani, Hyderabad; Thomas John Walsh, Kilkenny; Peter Oswald Jollie, Leslie; Robert Burnham Smith, Great Harwood; Henry Carlow, Aldershot; Lakshmishankar Morarji Bhatt, Bhavnagar; Merwan Sorab Irani, Poona; Arthur Neville, Cheltenham; Thomas Gibbons, Mayo; and Frank Hendry Rae, Kincardine O'Neil; and two passed in Medicine and Therapeutics; one in Surgery and Surgical Anatomy; seven in Midwifery; and nine in Medical Jurisprudence.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

CONTRIBUTORS are kindly requested to send their communications, if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

MRS. M. MARTIN.—As you have the home with all necessary requirements, we would suggest that you advertise the fact in the usual way.

A TEACHER.—The book was, we understand, remodelled for the last edition, in accordance with the recent and increasing importance attached to Bacteriology. We think the change was a wise one, and there is little chance of reverting to the previous methods which you prefer.

MR. MATHEWS is thanked for his communication. For the present, however, we deem it advisable to await the trend of events, so as to afford the gentleman concerned time to reconsider the matter, meanwhile we suggest that you act in accordance therewith.

A MISUNDERSTANDING.

The patient sank back in the dentist's chair and glared weakly through his tears at his torturer who was triumphantly brandishing a reeking molar about the size of a cobblestone.

"I—I thought you advertised yourself as a painless dentist!" sobbed the stricken sufferer.

"So I am," said the dentist cheerfully. "Never had a pain in all my life! Four dollars please!"

M. R. S.—We cannot undertake to publish your analysis unless you vouch for it personally, otherwise it might do harm. It would be preferable to obtain an analysis by the public analyst, whose finding would be conclusive—in the absence of contrary evidence.

APPENDICITIS AT A DISCOUNT.

A Correspondent "A. D." sends us the following:

The following notice was found attached to an hospital patient with vague abdominal symptions when being prepared for operation:—"Please don't operate on me for Appendicitis. Done twice already. No good!"—*Verbum Sap.*

DR. E. A. (Budapest).—Your letters have been duly received and, as far as possible, utilised. Your request as to seeing corrections shall be attended to.

Appointments.

BRASH, E. A., M.R.C.S., Medical Officer of Health, *pro tem.*, of Exeter.

CORNER, EDRED M., B.Sc.Lond., M.A., M.B., B.C.Cantab., F.R.C.S. Eng., Assistant Surgeon to the Hospital for Sick Children, Great Ormond Street.

FOX, HUGH CLAYTON, F.R.C.S.Irel., Assistant Surgeon to the Metropolitan Ear, Nose, and Throat Hospital, Grafton Street, W.

FRASER, J. H. P., M.R.C.S., L.R.C.P.Lond., a Medical Referee under the Workmen's Compensation Acts, 1897-1900, for Southampton, Winchester, and Romsey in County Court Circuit No. 51.

HUDSON, James, M.R.C.S., a Port Health Officer under the Public Health Act, 1900, of the Port of Nelson, New Zealand.

Vacancies.

Salop Infirmary, Shrewsbury.—House Surgeon. Salary £100 per annum, with board, washing and residence. Applications to the Board of Directors.

Salford Union.—Resident Medical Officer. Salary £130 per annum, with furnished apartments and attendance in the Infirmary. Applications to F. Townson, Clerk to the Guardians, Union Offices, Eccles New Road, Salford.

Sussex County Hospital.—Second House Surgeon and Anæsthetist. Salary £70 per annum, with board, washing, and residence in the Hospital. Applications to W. H. Orton, M.A., Secretary.

Liverpool Stanley Hospital.—Second House Surgeon. Salary £80 per annum, with board, residence, and washing. Applications to the Chairman, Medical Board.

Clayton Hospital and Wakefield General Dispensary.—Junior House Surgeon. Salary £80 per annum, with board, lodgings, and washing. Applications immediately to the Hon. Sec., Clayton Hospital, Warwick.

Lancashire County Asylum, Winwick, Warrington. — Assistant Medical officer. Salary £150 per annum, together with furnished apartments, board, attendance, and washing. Applications immediately to the Medical Superintendent.

Southwark Union, London.—Assistant Medical Superintendent. Salary £130 per annum, with furnished apartments, board, and washing. Applications to Howard C. Jones, Clerk, Union Offices, John Street West, Blackfriars, S.E.

The Queen's Hospital, Birmingham.—Two House Surgeons. Salary £50 per annum, with board, lodging, and washing. Applications to the Secretary, Arthur Hulme, Secretary.

Ramsgate General Hospital and Seaman's Infirmary and the Ramsgate and St. Lawrence Dispensary. Resident Medical Officer. Salary £100 per annum, with furnished apartments, board, and attendance. Applications to the Secretary of the Dispensary, Ramsgate.

University College of South Wales and Monmouthshire (a Constituent College of the University of Wales).—Professor of Anatomy. Salary £350 per annum. Applications to J. Austin Jenkins, B.A., Registrar, University College, Cardiff.

Royal Berkshire Hospital.—House Physician and a House Surgeon. Salary £80 per annum each, with board, lodging, and washing. Applications to the Secretary.

Borough Hospital, Birkenhead.—Junior Male House Surgeon. Salary £80 per annum, with board and washing. Applications to Hon. Secretary.

Births.

BANTING.—On July 30th, at Beeleigh, West Hill, Putney, the wife of Cecil Banting, M.D., B.S. (Lond.), F.R.C.S., of a son.

COLE.—On July 30th, at Clarendon Square, Leamington, the wife of T. E. Cecil-Cole, M.B. Oxen, of a son (stillborn).

FAYLE.—On July 31st, at 51, Canynge Road Clifton, Bristol, the wife of Lieutenant Colonel R. J. Fayle, M.R.C.S., late Royal Army Medical Corps, of a son.

RIX.—On July 27th, at 62, Holmdale Road, West Hampstead, the wife of Francis W. Rix, M.B., of a daughter.

Marriages.

BAKER—HINDLEY.—On July 30th, at the Church of St. Mary, Plaistow, Kent, Arthur Ernest Baker, M.R.C.S., of 44, Brook Street, London, W., to Agnes Flora, youngest daughter of the late Charles H. Hindley, of Alleyn Park, S.E.

HUMPHREYS—LONGHURST.—On July 30th, at St. Peter's, Eaton Square, Rev. Alfred Thomas Humphreys, Vicar of Cromford, Matlock, to Edith Sophia, only daughter of Dr. Arthur E. T. Longhurst, of 26, Lower Belgrave Street, Eaton Square, London.

JAGO—HEELIS.—On July 29th, at St. Laurence Church, Appleby, Thomas Jago, M.R.C.S., 18 Arundel Square, Barnsbury, N., to Jane Loraine, daughter of the late Rev. John Heelis, rector of Kirkby-Thore, Westorland.

NORTON—HAYMAN.—On July 30th, at Parish Church, Edwinstowe, Notts. Lewis, son of Rev. J. Norton, Vicar of Preston Wynne, Hereford, to Helen Dorothea, daughter of the late Dr. C. C. Hayman, of Eastbourne.

MACGREGOR—M'CONIE.—On July 30th, in the Parish Church, Buchlyvie, N.B. Patrick Fraser Macgregor, M.D., son of the late James Macgregor, Rannochlea, to Margaret Muir, daughter of the late William M'Conie.

MORRISON—MATTHEWS.—On August 1st, at St. George's, Hanover Square, London, W. James Morrison, M.D., of 11, Brook Street, W., to Henrietta Frances, youngest daughter of the late Mr. G. H. Matthews, J.P., of Southsea.

Death.

ROWLINS.—On August 2nd, at 189, Sutherland Avenue, W., Mary, widow of Henry Armstrong Rawlings, M.R.C.S.

OPERATIONS — METROPOLITAN HOSPITALS.

WEDNESDAY.—St. Bartholomew's (1.30 p.m.), University College (2 p.m.), Royal Free (2 p.m.), Middlesex (1.30 p.m.), Charing Cross (3 p.m.), St. Thomas's (2 p.m.), London (2 p.m.), King's College (2 p.m.), St. George's (Ophthalmic, 1 p.m.), St. Mary's (2 p.m.), National Orthopædic (10 a.m.), St. Peter's (2 p.m.), Samaritan (9.30 a.m. and 2.30 p.m.), Gt. Ormond Street (9.30 a.m.), Gt. Northern Central (2 30 p.m.), Westminster (2 p.m.), Metropolitan (2.30 p.m.), London Throat (9.30 a.m.), Cancer (2 p.m.), Throat, Golden Square (9.30 a.m.), Guy's (1.30 p.m.).

THURSDAY.—St. Bartholomew's (1.30 p.m.), St. Thomas's (3.30 p.m.), University College (2 p.m), Charing Cross (3 p.m.), St. George's (1 p.m.), London (2 p.m.), King's College (2 p.m), Middlesex (1.30 p.m.), St. Mary's (2.30 p.m.), Soho Square (2 p.m.), North-West London (2 p.m.), Chelsea (2 p.m.), Great Northern Central (Gynæcological, 2.30 p.m.), Metropolitan (2.30 p.m.), London Throat (9.30 a.m.), St. Mark's (2 p.m.), Samaritan (9.30 a.m. and 2.30 p.m.), Throat, Golden Square (9.30 a.m.), Guy's (1.30 p.m.).

FRIDAY.—London (2 p.m.), St. Bartholomew's (1.30 p.m.), St. Thomas's (3.30 p.m.), Guy's (1.33 p.m.), Middlesex (1.30 p.m.), Charing Cross (3 p.m.), St. George's (1 p.m.), King's College (2 p.m.), St. Mary's (2 p.m.), Ophthalmic (10 a.m.), Cancer (2 p.m.), Chelsea (2 p.m.), Great Northern Central (2.30 p.m.), West London (2 30 p.m.), London Throat (9.30 a.m.), Samaritan (9 30 a.m. and 2.30 p.m.), Throat, Golden Square (9.30 a.m), City Orthopædic (2.30 p.m.), Soho Square (2 p.m.).

SATURDAY.—Royal Free (9 a.m.), London (2 p.m.), Middlesex (1 30 p.m.), St. Thomas's (2 p.m.), University College (9.15 a.m.), Charing Cross (2 p.m.), St. George's (1 p.m.), St. Mary's (1 p.m.), Throat, Golden Square (9 30 a.m.), Guy's (1.30 p.m.).

MONDAY.—London (2 p.m.), St. Bartholomew's (1.30 p.m.), St. Thomas's (3 30 p.m.), St George's (2 p.m.), St. Mary's (2.30 p.m.), Middlesex (1.30 p.m.), Westminster (2 p.m.), Chelsea (2 p.m.), Samaritan (Gynæcological, by Physicians, 2 p.m.), Soho Square (2 p.m.), Royal Orthopædic (2 p.m.), City Orthopædic (4 p.m.), Great Northern Central (2.30 p.m.), West London (2.30 p.m.), London Throat (9.30 a.m.), Royal Free (2 p.m.), Guy's (1.30 p.m.).

TUESDAY.—London (2 p.m.), St. Bartholomew's (1.30 p.m.), St. Thomas's (3.30 p.m.), Guy's (1.30 p.m.), Middlesex (1.30 p.m.), Westminster (2 p.m.), West London (2.30 p.m.), University College (2 p.m.), St. George's (1 p.m.), St. Mary's (1 p.m.), St. Mark's (2.30 p.m.), Cancer (2 p.m.), Metropolitan (2.30 p.m.), London Throat (9.30 a.m.), Royal Ear (3 p.m.), Samaritan (9.30 a.m. and (2.30 p.m.), Throat, Golden Square (9.30 a.m.), Soho Square (2 p.m.).

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVII. WEDNESDAY, AUGUST 12, 1903. No. 7.

Original Communications.

A CASE OF ANEURYSM OF THE ABDOMINAL AORTA TREATED BY THE INTRODUCTION OF SILVER WIRE, WITH A DESCRIPTION OF INSTRUMENTS INVENTED AND CONSTRUCTED BY MR. G. H. COLT TO FACILITATE THE INTRODUCTION OF WIRE INTO ANEURYSMS.

By D'ARCY POWER, M.A., M.B.OXON., F.R.C.S.,
Assistant Surgeon at St. Bartholomew's Hospital, &c.,
AND
G. H. COLT, B.A.

THE patient, a farrier, æt. 29, was accustomed to perform heavy work in a stooping position. He had acquired syphilis at the age of seventeen, but had only been treated with mercury for a short time. Three and a half years ago he first noticed something beating in the right side of his abdomen, and since that time he had been continuously under treatment in some hospital or infirmary. On five occasions he received injections of gelatine in the gluteal region, but they had not produced any marked change in the swelling, which increased in size.

On examination he was found to be a sallow, unhealthy, and anæmic man, addicted to morphia. His heart and lungs were reported to be normal. His pulse was regular, but poor in volume, and the radial arteries felt thickened. There was a throbbing area of skin in the epigastric and upper part of the umbilical region, which, at its highest point, seemed to be raised about three-quarters of an inch above the level of the surrounding skin. The throbbing was expansile in character, and there was a well-marked bruit, which persisted when the patient was examined in the knee-elbow position. The pulse in the femoral arteries was equal and synchronous. The swelling was diagnosed as an abdominal aneurysm, and more probably aneurysm of the cœliac axis, or of one of the branches, than of the abdominal aorta.

The sac of the aneurysm was very thin at one or two points, and as the life of the patient seemed to be in danger, it was decided to expose the sac, and either ligature the artery from which the aneurysm arose, or, if this were impracticable, fill the sac with silver wire.

When the operation had been decided upon my attention was drawn to the fact that Mr. G. H. Colt, one of my dressers in the Throat Department at St. Bartholomew's Hospital, had devised and made an instrument for this purpose. When I had seen the instrument I immediately decided to use it in preference to the more usual method.

I cut down upon the most prominent part of the swelling until an exposure of the sac showed that it would be hopeless to ligature the artery, as the sac was densely adherent to the surrounding structures. No coils of intestine lay between the parietal and visceral layers of the peritoneum in front of the aneurysm. I determined, therefore, to wire the sac, and eighty inches of silver wire, with a clotting surface of 3·7 square inches, were rapidly introduced into the aneurysm by means of the new instrument (described later as Instrument No. 1). The needle was then withdrawn, the wire was divided, its end was bent up and it was pushed into the sac, the whole being easily closed with a few Lembert's sutures. The operation lasted thirty minutes from the time the patient was placed upon the operating table until he was removed. The actual introduction of the wire only took two and a half minutes, but even this time might be shortened on a future occasion. The pulse during the operation was 88 and the respirations 20. The operation was performed at 4 p.m., and the patient had a quiet night after a hypodermic injection of morphia at 10.30 p.m. On the following morning (January 21st) his abdomen was soft, his respirations were 18, and his pulse-rate was 136. He complained of abdominal pain over the aneurysm and of pain in his back. A second hypodermic injection of morphia was given at 10 a.m., and the patient then slept quietly for several hours. At 2 p.m. the pulse was 136—144, and at 7 p.m. it was 146. He was ordered two drachms of milk and water every hour, and he was kept under the influence of morphia. There was no evidence of gangrene, nor did he complain of any numbness or tingling in the legs. At 9 a.m. on January 22nd the patient was complaining of pain in his back, his pulse was 160, and his temperature was 101° F. The wound was dressed; it looked healthy. The abdomen was tender, resonant, and showed impaired movement. The right side of the aneurysmal swelling was hard, and did not pulsate, but there was distinct pulsation on the left side. The patient was now taking an ounce of milk and water every hour, and he was reported to have vomited twice, bringing up a small quantity of "coffee-ground" substance the first time, and half an ounce of bile-stained fluid on the second occasion. He still complained of pain in his back, his pulse increased to 170, and he gradually sank, dying at 6.20 p.m. on January 22nd, 1903, about fifty hours after the operation.

The post-mortem examination showed that an aneurysm of the size and shape of a large orange projected forwards from the abdominal aorta between the layers of the transverse mesocolon. The sac was somewhat compressed laterally, and was developed from the aorta itself, the dilated portion of the vessel being about three inches in length, and extending downwards from just below the diaphragm. The great omentum immediately below the greater curvature of the stomach had been torn through at the time of the operation to reach the anterior surface of the sac. On cutting across the aorta just above the diaphragm, a loop of silver wire seven inches long was found projecting into the arch of the aorta, but the rest of the wire was irregularly coiled within the sac of the aneurysm. All the other abdominal organs were healthy; the lungs were normal, and the heart was free from disease, except that the pericardium was adherent in places. The aneurysm and aorta were hardened in formalin before a section was made.

There is nothing particularly new in the treatment

of aneurysm by the introduction of wire, and I should not have ventured to bring this case before the Fellows of the Society unless I had thought that the apparatus invented by Mr. Colt was sufficiently novel and useful to make it worth while to draw especial attention to it. Hitherto the surgeon has been content to puncture the aneurysm with a fine trocar and cannula; he has then withdrawn the trocar and forced the wire through the cannula, from which blood was often flowing with considerable force. The amount of wire introduced in this manner has varied with the time at which the occurrence of kinking arrested its further progress. For this reason it has sometimes only been possible to introduce a few inches when it was intended to have put in several feet. The introduction of wire through a cannula is open to the further objection that a great deal of handling is necessary, both by the surgeon and his assistants, so that it is difficult to ensure that the wire last introduced shall be as sterile as that first used.

The factors in the construction of a new instrument were set out as follows:—

1. The instrument must be self contained—that is to say, it must carry the wire on the reel, and have some form of fine cannula through which the wire is to pass.

2. It must remove the wire from the reel and introduce it with some force through the cannula, yet without permitting it to kink.

3. It must not allow the wire to damage the sac or the surrounding tissues, although some force has to be used in the introduction of the wire; in other words, the wire must be made to coil up within the sac.

4. It must be simple in construction, and so easy to work that no instrumental complication may occur during the actual operation, and it must necessarily be capable of withstanding prolonged boiling.

5. It should, if possible, "snag"—that is to say, knot or roughen the wire, as coagulation is likely to be promoted by such roughening.

INSTRUMENT I.—After a few preliminary experiments an instrument was constructed to meet these requirements. The instrument works on a principle which may be enunciated in the following terms. If what is known to the mechanical engineer as a milling tool be made to revolve at a distance less than the diameter of the wire employed from the inner surface of the dorsal wall of a hollow needle, the ventral wall of which has been cut away, the milling tool will grasp the wire between itself and the needle, and will wind it off a reel and drive it through the needle with a force only limited by the force at the disposal of the operator. It will at the same time "snag" or mill the wire (Instrument I., Fig. 1). To carry out this principle a quarter-curved tubular needle was embedded for about two inches of its length in the substance of a brass carrier. A semicircular incision was then made down to it through the brass, so that the lumen of the needle was exposed. A milling tool was introduced at this spot to compress the wire with a steady grip as it passed through the needle, the pressure being made between the milling tool and the dorsal wall of the needle, and care was taken that no space should exist in which the wire could kink. The mounting of the needle was then bolted to the mounting which carried the milling tool, which was then so geared up as to give the operator room to use the instrument without getting his hands too near the wound. A second hole was made into the tubular needle distal to the milling tool, and along this a stilette is passed to block the point of the needle whilst it is being pushed into the sac of the aneurysm. The instrument is further provided with a handle by which to hold it, and with a second handle which, when turned, causes the milling tool to revolve.

The method of use is as follows:—The aneurysm is punctured on the right-hand side, the stilette is withdrawn, and blood flowing through the needle shows that the point is lying in the sac. The handle to which the milling tool is geared up is then turned in the direction of the arrow engraved upon it, and the wire is wound steadily and rapidly through the quarter-curved needle. The wire emerges into the aneurysm in a coil measuring one and five-eighths inch in diameter, the coil increasing spirally from right to left so as to produce a loosely formed spring. The wire is milled as it passes under the milling tool on the axial surface of the spiral, the coils of which are parallel and one-eighth of an inch apart. This arrangement of the coils is ensured by slightly curving the needle in a plane at right angles to the axis and to the plane of the quarter-curve. Five turns of the handle introduce two complete coils of the wire, the length of which is approximately ten inches, and the clotting surface at least 0·46 square inch. It is evident, therefore, that, although the point of the needle is out of sight, a fairly correct estimate can be made of what is happening within the sac of the aneurysm. When a sufficient quantity of wire has been introduced the needle is withdrawn, the wire is cut, is looped upon itself—to prevent the sharp end from injuring the sac—and is pushed into the aneurysm. The hole in the sac is afterwards closed by a few point sutures.

The use of this instrument in the case narrated at the beginning of the paper shows that although it worked smoothly it did not quite fulfil all the requirements of the case, for it allowed a loop of the wire to travel out of the sac and seven inches up the aorta. An examination of the specimen shows that this diverticulum of wire was not carried into the aorta by the blood-stream, because it has gone upwards or against the direction of the blood flow. The majority of the coils, too, are firmly implanted in blood-clot in the sac of the aneurysm. The real explanation seems to be that whilst the wire was being introduced into the sac some of the coils became hampered in their revolution, and the wire was driven out in a loop at one point. A further hampering then occurred, and the coils of wire no longer revolved, until the resistance to the further introduction of wire became so great that it could not be overcome by the milling tool, which then slipped upon the wire instead of biting it.

The best method of preventing such an accident on another occasion would be to introduce the wire so that the coils are not all in one piece. This can be done by dividing the wire into sets of coils, a method which has the further advantage of diminishing the ever-in-

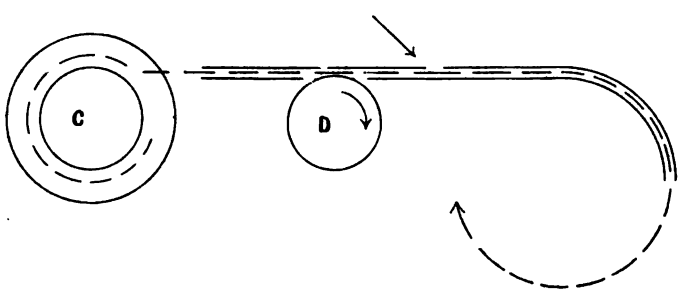


FIG. 1.

Diagram to illustrate the general principle of Instrument No. 1.

C. Reel.

D. Milling tool, which rotates in the direction of its arrow.

The interrupted line indicates the wire passing from the reel through the needle.

The straight arrow points obliquely to the opening for the stilette.

creasing resistance to its introduction. It does not seem possible to make one length of wire push the previous length through the needle into the sac, partly because the wire is too fine, partly because it does not exactly fill the needle when it has been milled, and partly because it is inconvenient to feed a needle with detached lengths of wire. As a matter of experiment, when such an attempt is made the two sections either jam in the needle or the hinder piece of wire kinks. The only alternative, therefore, seems to be to cut the coils as they leave the eye of the needle, and this must be done without withdrawing the needle from the sac of the aneurysm. The wire can be divided in several ways, but the method now to be described seems to be the simplest and most practical.

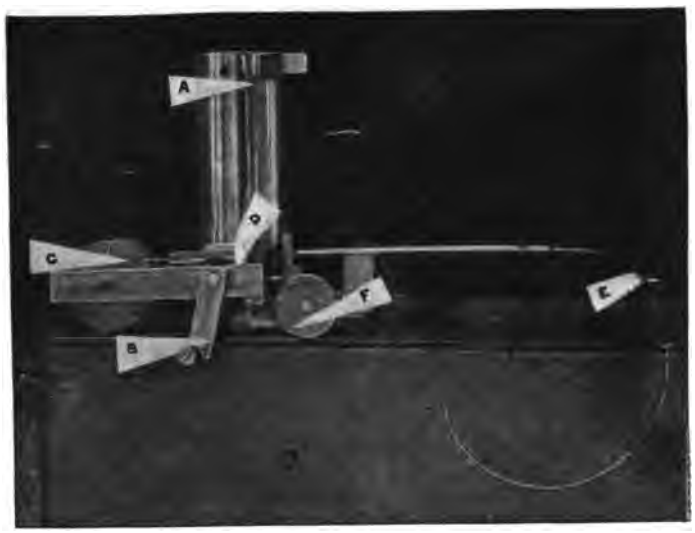


FIG. 2.

Flag-labelled side view of Instrument No. 2, about one-third natural size. Enlarged from a photograph taken by Mr. E. H. Hunt.

A. Fixed handle for operator's left hand.
B. Movable handle for operator's right hand.
C. Reel.
D. The arch is the situation of the milling tool.
E. Placed between the lateral eye of the outer needle and the coil of wire emitted. Near E the dorsal opening into the inner needle is seen.
F. Stud by means of which the outer needle is caused to slide over the inner needle. A portion of the rack-work with its stop is seen between F and B.

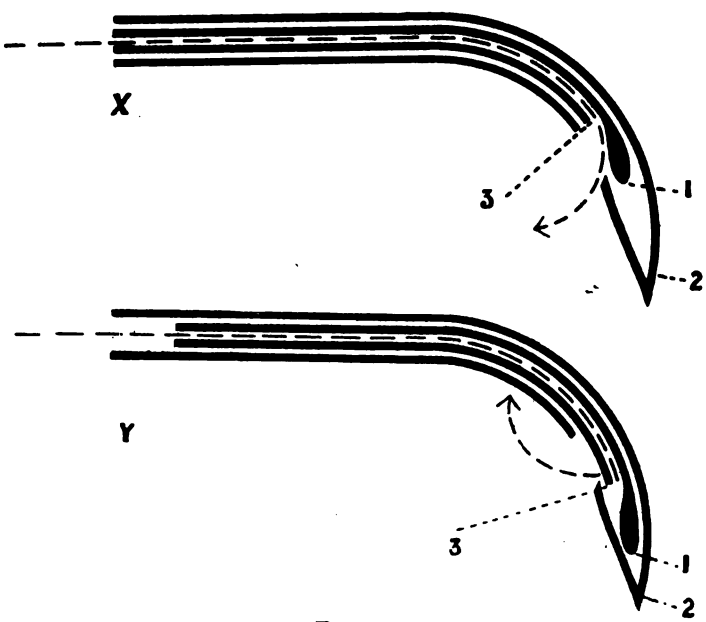


FIG. 3.

Diagrams to show how the wire is severed at the lateral eye of the needle.

1. Inclined plane at the end of the inner needle.
2. Outer needle.
3. Cutting edge of inner needle.

In Fig. X the wire, represented by an interrupted line, after impinging on the inclined plane emerges as shown by the arrow. In Fig. Y the outer needle has been retracted over the inner, and has severed the wire at 3.

INSTRUMENT II.—The second instrument (Fig. 2) differs in many important points from the first instrument. There are no gear-wheels, and the milling tool is driven direct. The needle is sufficiently long to remove the mechanism to a distance from the wound. Lastly, the instrument is able to take a thinner wire and a stilette is not required. The coils are divided by the following mechanism (Fig. 3):—The hollow needle (Fig. 3, X) along which the wire travels is encased in a second needle (Fig. 3, X, 2), which exactly fits it. The end of the inner needle is completely blocked up by a minute inclined plane made of steel (Fig. 3, X, 1, and Y, 1), which is securely brazed in position, and is so arranged that it faces the oncoming wire. A lateral opening is made through both needles at their distal ends, and in such a manner that an eye is made with the depressed edges seen in the better kinds of Jacques' rubber catheters. When the two hollow needles are accurately adjusted (Fig. 3, X) the lateral opening is continuous from the inside of the inner needle to the outside of the outer needle, and through this opening the wire is directed by its impact on the inclined plane (Fig. 3, X, 1), which blocks the end of the inner needle. The tube of the inner needle is soft and flexible, except at the eye, where it is tempered. The outer needle is quarter-curved, tempered throughout, and pointed (Fig. 3, Y, 2). The inner needle adapts itself to the curve of the outer needle in all relative changes of position. The outer needle is attached to a rack and pinion placed close to the hand of the operator, and a movement of the pinion causes the outer needle to slide over the inner needle (Fig. 3, Y). The relation of the lateral eye of the outer tube to the lateral eye of the inner tube is thus altered, and, by the position of a stop on the rackwork the operator knows the relative position of the two eyes, even when they are hidden from his view. The alteration in the two parts of the eye is sufficient to divide the wire, which may thus be guillotined wherever and as often as the operator chooses. The pinion is reversed when the wire has been divided, and a fresh series of coils can be introduced into the sac of the aneurysm.

The wire employed is No. 27 on the standard wire gauge, and is 0·0164 inch in diameter, or rather less than half a millimetre across. It is soft annealed silver wire, and is supplied by any large firm of wire-drawers at six shillings an ounce of about twenty-two yards. It is

flattened by passing under the milling tool, and it is then 0·0215 inch in width and 0·0142 inch in thickness; and it has a slightly increased surface area, the surface area of the original wire being 5·152 square inches per length of 100 inches. It is exquisitely flexible after it has passed under the milling tool, and easily bends in the plane of the coil, though it is relatively rigid to stresses in any other plane. It is hardly possible to imagine it causing any damage inside an aneurysmal sac, and it is in the highest degree unlikely that it could pierce the wall. The diameter of a coil is three and a quarter inches, but a coil readily adapts itself to the wall of a cavity smaller than itself.

With this instrument ten turns of the handle introduce two complete coils of wire, or a length of twenty inches. When the instrument is used to wire a large aneurysm five turns of the handle should be made before the wire is guillotined, for if fewer turns are made less than a coil is introduced, and when small pieces of wire are allowed to sink in the sac of an aneurysm there is a danger that they may be carried out into the general blood-stream with unsatisfactory results.

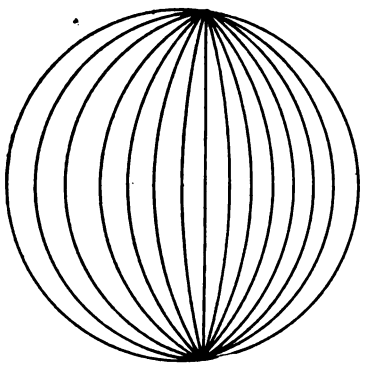


FIG. 4.

Diagram of ideal arrangement of expanding cage.

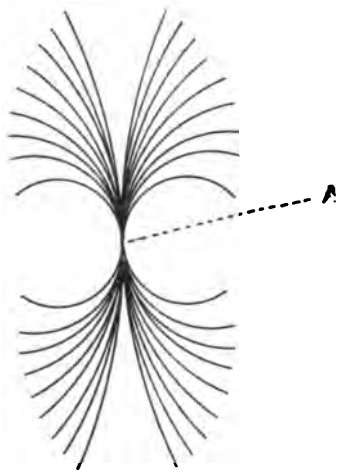


FIG. 5.

Diagram of actual arrangement of expanding cage. It can be compressed to its diameter at the central part (A), and after traversing a fine cannula will expand again.

INSTRUMENT III.—Another method of wiring aneurysms consists in the introduction of one or more cages of steel wire. The cages can be compressed into a cylinder which can be easily passed through a fine cannula into the sac of an aneurysm, when they immediately expand in the manner shown in Fig 5.

The model when compressed is five inches in length and one-sixteenth of an inch in diameter. It consists of thirty wires, each measuring 0·008 inch in diameter and five inches in length. The cage when it is expanded fits a sphere three inches in diameter, but it can be made to any size. The total surface area of each cage is as nearly as possible two and a half square inches, which is almost equivalent to fifty inches of the silver wire used in Instrument II.

The cage is compressed when it is to be used, and is inserted into a cylindrical tube or cartridge which exactly fits a collar on the cannula employed to traverse the sac of the aneurysm. The cage is expelled from the cartridge through the cannula into the aneurysmal sac by pushing it home with a wire ramrod. More than one cage can be introduced if it be thought desirable to increase the clotting surface, but when a process of active clotting is once started in an aneurysm it is usually progressive, and there is some danger that the second cage may push the first one into an undesirable position.

An ideal wire cage of a spherical shape is shown in Fig. 4, but it is difficult to make and unsatisfactory in action. Fig. 5 is a diagram of the actual arrangement adopted, but an objection to it is that the second half of the cage does not expand until it is completelv freed —that is to say, until the first half has moved onwards about two and a half inches from the end of the cannula. This might lead to forcible damage to the opposite wall of the sac by the half already introduced. It can be prevented by using only a half cage or "wisp," which, having completely expanded after traversing the cannula, is at once set free in the sac. Experience may suggest different forms of wire cage, but for the present the wiring of aneurysms by means of Instrument II. appears to be the more satisfactory method, care being taken not to introduce too great a length of wire.

Foreign Clinical Lectures.

ON THE CLINICAL IMPORTANCE OF THE ESTIMATION OF IRON IN THE BLOOD.

By DR. L. BARD,

Professor of Clinical Medicine at the Faculty of Medicine of Geneva.

THE variations in the quantity of hæmoglobin in the blood, ascertained by means of the colorimetric test, possess unquestionable significance in the clinical study of certain diseases. Excepting a limited investigation, experimental rather than clinical, on the presence of metahæmoglobin in the blood consequent on certain intoxications, up to the present time only the quantity of hæmoglobin has been taken into consideration by clinicians, and no attention whatever has been paid to variations in quality. My own observations were prompted by two reasons. To begin with, my attention had been drawn to the fact that in cases of pronounced anæmia in which the globular element is abnormally high this increase could not be satisfactorily accounted for by any increase in the average size of the red corpuscles. I had noticed, indeed, that the colorimetric test of the hæmoglobin in such cases presented peculiar difficulty, due, on the one hand, to a contrast of colour, more marked than usual, between the standard solution and the solution of blood, and, on the other hand, to the progressive and rather rapid change in the tint which had for effect to give a higher and higher figure the longer the estimate was delayed.

These peculiarities had already led me to the conclusion that hæmoglobin must be subject to variations in its original qualities corresponding to the variations of colour value and the differences observed in the changes.

Moreover, a general idea of the physiological *rôle* of the tissues founded on my own theory of absolute cellular specificity led me to see in hæmoglobin, as in all cellular derivatives, an organised substance which undergoes various stages of evolution incompatible with the stability and fixity of composition generally attributed to it.

My private opinion is that all the tissues of the organism are formed on a common plan comprising, on

the one hand, a fundamental cellular structure which confers upon them their individual existence, but which has no direct bearing on the physiology of the organism as a whole, and, on the other hand, one or several derivatives, formed by cells within their protoplasm or outside it, which alone discharge the physiological function peculiar to the tissue from which they take origin, and which represent the contribution of this latter to the collective life of the being of which it forms part. In the blood, the fundamental tissue is evidently represented by the leucocytes, while hæmoglobin and the serum are derived substances.

The genesis of the red corpuscles is still a subject of discussion, not only with regard to the morphological details of their formation, which are, after all, of only secondary importance, but even as to the place where they are formed and the part played by the organs that take part in the formative process. Whatever may be the significance of these divergencies, it is obvious that it is by the hæmoglobin that the essential function of the blood is fulfilled, *viz.*, that of absorbing oxygen from the air, and yielding it up to the tissues. Hæmoglobin is to the blood what chondrin is to cartilage, or ossein to bony tissues. Like these derivatives it cannot be produced forthwith in possession of all its definite physico-chemical characters. It must go through a phase of evolution, or ripening, before it becomes perfect. It seems to me, therefore, that too much attention is lavished on the formation of the red corpuscles, *i.e.*, on the morphological conditions attending the distribution of hæmoglobin, and not enough on the formation of the latter body and its progressive development.

Starting with this general idea of general anatomy and the clinical observations mentioned above, I undertook researches with the object of demonstrating the variations in quality, or the variations in evolution, which I anticipated, and also with the view of determining what influence these variations might have, and the importance they might assume, in pathological states. This investigation yielded prompter results than I had hoped. In this article I shall only refer to the first important result which I obtained—that of the real clinical value of the quantitative estimate of iron in the blood.

My earlier experiments were performed in my laboratory and in my clinique in conjunction with one of my assistants, Dr. Mallet. It is to him that I am indebted for all the estimates, which entailed a vast amount of trouble. The details of the clinical observations, the methods of procedure employed, and the figures obtained will be found in his recent inaugural thesis. (*a*)

The general method adopted in our researches was the determination, in a number of patients, of the quantity of hæmoglobin in the blood by making comparative use of the various clinical methods of estimating the proportion of this substance. Since these methods are all indirect and based on one single characteristic, or on only one of the constituent elements of the body, I hope their divergencies will throw into bold relief the variations in quality and evolution which I assumed to be associated with certain pathological conditions.

The methods we employed were the colorimetric test, the spectroscopic test with Hénocque's apparatus, and, lastly, the estimate of iron by Jollé's method; all of them being methods which can be carried out with a few drops of blood obtained by a prick or by a small incision in the finger or in the lobe of the ear. The estimation of the iron is rather longer and more complicated than the other two, but it is nevertheless a "clinical" test, since it requires no more blood than the enumeration of the corpuscles, so that it can be resorted to as often as necessary without difficulty. Moreover, the manipulations it involves are not beyond the ability of students unfamiliar, as yet, with delicate chemical processes. I should have liked to include the oxygen-absorbing capacity of the blood, but I refrained from the complicated operations which it entailed, and, above all, from the quantity of blood necessary for this procedure, two facts which militate against its becoming a really clinical method.

In addition to the various estimates of hæmoglobin, Dr. Mallet at the same time counted the red and white globules by the hæmatometer and by the hæmatoclite, and he also calculated the resistance of hæmoglobin to the modifying influences by a special method. The results obtained in this department of our researches were independent of those which form the object of this article, therefore, although of equal interest, I merely refer to them *en passant*.

It is generally admitted that in the physiological state, as verified by myself, the three methods of estimating the hæmoglobin referred to above furnish almost identical results. It could not, indeed, be otherwise, since in each case the normal figure was established by the average of a number of examinations of normal blood.

This agreement proves, on the one hand, the comparative fixity, in the normal state, of the relationship of the various factors on which each of these methods is based, and, on the other hand, the trustworthiness of these procedures.

In the pathological state it is otherwise. Very marked differences are met with which confirm my supposition, and which had first of all to be explained, and then to be utilised in clinical observation.

In order to make these divergencies clearer and more readily comparable, it is better to ignore the absolute figures of hæmoglobin obtained by each method, only taking into account their contrast with the normal figures, a relationship shown in percentages as is invariably the case with certain colorimetric apparatus, such as that of Gowers-Sahli.

Observation very soon showed marked pathological differences between the colorimetric value of blood per cent. and the percentage of iron contents, both being reduced to the normal standard, these variations occurring in this or that sense according to circumstances.

The spectroscopical estimate generally falls between the other two. It is sometimes equal, sometimes below, the colour estimate, but hardly ever exceeds it.

The most interesting and important results are those furnished by the differences between the colour test and the iron, estimates which experience soon showed us to be the most marked and easily determined.

M. Jellinek, by means of Jollé's apparatus, had already noted the variability of the results furnished by the comparative estimate of hæmoglobin by its richness in iron, and by the colour test; but, imbued with the classic idea that hæmoglobin possessed a fixed colorimetric value and a constant proportion in iron he concluded that the estimate of the proportion of iron was an untrustworthy guide to the proportion of hæmoglobin, and he attributed the error to the iron contained in the serum and white corpuscles. As a matter of fact, this explanation is untenable, not only because very marked differences occur in either direction, *i.e.*, higher or lower, but also because extraordinary divergencies are met with in certain cases. Dr. Mallet found the maximum difference to be 25 per cent. more and 34 per cent. less in the iron compared with the colour test. M. Jellinek himself had on one occasion noted the still higher maximum of 53 per cent. less in the iron test. Let us reflect what an enormous quantity of iron the white globules and serum would need to have in order to explain such conflicting results. Dr. Mallet, moreover, proved the absence of iron in the serum in quantities capable of being estimated by the method employed. This absence of iron is proved by the fact that, precisely in those cases in which iron was present in very large proportions, the serum, when separated from the corpuscles by centrifugation, no longer gave any appreciable result with the colorimetric reaction.

The absence of iron in the white corpuscles is in its turn proved by the fact that, in two cases of leucocythæmia observed, one by M. Jellinek himself and the other by Dr. Mallet, the amount of iron in the blood was

(*a*) Mallet, "Des Variations de Qualité de l'Hémoglobine et de leur Clinique." (Thesis at Geneva, 1901.)

lower in proportion to the increase in the number of white corpuscles.

The real reason of the differences observed between the results of the iron and the colour tests is to be found elsewhere; it is easy to deduce from their divergencies in view of the clinical study of the cases in which they are met with. Generally, the iron test has given percentages higher than those furnished by the colour test in simple chlorosis and in post-hæmorrhagic anæmia; lower percentages than those of the colour test in every kind of cachexia, tuberculous, cancerous, chronic anæmia, of chlorotic origin or not, associated with a lowering of the general health.

In simple chlorosis, under the influence of the treatment and in proportion to the improvement obtained, the percentages tend to become equal, that is to say, the iron and the colour tests tend to assume their original proportions, and it is the same in the recuperative stage of hæmorrhage.

In cases of intercurrent hæmorrhage following on cachectic states, such as cancer or tuberculosis, the proportion of the two results varies according to the stage of the disease; in the days following hæmorrhage the results of the iron test exceed those of the colour test. As we get further away from the starting point, they again become equal and end by becoming lower. Similar results were obtained in two rabbits. In one, inoculated with tuberculosis, the iron was less; the other, subjected to artificial hæmorrhage, showed an excess of iron.

The pathological differences varied according to the subjects, generally from 4 or 5 per cent. to 15 or 20 per cent., the latter being rather frequent and very characteristic; those of 1 to 2 per cent. are negligible. The very high figures mentioned above are rare, but an important fact is that the extremes in the direction of a deficiency of iron are more marked when in excess, for M. Jellinek found as a maximum in excess 21 per cent. and Dr. Mallet 25 per cent., while, as a maximum for the other extreme, the former 53 per cent. and the latter 34 per cent.

Dr. Mallet has observed and has published in his thesis, in addition to the results of the examination of several normal cases under observation, the results of the examination of thirty-three patients and two animals experimented on. The latter estimates were made at the end of March. Since then, a fairly large number of examinations have been made in my clinic, and their results only served to confirm the preceding facts.

We might sum up these results by stating that the iron test is superior to that of colour, that is to say, in comparison with the normal standard it gives a higher percentage than the latter, in every case of simple anæmia with normal hæmatopoiesis and an attempt at return to normal conditions. On the contrary, iron is inferior to colour in all cases where "regeneration is absent," consequent upon hindrance to hæmatopoiesis, by cachexia or grave organic disease. When these two causes coincide and act against each other, the differences are less pronounced and their direction is determined by the predominance of one or the other of the two factors concerned.

The only plausible explanation of these divergencies appears to be that the blood contains normally hæmoglobin in various stages of evolution, since the red corpuscles are subject to incessant destruction and regeneration. The proportion of fresh and of perfect hæmoglobin is nearly constant in the normal state, and it is this mixture in fixed proportions which is taken as a standard, when the richness in hæmoglobin of the blood is measured. Now fresh hæmoglobin possesses, from the very commencement of its formation, approximately its complete amount of iron. Its colouring power, on the contrary, increases slowly, and only attains its highest degree in the last stages of its evolution.

Normally, completely formed hæmoglobin predominates in the blood and gives it its usual colorimetric value in proportion to its iron contents.

In the pathological state, when the destruction of the older globules is not compensated by a formation of fresh corpuscles, the proportion of ripe hæmoglobin is even greater than normal in respect of young hæmoglobin; thus it follows that the colorimetric value is higher than that of the iron. If, on the contrary, anæmia is due to the exaggerated destruction of the older corpuscles, and is accompanied by active formation of fresh corpuscles, the opposite effect is produced and iron predominates over colour.

However this may be, the constancy of the law which governs the significance of the proportions clinically observed makes the comparison of these two estimates an important element of diagnosis and a valuable basis for prognosis.

From this point of view, one of the cases studied in conjunction with Dr. Mallet, and reported in detail in his thesis, was particularly striking and singularly instructive. It was a case of pernicious anæmia of bothriocephalic origin, which subsided on the expulsion of the tænias. On admission the blood showed 1,085,000 red corpuscles per cubic millimetre, 30 per cent. colour and 26 per cent. iron, with a globular value of 1·38; he presented all the usual features of pernicious anæmia. As this case was the first of its kind that I had seen, I had, I own, some doubts as to the reality of the part played by bothriocephalus in the production of the anæmia.

The administration of five grammes of the ethereal extract of male fern led to the expulsion of numerous annulæ and three scolices of *Bothriocephalus latus*. Improvement set in immediately and very rapidly; at the same time the hæmatological formula underwent a change. Eleven days after the expulsion of the tænias, there were two million corpuscles, 40 per cent. colour and 39 per cent. iron; nine days later, 2,800,000 corpuscles, 25 per cent. colour and 49 per cent. iron. The patient had gained four kilogrammes in weight, and felt so completely cured that he insisted on taking his discharge.

From the first examination after the expulsion of the tænias, the increase of iron, far more rapid than that of colour, indicated the gradual disappearance of the cause which prevented hæmatopoiesis; by this means the pathogenic *rôle* of the tænias was established, and the prognosis immediately became favourable.

In certain cases of chlorosis, especially when the complaint is of abnormal duration and tenacity, it is difficult to say whether the accidents are dependent solely on the intensity of the chlorosis or whether the latter is not caused or maintained by some organic affection of the heart or lungs. The estimate of iron can and ought to settle this question. In simple chlorosis, before the improvement following treatment, the quantity of iron exceeds that of colour by from 10 to 20 per cent. and from 12 to 25 per cent. in the cases studied by Dr. Mallet. When the chlorosis is complicated, especially by tuberculosis, the proportion is reversed and the iron remains generally about 10 per cent. above the colour. It is the same in cases of anæmia symptomatic of tuberculosis, with or without a chlorotic character.

The preceding details and examples suffice to show the importance which the estimation of iron in the blood may assume in clinical work, and thus justify the title of this article. We must always bear in mind that we are dealing with comparative values and in no way with absolute quantities. It is possible that the exact quantity of iron contained in the blood may have a special clinical importance and significance. I do not affirm that this is the case, and it cannot be deduced from your researches; what they chiefly demonstrate is the importance of the proportion between iron and colour in the determination of the average evolutionary stages of hæmoglobin in the blood, and in this way, in the appreciation of the state of the hæmatopoietic energy, a state which in its turn materially assists us in the diagnosis and prognosis of numerous affections.

Many points still await elucidation, for example, the part played by permanent influences, such as age or sex, and that played by accidental or periodical circumstances such as pregnancy or the catamenia. Several

of these points are already under observation in my clinic; others will be studied later.

Independently of the results already obtained, and of those which we can foresee in the same direction, there is every reason to believe that we can make use of this method of blood investigation, in a general way, in the study of certain obscure problems in the physiological regeneration of the blood.

ALCOHOL IN RELATION TO MENTAL DISEASES. (a)

By THEO. B. HYSLOP, M.D.

Medical Superintendent, Bethlem Royal Hospital; Lecturer on Mental Diseases, St. Mary's Hospital

The *rôle* of alcohol in the economics of the body and the mind is one which, in its scientific aspects, raises many important problems for discussion. The economic aspects of the question may be considered in their physical, mental or social relationships.

Alcohol may be used wisely in times of need as a stimulant, as a nutrient, and as an antipyretic. As a stimulant it is of false economy to the healthy and to those from whom further effort is necessary. As a nutrient, even in non-poisonous doses, it depresses the assimilating cells apart from any dependence upon the influence of the brain or the vaso-motor nerves. Similarly, alcohol given in non-poisonous doses lowers the temperature, yet it is quite possible that if taken in a large quantity of water it quickly eliminates, by its strong diuretic action, the bacterial products which play so important a *rôle* in fever and nerve disorders.

In every instance of cerebral degeneration due to alcohol we have to do with the part played by the inflammatory exudate, that of the alcohol in the exudate, and the combined effects upon the nutrition and metabolism of the nervous structures. In ordinary inflammation the exudate contains a relatively smaller quantity of proteids than does the blood plasma—owing, possibly, to the selective activity of the endothelial cells, and in this case the extravasated leucocytes tend to undergo rapid destruction and dissolution. On the other hand, when alcohol is conveyed to the plasma the metabolism of the leucocytes is retarded—owing to the deprivation of the tissues of some of their oxygen—and retention and proliferation of the exuded material results, the using up of oxygen for the destruction of the alcohol being a retarding process in the proper metabolism, and favouring the development of more stable but less highly developed tissues.

After briefly reviewing the "neuron theory" a theoretical explanation of the gross physical conditions underlying the various perversions of memory due to the alcohol is given. Stimulation of the nerve-cell, either direct or indirect, is regarded as favouring the activity of the protoplasmic expansions and renders the passage of the physical stimuli more frequent, as manifested in the mental exaltation. Alcohol stimulates to activity not one but every neuron, and the effects are general and far-reaching. Following the stimulation there is exhaustion and retarding of the metabolism essential to the life and active functioning of the neuron. Each subsequent stimulation to be equally effective as a hypermnesiac must be increased proportionately to the retrogression of the potentialities of the neuron.

(a) Abstract of Paper opening discussion at the Annual Meeting of the British Medical Association held at Swansea, July 30th, 1903.

The paramnesic states so common in alcoholic insanity are regarded as being due primarily to the occurrence of an illusion or hallucination, and secondarily, inability to distinguish between what has been a false sensory perception and a perception founded upon an objective reality. Any explanation must depend not so much upon the evidences of illusion and hallucination as upon the existence of a negative lesion which prevents the individual from correcting the false impression. This negative lesion is probably due to disruption of the contiguity of neurons, to consequent failure of the comparing and associative faculty, and to isolation of the contributory processes essential to a proper seriality of thought.

Alcohol *per se* does not cause general paralysis of the insane any more than it is responsible for tabes. The factor of alcohol when added to that of syphilis does not lead us to modify the diagnosis or prognosis very materially in any individual case, but when alcohol is said to be the sole factor then even the most experienced hesitates to diagnose general paralysis, knowing well how almost invariably he may be deceived. In those cases diagnosed as general paralysis due solely to alcohol, and which may have progressed to a fatal termination within the time allotted to general paralysis, the pathological findings are of varied interest and suggestive of etiological factors differing widely from the syphilitic types.

Many cases of mania with excitement in which the pupils are contracted, reflexes diminished, muscular tremors followed later by convulsions, when extending over a period of two or three years, are apt to lead to a faulty diagnosis of general paralysis, the conditions being really due to some renal disease or over-production of toxic substances in the body and eliminated in the urine. In spite of the comparative frequency of such symptoms as inequalities of pupils, tongue tremors, alterations and defects of speech, sluggishness or exaggeration of the knee-jerks, and not infrequently hemiplegias, or other symptoms of arterial and cerebral degeneration, in no case uncomplicated with a history of syphilis is there absence of the pupillar reflex to light. In these cases the cerebral degeneration is mainly due to vascular-changes consequent upon kidney diseases.

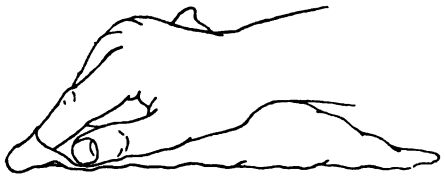
A NEW FORM OF STERILISED SWABS FOR SURGICAL OPERATIONS.

By J. JACKSON CLARKE, M.B.Lond., F.R.C.S.,

Senior Assistant Surgeon at the North-West London Hospital, and Assistant Surgeon at the City Orthopædic Hospital.

The accompanying illustration shows a form of swab designed to meet the requirements of ordinary surgical operations, and more particularly abdominal sections. The swab is triangular in form and consists of absorbent wool everywhere covered with a double layer of soft gauze which is so stitched that no rough edge and none of the cotton wool is exposed on the surface, thus reducing to a minimum the amount of cotton fibre that will be left behind in the wound when the swab is removed. At one angle is a pocket into which a finger, probe, or other instrument can be introduced; this greatly facilitates careful packing of a cavity or a large wound during the process of operation. For

instance, in operating for appendicitis it is often difficult to pack in the ordinary square swabs without unduly pressing upon the surrounding coils of healthy intestine, whilst the insertion of the thin-pointed swab by means of the index finger pushed into the pocket can be done without difficulty, and the broader ends are then easily arranged so as to completely isolate the inflamed area. The ordinary process of hæmostasis is also facilitated by this form of swab held in the left hand with the tip of the index finger in the pocket of the swab, the remainder of which is held in the palm of the hand. The general surface of the wound being freed from blood by the main part of the swab the angle of the swab can be pressed by the index finger on any particular vessel, which is secured by forceps on raising the index finger with greater ease than when a large surface with several bleeding points is suddenly exposed. Mr. W. Martindale, 10, New Cavendish Street, London, W., has carried out the preparation of the swabs for me with the greatest care as to cleanliness in manufacture and subsequent sterilisation, after exhaustion of air in water vapour at a temperature of over 230° F. for half an hour in tins, which are soldered immediately on completion of sterilisation. For use the exterior of the tins is cleansed with strong carbolic lotion and then easily opened by unrolling a metal strip.



The triangular swab, showing the pocket for the tip of the index finger.

The swabs are carefully counted and packed in tins of two sizes, containing respectively 10 and 25 swabs. The number of swabs used in any operation is readily ascertained, and the danger of leaving a swab in the wound is thus removed. Any swabs that remain in an opened tin can be safely used as part of or the entire dressing for the wound.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—VII.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

THE MOUNT VERNON HOSPITAL, HAMPSTEAD AND NORTHWOOD.

THE Mount Vernon Hospital occupies a unique position among British institutions for the care of the consumptive. It is the only one of any considerable size which provides, without payment, adequate hygienic treatment of pulmonary tuberculosis in accordance with the best sanatorium methods. The hospital is national in character and draws its patients from all parts of the country. The institution consists of three parts: the central offices, lecture-room, library, laboratory and out-patient department, situated at 7, Fitzroy Square, W.; the hospital proper, which is conducted on strict "open-air" lines, beautifully situated at Hampstead, just over four miles from the very centre of the Metropolis, at an elevation of 300 feet, and close to the health-giving and far-famed Hampstead Heath; and the sanatorium which is nearing completion at Northwood, about fourteen miles from London, with 104 acres of surrounding land peculiarly suitable to the needs of the phthisical subject. Very shortly accommodation will be available for something like 260 cases, with ample provision for very considerable extensions should financial resources allow.

The growth of the institution has been phenomenal. Founded in 1860, it slowly widened its sphere of usefulness till 1898, when, adopting the now popular and rational hygienic or "open-air" treatment, the hospital quickly came to the front, and now occupies the foremost position among institutions for the consumptive poor. The problem of meeting the needs of necessitous phthisical cases is one which the authorities of the Mount Vernon Hospital have seriously set themselves to solve. The demands on the hospital, as may be imagined, are enormous. We are informed that 260 "suitable" cases are now awaiting admission, and these only represent something like 40 per cent. of the cases applying. It is pitiable to find that of these "waiting suitables" only about one-half are able to be admitted when, after four to five months, their time comes for admission. To maintain such an institution open to all needy cases necessarily demands liberal support, and it is pleasing to know that a generous public has not been slow to recognise the good work being carried out, and have responded liberally; but to meet the urgent demands of cases in all parts of the country national support is necessary.

The institution is conducted on strictly scientific lines. There is a visiting staff, all the members of which are of consultant rank. There are two resident medical officers at Hampstead, and, it may be supposed, a like number will be provided for Northwood. There is also an excellent nursing school where training in the hygienic management of consumption is provided. At the central offices in London post-graduate lectures and demonstrations are given. The out-patient department is about to be considerably extended. The new balconies at Hampstead are excellent and afford admirable means for open-air treatment. A considerable number of cases are allowed to sleep in a large open tent in the grounds.

The sanatorium at Northwood promises to be the most complete and up-to-date in the country. All modern improvements seem to have been secured, and the various buildings are excellently arranged, not only for the convenience of the patients, but for the best and easiest conduct of the establishment. The large dining-room, well-placed winter gardens, separate nurses' home, are features meriting particular praise. The kitchens, laundry and other offices have been so arranged as to allow for future extensions. A peculiarly charming little church is being built in the grounds. We were glad to find that arrangements had been made for carrying out scientific work, a convenient laboratory being in course of building. Excellent bath accommodation has been provided. The site at Northwood is admirable, and its proximity to London will be a great convenience both to the visiting physicians and patients and their friends.

Treatment, as far as we can gather, is conducted on strictly rational lines, and rigid adherence to open-air methods is enforced, an abundant dietary is provided for, but forced feeding is not carried out; rest and exercise is strictly regulated by the resident medical officers, and all exercises are carefully graduated.

Admission is obtained by a subscriber's letter, an antiquated and artificial method which we hope the board of management may soon be able to discard, leaving the institution open to all comers and making the physicians solely responsible for the selection of suitable cases.

The honorary staff consists of a consulting physician and surgeon, five physicians, three assistant physicians, a surgeon, laryngologist, anæsthetist and dental surgeon. Duly qualified medical practitioners may be attached to members of the honorary staff in the capacity of clinical assistants. Leading members of the profession in all parts of the country act as honorary medical referees.

The recently published annual report contains much material of scientific value. A copy, together with full particulars of the work of the hospital, may be obtained,

we understand, by applying to the secretary at the Central Offices, Fitzroy Square, W.

France.

[FROM OUR OWN CORRESPONDENT.]

Paris, August 9th, 1903.

Appendicitis and Tapeworm.

At the meeting of the Société de Chirurgie, M. Martin related a case of a young girl, æt. 23, having suffered twice from colic in the region of the appendix, and at the third attack she accepted an operation. After opening the abdomen, the appendix, free from all adherence, was found to be thickened, and in the organ were felt two small calculi. On being resected two rings of the Tænia saginata presenting active movements, attesting its vitality, escaped. The appendix also contained three thread-worms and two scybalæ. The operation terminated successfully, and a few days later the tapeworm was expelled through the influence of a tænifuge. The speaker concluded by saying that it was the first example of an appendix containing a tapeworm.

Nasal Dysmenorrhœa.

Nasal dysmenorrhœa does not signify, as the term would imply, a nasal flux or a vicarious menstruation. According to Professor Barozzi, it is a term created by Fliess to designate a special clinical variety of dysmenorrhœa, of which he fixes the point of origin, the *primum morbus*, in the pituitary membrane; in other words, there existed in certain women suffering from menstrual trouble a direct and intimate relation between the nasal mucous and the utero-ovarian apparatus. Moreover, if Fliess is to be believed, the real origin of the genital disturbance known under the name of dysmenorrhœa was seated in two special points of the nasal mucous membrane—the tubercle of the septum and the inferior turbinate. To these two points he gave the name of genital zone.

To prove his assertions, Fliess instituted the following experiments:—With a small plug steeped in a solution of cocaine, applied to the two points mentioned, he produced anæsthesia of the membrane. Under the influence of this simple operation, the uterine pain ceased immediately and the patients experienced a *bien être* which persisted as long as the action of the drug. To obtain a definite cure it sufficed, according to Fleiss, to destroy the two genital points by means of caustic or electrolysis.

The publication of these curious experiments gave rise to numerous researches on the part of certain specialists in order to control the assertions of Fliess, amongst whom were Knorr, Koblanck, and Schiff. The results reported concorded exactly with those of Fliess. According to Schiff, 72 per cent. of the patients suffering from dysmenorrhœa were relieved by the cocaine treatment. Later on three distinguished rhinologists, Moll, Sauter, and Linder, renewed the experiment on thirty patients, and in the large majority of the cases the effects of the cocaine application were surprising. The patients seemed enchanted with this new method, and many returned to ask that "something should be done to the nose."

In a word, everything happened exactly as Fliess and his partisans affirmed. However, Linder was not entirely convinced, and undertook new experiments in order to determine what *rôle* suggestion might have played in the matter. Having selected sixteen patients fulfilling the required conditions, he proceded to apply a solution of 10 to 20 per cent. of cocaine to the mysterious zones. In four patients there was no attenuation, in two others the treatment seemed to intensify the pain and had to be abandoned, but in the remaining ten the effect was truly remarkable. The pain disappeared as by enchantment; the patients were so surprised that they wanted to know what had happened to them. The relief lasted from a few hours to twenty-four hours. The following day the same patients were treated without their knowledge to applications of pure water. Two of them felt no benefit, two others, immediate relief; and the remaining six experienced a relief of only a quarter of an hour. Cocaine was then used with same success as the previous day. The following day the same patients presented themselves again, and pure water was applied again by Linder, but the patients were made to believe that it was the cocaine solution. To his great surprise, the result was as complete as the first day.

From these experiments Linder was inclined to believe that suggestion was alone capable of operating the miracle proclaimed by Fliess and Schiff, for he could not believe that the action of cocaine on two insignificant points of the nasal mucous membrane could have for direct and immediate result the arrest of such intense and tenacious suffering as that of dysmenorrhœa. Such is also the opinion of Professor Barozzi.

Austria.

[FROM OUR OWN CORRESPONDENT.]

Vienna, August 8th, 1903.

Multiple Myeloma.

At the Gesellschaft für innere Medizin, Jellinek showed photographs and radiograms of a female patient, æt. 47, who came of a healthy family stock, and whose illness commenced about a year ago with pain in the chest and loins, accompanied with occasional rigors and a feeling of weakness. On February 15th, 1903, on making a false movement, the patient broke the right femur, and as motion was performed with great difficulty she broke the left femur on the 20th of the same month.

A careful examination of all her organs revealed a healthy condition of the nervous system, except a slight disturbance in the rougher movements of the muscles. Nothing abnormal could be detected in the heart, lungs, liver, or spleen. In the urine there were nuclei and serum albumin as well as a distinct quantity of proteo-albumin, although Bence Jones' albuminoid corpuscles were not present. In the sediment, individual hyaline cylinders and leucocytes were present. The blood contained 50 per cent. of hæmoglobin according to Fleischel; erythrocytes, 6,050,000; white blood corpuscles, 30,000. The chief changes present were to be found in the bony structure, and more particularly in the lymphoid marrow bones, diploë of the cranium, and proximal ends of femur and humeri. The bones were shortened, surface uneven, and the general appearance of the osseous structure altered. This irregular external appearance had so many depressions as to give the idea of the bone being absent at the base of these hollows, where the ramification of the vessels was profuse. The thorax on this account was quite deformed, and, with the exception of the first rib, every one of them had these deep hollows or depressions in their surface. In the region of the heart, there was a large swelling distinctly pulsating, but at every inspiration the central part was aspirated or drawn. The bones of the pelvis were unchanged, which excluded osteomalacia. The femurs were distinctly shortened, contracted, and bent. The lower parts of the legs and arms, such as elbows, wrists, and fingers, were un-

changed, although all the bones were painful on pressure and movement.

After a species of differential diagnosis by elimination, Jellinek came to the conclusion that in the absence of any primary neoplasm the case was one of multiple myeloma. This opinion, he said, was supported by the skiagrams produced, where, in the cylindrical long bones numerous round, clear centres could be observed, sometimes a number segregated, at other times separately.

Mannaberg remarked that Jellinek's reasoning did not convince him that this case was not one of osteomalacia, as we often had cases where the long bones are attacked, such as the radius, ulna, &c.

Jellinek replied to this by saying that we never find in osteomalacia such foci of neoplasms as are present in this case.

Schlesinger asked if any symptoms of paraplegia were observed in the legs or arms at any time during the progress of the disease. He explained that he asked this question for information, as a very large percentage of multiple myelomata had the paraplegic phenomena owing to compression of some of these centres in the spinal column. He would also like to know if these spontaneous fractures were painful or not.

Jellinek replied that the examination of the spinal cord was purposely avoided lest any other fracture might be produced, while the motility of the lower extremities could not be satisfactorily tested owing to the fracture of both legs. One thing he could confidently say, that the sensibility, both in quality and quantity, was perfectly normal.

He would also add that the fractures were painful.

ACUTE LYMPHOMATOSIS AND TUMOUR ORBITA.

Lauber brought forward a case of lymphomatosis, with multiple gland tumours, enlargement of spleen and liver, retro-bulbar lymphatic growth involving the fibrous lymphatic tissue of the thorax, and hæmorrhage into the retina of the left eye.

Weinberger said he had carefully followed this case from an ophthalmic point of view, and agreed in many details to others that had been brought before the notice of this Society. It was a pronounced case of lymphæmia, wherein the neutrophile and eosinophile elements of the blood had almost disappeared, while the white corpuscles are made up of large lymphocytes, thus numerically giving the white corpuscles a number very little below the normal. It seems that the lymphoma rapidly increased, accompanied with great weakness, due probably to the acute lymphæmia. This case was most noteworthy on account of the rare form of retro-bulbar lymphatic increase, and, secondly, on account of the localisation to the mammary glands. Considering the fact that these glandular tumours were everywhere movable and nowhere confluent, that the retro-bulbar growth was slow and in no place was attached to the bone, and that the mammary growth was nowhere fixed, excluded altogether from his mind the possibility of a sarcomatous character.

Hungary.

[FROM OUR OWN CORRESPONDENT.]

BUDAPEST, August 8th, 1903.

AT the recent meeting of the Budapest Hospital Society, Dr. Hainiss read a paper on

ASCARIS INVASION IN A CHILD, ÆT. SIX.

The case is not only interesting by reason of the fact that the ascarides occurred in great numbers—no less than 279—but also because they gave rise to very grave symptoms. H. R., the child of a workman, was admitted to hospital on November 16th, 1902, with a history of vomiting for ten days. The child had been restless, had pains in the head and belly, had lost all appetite, and suffered from constipation. His mother attributed this state to his having eaten unripe fruits. The boy, markedly emaciated, lay in bed curled up, or throwing himself from side to side, complaining of abdominal pains. The temperature was 38° C., the tongue coated and dry and the pupils dilated. The abdomen was distended and tender, especially in the region of the gall-bladder. On the 18th and 19th, several ascarides were discharged. On this ground the boy was given on the 20th 20 centigrammes of santonin, whereupon forty-five ascarides were passed, partly through the anus, partly through the mouth and nose during vomiting. On the 21st, after the administration of a copious enema, thirty-six worms, and later ten more, were discharged. On the 22nd, thirty worms, on the 23rd eight, and on the 24th, thirty-one were discharged. The child gave one the impression of being very ill, and the belly was still painful. A few worms were passed daily. More santonin was given on the 29th, when fourteen more worms were passed. On September 30th twelve worms were discharged. Afterwards from one to eight worms were passed daily. On January 3rd, 1903, the last worm was discharged, making altogether 279. The temperature wavered between 36° and 40° C. The symptoms improved *pari passu* with the diminution in the number of ascarides, and the boy left the hospital on January 17th completely cured.

The question suggests itself why so many worms should have formed in the intestinal tract. Siebold's view is generally admitted, according to which ascarides are not propagated within the intestinal tract, but the fecundated ovum must previously undergo a certain evolutionary process and then return into the stomach in order to undergo its evolution in the intestinal tract; otherwise, of the 60,000,000 ova of the ascaris hundreds of ascarides ought to grow. This is of very rare occurrence in our experience, but this invasion is more common in tropical climates, especially among the so-called "dirt-eaters." Thus it may be assumed that the ova ready to undergo their evolution arrive in great numbers in the stomach either in drinking water or with fruit or green vegetables. The author was unable to offer any explanation of the fever and of the pains referred to at the region of the gall-bladder. Thus not every ascaris case passes off without grave symptoms. But Henoch mentions a case where a child had eaten jam mixed with semen cinnæ, whereon he passed an immense quantity of ascarides without having suffered any particular inconvenience at any time.

Dr. Trinessy asked why the santonin had been given in such a dilatory fashion.

Dr. Hainiss replied that in emaciated and weakly children one must be very cautious in administering santonin, and, on the other hand, he could not foresee that the ascarides were present in such abundance.

GASTRO-INTESTINAL LYMPHATICS.

Dr. Polya Teno related the experimental results which he had arrived at in the First Anatomical Institute of Professor Leuhossek regarding the lymph vessels of the stomach and appendix. Thirteen new-born infants were examined concerning the gastric, and nineteen concerning the appendical, lymph vessels. With regard to the lymph vessels of the appendix, it was found that they all run towards the ileo-cæcal lymph glands, and eventually discharge into the mesenteric glands, after having usually passed

through several glands intercalated in the appendix. They stand in no anatomical relationship with either the lymph vessels of the lig. latum or with the retro-peritoneal glands.

As to the lymph vessels of the stomach, they found that these, following the way of the blood path, passing through smaller intercalated glands, pour their contents into the gland groups lying in the hilum of the liver at the subpyloric region, close to the trunk of the right coronary artery.

Concerning the importance of the lymph vessels and glands in question, they arrived at the conclusion that while a knowledge of the lymph vessels of the appendix enables us merely to explain some of the rarer complications of appendicitis, they have no other bearing. At the same time the knowledge of the passage of the lymph vessels of the stomach enable us to draw a very important conclusion, *viz.*, that lymph paths coming sometimes (also directly) into deeper-lying glands, are on this account to be remedied by radical operations.

The Operating Theatres.

NORTH-WEST LONDON HOSPITAL.

Operation for Removal of Malignant Disease of the Glands in the Floor of the Mouth, involving the Tongue and Lower Jaw.—Mr. Mayo Collier operated on a man, æt. 63, the subject of extensive malignant disease, apparently originating in the floor of the mouth. The patient stated that for the last six months he had had pain, stiffness and difficulty in masticating, which had gradually increased up to the present period. The first indication of anything wrong with the mouth was an increased flow of saliva and some swelling in the right submaxillary region; this was attributed to the presence of a decayed tooth in the right lower jaw, and consequently not much notice was taken of it; the trouble, however, increased, and a definite swelling and hardness could soon be made out between the floor of the mouth and the skin. A previous but distant history of syphilis invited the administration of iodide of potassium; large doses were given for a period of three weeks or a month, apparently without any other effect than that of increasing the patient's discomfort from the flow of saliva. The suspicion of the nature of the case being explained to the patient, and the consequent necessary operation, and more or less mutilation of the tongue and the floor of the mouth being put before him, he declined to accede to any operation, and relied upon a short change of air to effect a cure. Four or five months subsequently he returned to the hospital, then chiefly complaining not only of swelling of the parts and great discomfort, but also of inability to open the jaw to more than a limited extent. In this interval the disease had made rapid progress; a considerable swelling was now apparent below the right lower jaw; the tissues round the angle and outer surface of the jaw were red, hard and angry-looking, the right side of the floor of the mouth as far as the left incisor tooth was invaded by new growth filling the mouth to the level of the teeth; the tongue was now evidently invaded as far back as its root, and the anterior pillar of the fauces was involved. The extreme seriousness and urgency of the case were laid before the patient, and he consented to have done whatever Mr. Collier thought requisite. It was now apparent that not only the greater portion of the tongue, the floor of the mouth, the right lower jaw, but also all the tissues in the right submaxillary region would have to be removed to ensure a temporary relief to the patient's troubles. Mr. Collier commenced the operation by making an incision as for removal of the lower jaw; skin flaps only were turned upwards and downwards. An incision was next made near the symphysis opposite the left canine tooth, and the saw applied. With the help of saw and bone forceps the lower jaw was divided about an inch and a half below the condyle, and the bone with its diseased tissues removed. The tongue was next grasped by passing a stout ligature through its tip and forcibly pulled forwards. Quite two-thirds of the tongue and of the tissues of the floor of the mouth were cut away with curved scissors, and the arteries rapidly picked up as they presented themselves. There still remained a considerable portion of the affected tissue in the lateral wall of the pharynx; this was carefully dissected off with scissors and forceps. The skin was next adjusted and the patient returned to bed, care being taken to keep him lying prone on his right shoulder face downwards so as to encourage natural drainage of the parts. No previous tamponing of the larynx was resorted to, and no difficulty was experienced with the anæsthetic. The anæsthetic employed was chloroform. Mr. Collier said this was one of a number of cases of extensive malignant disease in the neighbourhood of the mouth and throat he had operated on. In considering the question whether such a case as this should be operated upon or left to its fate, the surgeon had to take into account the misery and suffering that would accrue to the patient before a fatal termination took place. The inability to swallow, the constant pain and the fœtor from the mouth, rendered life a burden to the patient and a source of extreme discomfort to his friends. The result of the operation he had just undertaken would, he remarked, in this case relieve the patient of the pain, fœtor and general discomfort, and would, in most cases, prolong life for a period of from six to twelve months. Although in undertaking these serious operations the patient, Mr. Collier said, is exposed to extreme risk, not only during the operation itself, but also subsequently, it was his experience that a large percentage made a rapid and complete recovery and were enabled to enjoy a period of some months of comparative comfort and happiness; moreover, when recurrence did take place it was frequently in sites distant from the original trouble, and death took place from some remote secondary affection. He pointed out that a precaution of great importance in these cases was the proper arrangement of the position of the patient during the operation, to avoid the possibility of blood entering the larynx; to do away with the disagreeable necessity of tamponing the same all that was requisite, he said, was to raise the patient in a semi-recumbent position and incline the site to be operated upon downwards close to the edge of the table; by this means blood gravitated outwards instead of into the pharynx, and the anæsthetic could easily be administered by a tube passed into the nostril of the opposite side; this position, somewhat modified, is resorted to during the first two or three days of the patient's convalescence, and consequently all secretions and drainage from the wound find an easy and natural exit and so help to prevent the common and fatal complication of septic pneumonia. The patient left the hospital fourteen days after operation apparently convalescent, and with surprisingly little disfigurement.

An army tutor died under chloroform at the West London Hospital last week while undergoing an operation for the relief of appendicitis. At the post-mortem examination it was found that an appendicular abscess had ruptured, causing syncope, to which, rather than to the anæsthetic, he had succumbed.

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WEDNESDAY, AUGUST 12, 1903.

THE CHOICE OF PATIENTS FOR OPEN-AIR SANATORIA.

THE enthusiasm with which the open-air treatment of pulmonary tuberculosis has been taken up by the profession and by the public threatens, unless kept within reasonable bounds, to bring the method into discredit. Medical men, and in general those who are in a position to facilitate the admission of a phthisical patient into such institutions, are besieged by applicants on behalf of sufferers in the antepenultimate stage of the disease. The more distressing their condition the greater is the claim they are supposed to have for reception, and the pressure brought to bear by sympathetic but undiscriminating outsiders is with difficulty resisted. Nay, since these institutions are in large measure supported by the public by voluntary contributions or by the payments of patients, the more urgent the circumstances the more solicitous are the applicants. The inevitable result is that hospitals for consumption and sanatoria are to a large extent filled by unhappy patients, whose state no longer justifies the hope of permanent relief, much less of cure. After a time advantage is taken of a temporary amelioration to induce them to return to their homes, where, under unfavourable conditions of environment, they promptly go from bad to worse. Unfortunately, it is easier to point to the consequences of this misapplication of valuable therapeutical resources than to suggest a remedy. It is obvious that hospital and sanatorium treatment, which is curative or nothing, should be reserved for persons who are still at a stage of the malady at which good effects may be confidently anticipated. As a matter of fact, these early cases, being of their nature less urgent, are crowded out by the more advanced cases. Moreover, the patients themselves are often by no means anxious to forego their daily occupations and devote their flickering energies to curative treatment. With the hopefulness which is one of the most remarkable and pathetic features of tuberculous disease in human beings, they are only too glad to shut their eyes to the onward progress of the malady, and positively resent any advice which infers that their state is grave enough to warrant their giving up work and undertaking a prolonged course of treatment. It is not until they have reached a stage at which they are constrained to abandon work, a stage associated with extensive and usually irreparable damage to the pulmonary tissues, that they reluctantly acquiesce in advice, which, if followed earlier, might have enabled them to hold their own. Then, too, it is not sufficiently impressed on patients that a return to the conditions of occupation and environment which produced the disease must necessarily conduce to a relapse. And even when this lesson is learned it must often be beyond the power of the sufferers to control or modify their conditions of life, and the inefficacy of the treatment is ignorantly called into question. The only remedy for this state of things would be for more drastic rules to be made and enforced in respect of the admission of patients. It is indispensable that this question should be left in the hands of the medical officers, especially where municipal institutions are concerned. Moreover, however harsh it may seem, it should be a rule that patients who fail to derive benefit within a certain limit of time should be discharged to make place for those more amenable to treatment. The accommodation for the phthisical is not likely to be commensurate with the demands for many years to come, and it is, therefore, the more necessary to restrict the benefits of these institutions to sufferers whose lesions are not too far advanced to defy curative measures.

"PROTECTION" IN HOSPITAL APPOINTMENTS.

THE world of medicine presents to the observant mind a curious mixture of progress and conservatism. The scientific aspects of professional life set forth a fascinating picture of a self-sacrificing and absorbing pursuit of knowledge in the best interests of humanity. At the same time, it is impossible to disguise the fact that there is another and less attractive reverse to the picture. Fortunately, or unfortunately, the medical profession is in the overwhelming majority of cases adopted as a means of livelihood. That being the case, the elements of competition and of class combination become involved to an extent that is hardly recognised at its true value within the walls of the profession itself, to say nothing of the outside public. There are many valuable appointments, paid and unpaid, in connection with hospitals, teaching, schools and universities, the services, and many public and official appointments. It is natural

that an attempt should be made as far as possible to secure the monopoly of these coveted positions by this or that section of the profession. This result is inevitable while the struggle for existence is carried on by society under its present conditions, and can hardly be seriously condemned, although it clearly falls short of any high scheme of social morality. The safeguarding of its interests as a whole is carried out to a most complete extent in the legal profession. In the sister calling of medicine the general defence is notoriously feeble, and indeed the only thoroughly practical existence of the kind is the undeclared class combination that exists among those who are often spoken of as "the leaders of the profession." To a certain extent such common action may be tolerated as the outcome of a reasonable measure of self-preservation. The main body of the medical profession, however, is made up of general practitioners, and it behoves them to keep a careful eye on the movements of all classes or combinations in the profession to which they belong, in order to prevent the infliction of injustice or injury either to themselves or to the outside public. There is one point to which their attention may be emphatically drawn, namely, the creation of a monopoly in certain hospital appointments by insisting upon the candidate holding some particular qualification. This condition is usually adopted by the governing bodies of the medical charities at the suggestion of members of the medical staff. It is understandable that men with high-standard qualifications should seek to exclude men who have gained their laurels in Ireland or Scotland. But that which is natural may be at the same time absolutely unjust. The London men, in one supposed instance, attempt to exclude competition by establishing an arbitrary tariff condition, so to speak. In other words, they are attempting to establish a monopoly in valuable hospital appointments by way of "protection." In various ways the public and the medical profession suffer from the extinction of competition at which they aim. All qualifying bodies outside London, for instance, are placed at an immediate disadvantage, inasmuch as their graduates as diplomates are seriously handicapped in the struggle of professional life by finding the road blocked to many honourable posts. Nor is there any guarantee that better men are provided by any one examining body, however high the standard imposed. Indeed, so far as that goes, at the present moment a prolonged wrangle is still being conducted by the General Medical Council with two London Colleges who refuse to bring part of their curriculum to a satisfactory standard. Yet these very colleges are the most energetic in demanding a monopoly for their diplomates. Only a few days since, the amalgamation of two orthopædic hospitals in London was made the occasion of an amendment by the staff of one of the institutions that none but Fellows of the London College of Surgeons could be permitted to hold any post in the amalgamated hospital. This attitude on the part of a small special hospital will be regarded by many thinking persons as offensive, arrogant and contrary to the interests of the public, of the hospital concerned, and of the medical profession. It is a direct slight to every one of the multitude of medical men in the Metropolis who do not hold the degree of that particular College, not to mention those in the rest of the United Kingdom. We have no hesitation in saying that the "protection" of particular qualifications in the matter of hospital posts is not only contrary to the democratic spirit of the age, but that it is false to the generous spirit that should guide the internal policy of a great and humane profession. Like all other attempts to advance class interests at the expense of justice, it must sooner or later end in disaster. Were the provinces to adopt a retaliatory position, and exclude any but provincial qualifications, the greater loss would be at once shifted to the shoulders of the London men. Yet who could blame the provinces for making so obvious and simple a retort?

INEBRIETY AND MATERNITY.

Among the many public evils of modern life demanding the attention of physicians and legislators alike, few are of such far-reaching importance to the welfare of the race as the growing habit of indulgence in alcoholic liquors by young married women. If the root be corrupt there is little chance of the fruit ever attaining to perfection, and similarly, if the constitution of the unborn babe or the tender nursling be undermined through the intemperance of the mother it can hardly be expected to arrive at complete physical or mental maturity. If inebriety be so widely spread, especially among the working-class population of the great cities, as it is believed to be, another influence is at work which cannot promote anything but degeneration, physical and moral, in the offspring. The practice of giving alcohol to women in child-bed in the shape of gin and brandy appears to be on the increase, and it is not an uncommon thing for a woman who has reformed during her stay in a retreat to relapse entirely into her old ways after the birth of another child. Not content with taking stimulants themselves, these women seek to cure the various minor infantile ailments with drops of spirits, so that their unfortunate children become almost literally "gin-soaked." Can it be wondered, therefore, that, if their lives be spared at all, such infants grow up unstable in mind and body, bearing in them the seeds of the mothers' vice in the shape of some physical or moral malformation or perversion, only to be perpetuated in a more aggravated form through a third generation? The opinion of experts on the subject goes to show that when alcoholism becomes hereditary the whole family is doomed, neuroses appearing in the second generation, epilepsy and other forms of mental instability in the third, actual imbecility and ultimate extinction in the fourth. Apart from the effects upon the mind, there is the increased predisposition to tuberculosis and certain diseases

of the nervous system, combined with a steady tendency towards physical deterioration. As to the causes which lead women so to indulge, idleness and grief seem to take the first place, though at the opposite poles of society. The richer classes, or that section of them which has nothing to do, find amusement in giving way to secret drinking, and even frequent private counters of innocent-looking confectioners' shops for the purpose of indulging in alcoholic beverages. At the other extremity of the social scale, it is sometimes little to be wondered at, when one thinks of the misery and want endured by the poor, that a sure, if temporary solace is found in the spirit bottle. They do not intend to wilfully injure their little ones; such a thought probably never crosses their minds; they simply live for the immediate present, and any wrongs inflicted upon their offspring are done in selfishness and ignorance in the vast majority of instances. When the supply of alcohol is prohibited altogether, as in gaol, it is then noted that when a child is born in prison it usually presents a better physique than the remaining members of the family. The whole subject of inebriety among young married women, and indeed in the female sex generally, is one which is difficult to handle, whether from the aspect of the physician or the legislator, and it is more likely that reforms in this direction will be effected by individual advice proffered by tactful and not too obtrusive visitors, medical or otherwise, who will take the trouble to go into the homes of the people, than by any systematic legal restrictions. The peril of inebriety in maternity is a real one, and like other dangers which menace the public health t must be boldly faced.

Notes on Current Topics.

What is an Accident?

A RECENT judgment of the House of Lords decides a point of considerable practical importance to the community in general, and also of considerable interest to the medical profession. A man in the discharge of a duty which necessitated the employment of force acquired a hernia, and sued his employer under the Workman's Compensation Act. The defendants contended that the plaintiff had not sustained injuries through an accident within the meaning of the Act, and this view was upheld by the County Court Judge, who was in turn supported by the Court of Appeal. The House of Lords has, however, taken another view; reversed the decision of the inferior Courts, and awarded the man the compensation for which he sought. The point to be decided is a knotty one, and one which, as apparently the Courts found, affords scope for considerable differences of opinion. Whatever may be the legal interpretation of the words of the Act, in our opinion the acquisition of a hernia should not be deemed to be an injury the result of an accident, inasmuch as to permit of its occurrence there must have been some previous pathological condition. A healthy man, in whom the various possible hernial tracks are properly closed, cannot to our mind acquire a hernia from some slight exertion. If he can, who would be found who did not possess one? Suppose a man ruptures a gastric ulcer whilst discharging his duty, is that an accident within the meaning of the Act? If it is, where is the definition of an accident to stop? If it is not, why should a distinction be made in the case of the rupture of some already overstretched band of fascial fibre that permits an intestine to leave the peritoneal cavity. Reasoning by analogy is notoriously unreliable, but it cannot for that reason be altogether neglected. To our mind injuries should only be considered as the direct result of an accident, for the purposes of the Act, when they occur independently of any previous pathological condition. The Workman's Compensation Act is altogether a curious anomaly. In the first instance it inaugurated the absurd system of compensating a man for the consequences or risks he voluntarily undertook, and for the result of carelessness. It now undertakes to further compensate him for injuries the result of previous bodily deformities or ill health. Such Acts will eventually injure the class they are intended to benefit. We are informed that in many parts of Great Britain at present, the moment a workman shows signs of ill health or advancing age he is dismissed, and replaced by a younger man, not because he is unable to do his work, but for fear of the consequences of the Workman's Compensation Act.

The Future of the Army Medical Service.

The Secretary of State for War paid a well-deserved compliment to the civilian members of the Advisory Board of the Army Medical Department, during the discussion on the vote for "Medical Establishment." As he himself bore willing testimony, he has been particularly fortunate in the assistance he has received from the medical profession, in the work of reorganising the Service. He invited some of the most eminent members of the profession to assist him in this work and he "could not now sufficiently express his indebtedness to those gentlemen who had given up high fees and personal practice to sit with him on a committee, and who, having done that, had expressed themselves willing to serve on the Advisory Board at a nominal honorarium." The Secretary for War has indeed good reason to congratulate himself. The Committee which was appointed in the first instance had to deal with a service which was undermanned, discredited, and condemned by every medical body in the country. The Advisory Board when it was appointed had to set itself to reconstitute this service, and so well has it done so, that, whereas at the time it was appointed sufficient candidates could not be obtained to fill the vacancies, at the last examination seventy-two candidates applied for thirty vacancies. The reorganised service has made an excellent start and one which we trust will be followed by a no less excellent career. There are still perhaps a few minor matters which militate against its complete success, but these will, we feel

sure be removed as time goes on. One may perhaps be mentioned. The examinations are said not to be conducted with that strict impartiality which alone is fair, and not alone fair but necessary. It is hinted that examiners favour candidates who come from their own schools, and are inclined, perhaps, to discredit those who do not. Every examiner knows how hard it is to avoid unintentionally favouring a candidate who is well versed in the particular foibles of the examiner, and what a constant strain it is to avoid doing so. When, therefore, by overt acts or words an examiner shows that he intentionally favours or decries a candidate, it becomes a matter of serious importance. We are loth to believe that the preferences shown by examiners in this case are other than involuntary, but for the good of the service it is necessary that no trace of real or supposed unfairness should appear.

The Army and Civilian Medical Assistance.

A royal warrant which was issued at the commencement of the present month will be of interest to many medical men, as it may in the future directly affect them. The warrant provides that "when a detachment of the Army is not within reach of a military medical man, the officer commanding may call in a civilian medical man to render medical attendance to the officers and men belonging to the detachment, and to other persons entitled thereto at the public expense, at the undermentioned yearly rates (which include the cost of medicine):—If there are less than 10 persons £5; if there are 10 persons or more, for every complete 25, or a portion of 25, provided that the total emoluments for all services, exclusive of the examination of recruits, shall not in any instance exceed £1, for any one day, £10. Under special circumstances, and when the medical duties required of the civilian practitioner do not come within the range of ordinary medical attendance, the remuneration shall be at such rates as may be determinded by the commander of the army corps, or the officer commanding a district lying outside an army corps command." We consider that it would be more to the interests of military patients if medicines were provided from a source independent of the medical officer. There are many objections to the grouping together of advice and medicine, and we regret that the War Office perpetuates such a system.

A Superstitious Custom.

Our medical and lay contemporaries are exercising their ingenuity to account for the superstitious custom that is being practised in Cambridgeshire of bringing a goat into and around houses in which any person is ill. We find it gravely stated that the emanation of caproic acid from the animal body has an antiseptic property. Our lay contemporaries incline to the view that goats are lucky. The explanation is withal simple: it is the perpetuation of the old Jewish ceremonial, shorn of course, of almost all its rites and formalities, of selecting a scape-goat. "The goat, on which the lot fell to be a scape-goat, shall be presented alive before the Lord, to make an atonement with him, and to let him go for a scape-goat, into the wilderness." This view finds confirmation in the form of exorcism in the first Prayer-book of King Edward VI., the exorcisms of the Sarum Missal and other such books. The ceremony survives, as Spencer says, long after the occasion that called for its observance has passed away, and it lingers on from age to age to become endowed with mythical virtues and practised with superstitious reverence

The Society of Apothecaries, London.

The letter published in a contemporary from Mr. Upton, clerk of the Society of Apothecaries, in order to correct the impression that might have arisen regarding the relations between the Medical Council and the Society, deserves attention. It seems well that the competition among the various examining and licensing bodies should, if possible, be corrected and controlled by the Medical Council, particularly if the facilities of passing examinations be held out as an inducement to students to prefer some examining bodies to others. At one time there was a distinct difference between the licenses granted by the Royal Colleges of Physicians and Surgeons, and by the Society of Apothecaries, and the rivalry between them did not exist as at present. It is not very clear in what respect the license of the Conjoint Board is superior to, or more useful to, general practitioners than that of the Apothecaries' Society; and if what Mr. Upton says may be taken as evidence of the character of the examinations, it certainly appears that "The Hall" is keeping up a higher standard in some important respects than the Conjoint Board. In the practice of the law the line is clearly drawn between barrister and solicitor, and there is no such competition among the licensing bodies as in the medical profession. As the L.S.A. is a full license, and the Army and Navy admit those holding it to their Services, the question becomes an important one for those who intend following general practice, whether the L.S.A. is not as useful as the L.R.C.P., M.R.C.S. That kind of practical knowledge which is really of great importance to those who are going to our Colonies or have to settle in country practice, is somewhat neglected by the Conjoint examiners. At "The Hall," on the other hand, more attention is paid to the practical side. We would express a hope that the discord which has arisen between the Medical Council and the Conjoint Board, and which Mr. Upton points out was not participated in by the Society of Apothecaries, may be settled soon to the credit of all concerned.

Irish Medical Honours.

We desire to offer our warmest congratulations to the Royal Colleges of Physicians and Surgeons of Ireland, on the honour which his Majesty has conferred upon them in the person of their respective Presidents. Sir Arthur Macan, President of the Royal College of Physicians, well deserves the honour which has been bestowed upon him. He is best known as a former distinguished Master

of the Rotunda Hospital, and as King's Professor of Midwifery in the School of Physic, Trinity College. To him are due to a wide extent the present high standard of Irish gynæcology and obstetrics. He was largely, if not entirely, responsible for the first introduction of the knowledge and practice of antisepsis into Dublin, and for the foundation of rational gynæcology. He is an Ex-President of the British Gynæcological Society, and was honorary President of the Obstetrical Section of the International Medical Congress of Berlin, in 1890. Sir Lambert Ormsby, President of the Royal College of Surgeons, is a distinguished member of the Staff of the Meath Hospital, where he has done much good work. In addition to his medical duties he has taken a deep interest in the condition of the poor of Dublin, and has worked to improve the conditions under which they live with considerable success. He has also interested himself largely in the present, and, indeed, in all past movements, for the reform of the Irish Poor Law Medical Service. The honour which his Majesty has bestowed on the Irish Colleges, and through them on Medicine in Ireland, will be approved by the medical profession throughout the country.

Diachylon as an Abortive.

THE power of the various salts of lead to produce expulsion of the ovum is well known, a fact which is further exemplified by the comparative frequency with which abortion is seen among women-workers in some of the pottery districts when affected with plumbism, to which they are peculiarly liable. The internal administration of lead for the purpose of intentionally procuring abortion is of sufficiently rare occurrence and demands no more than a passing notice. At the recent County Assizes held at Stafford before Mr. Justice Ridley, two married women, Elizabeth Maria Goodall, aged 45, and her mother, Sophia Emily Mellor, aged 67, were indicted for supplying certain quantities of a noxious drug with intent to produce miscarriage, and the former was also charged with the manslaughter of Annie Cheadle by the same means. Evidence was given of the purchase of pills from the accused by several married women, all of whom were taken seriously ill with symptoms of irritant poisoning, and one of them, Annie Cheadle, had died. The pills contained diachylon and jalap. In the case of Goodall, the defence was that the deceased woman died of chronic renal disease, and not of lead-poisoning. This may have been the case, but it is notorious that chronic nephritis, if not actually produced by the toxic action of lead upon the system, may at least be aggravated thereby. However, as it is difficult or impossible to distinguish between the nephritis produced by lead and the condition of ordinary granular kidney, this charge broke down and a conviction was obtained for the former indictment only. Considering the gravity of the offence in both cases the sentences of seven years' penal servitude for Goodall and four for Mellor do not appear to be any too severe. It is only by the example of punishing such offenders that the plague of abortion-mongers can be stamped out from our midst.

The Natural Cure of Deformities.

THE effect of time in modifying natural processes is familiar to all. Unrelentless and inexorable, it produces changes which human agency may postpone but is powerless to prevent. On the other hand, it is the great healer, and as such is welcomed by all the disciples of Æsculapius who, in a sense, are truly "time-servers." Time is necessary for all growth, and growth may be sometimes very effective in helping the surgeon to overcome certain physical defects, especially of the osseous system. As an agent in the removal of deformities the value of growth was insisted upon by Mr. Howard Marsh in the Cavendish Lecture of 1888. It is in the various rickety deformities that these beneficial effects are, perhaps, best seen. The buttress in the concavity of the shaft of a rickety bone or in one with a green-stick fracture; the lengthening out of the scoliotic spine in favourable circumstances and the cure of the displacement of the tibia in tuberculous disease of the knee-joint as a result of the judicious application of immobilising apparatus are all familiar examples of the manner in which Nature comes to the assistance of art. More recently, Dr. Judson has pointed out before the New York Academy of Medicine that advantage may sometimes be taken of this principle in the treatment of congenital talipes equino-varus, and he has prepared charts showing how the increase in size of the infant's foot by natural growth tends towards the ultimate disappearance of the deformity. Desirable though non-operative measures may be under certain conditions, yet it is obvious that cases in which there is no need for prompt action on the part of the surgeon must be few and far between. Though Nature may be slow and sure, the necessities of existence demand that the cure of deformities should be attempted and effected in as short a time as possible. Club-foot is one of these, for upon its successful treatment may depend the wage-earning ability of the patient in the future.

Therapeutics "In Extremis."

THE limitations of the healing art and the helplessness of the physician are only too painfully manifest when the silver cord is about to be loosed and when the wheel of life shall revolve for the last time. Amid the many conflicting impulses of the moment and the natural emotions which all feel more or less, and some more than others, the central fact remains prominent and should ever be kept uppermost—namely, that it is the physician's bounden duty to fan the flickering flame of life to the utmost of his ability. The policy of *laisser-faire* should never be countenanced, for it is fatal to the spirit of true scientific therapeutics. Though he fail in his noble endeavours ninety-nine times, in the hundredth he may be rewarded. M. F. Léjars, of Paris, classifies the various moribund conditions into those produced by severe injury, by anæmic states, and by toxic agents. When suddenly confronted with emergencies of

this nature the medical man's first aim should be to support the heart. The diffusible stimulants such as strychnine, ether, and alcohol, combined with direct cardiac tonics such as caffeine or digitalis, will most probably be called for. Stress is also laid upon the great value of serotherapy as a means of helping the heart. Hypodermic and intra-venous injections, or, if there be no time for the necessary preparations, the injection of a large quantity of hot saline solution *per rectum*, are indicated, and it is often astonishing to see how patients who are literally *in extremis* will revive when these means have been adopted. In the first class of cases, it is the bold incision, the prompt amputation, the free drainage, which may save life even when it appears altogether impossible.

The Port of London.

The vigilance with which the sanitary authorities guard the port of the great Metropolis is a matter for great satisfaction, and Londoners should have every reason to be proud of the well-developed condition of the "health conscience" of the Port Sanitary Committee. At a recent conference with the Main Drainage Committee the question of the disposal of sewage was discussed. It appears that the Thames Estuary is still in danger of contamination by the discharge of sewage from certain towns situated upon its banks. The possibility of more or less serious injury to the fishing industry is one which must be borne in mind in this connection. The removal of the sludge ten miles further seaward would obviate this risk, but this would mean the increase in the fleet of the sludge-carrying steamers and considerable additional expense. It remains to be seen whether the danger is sufficiently great to necessitate such a step or whether some other means of purifying the water could be utilised. One interesting fact was stated—namely, that 228,116 rats had been destroyed since January 1st. These animal pests have been repeatedly proved to be sources of infection and disseminators of disease, especially of plague, so that the destruction of so many is a great hygienic achievement. The work of the various medical and other inspectors connected with the Port of London is most responsible, and it is very gratifying to note how keenly the officials, one and all, regard the importance of their duties and the welfare of the City.

Quack Nostrums and the Medicine Stamp Act.

It is reported that drastic restrictions have been placed on the advertising of quack, *alias* proprietary, nostrums in Prussia, and the manufacturers of such articles are naturally much perturbed thereat. Mendacious advertisement is, to these people, as the very breath of their nostrils, and if that easy means of deceiving the public be withdrawn the sale of their products must in great measure cease. British and American manufacturers will suffer severely, a foreign-made article appealing with special force to a certain class of the communities. Moreover, the sale of nostrums containing even minute quantities of poisonous drugs is absolutely forbidden except on a medical prescription. Even in this country, where unscrupulous advertisers of secret preparations are allowed a free hand to prey on the ignorant and the sick, the business threatens to become a less easy matter. We do not envy the task of the Somerset House authorities who are called upon every day of their lives to decide whether this or that label renders the product liable to duty. These authorities are notoriously not of one mind, and what one official accords another may deny, nay, the self-same official changes his own mind at tolerably frequent intervals, and curses where erstwhile he blessed. The last departure—one, too, which bears the mark of sterling common sense—is to insist upon all pills and products bearing descriptive names paying the tax. It follows that the host of antibilious pills, liver pills and the like, many of them sold at a penny the box, will have to contribute to the revenue. It is open to the vendors to print the nature of the components on the label, and thus escape the tax, but this would give the whole thing away without achieving the object in view, which is to convince the public that they are buying panaceas for their ailments, all and sundry.

Mr. Edison and the X-Rays.

In the present uncertain state of our knowledge of the X- and various "rays" it would not be safe to deny any statement, however intrinsically improbable; but Mr. Edison's recent indictment of the Röntgen rays invites us to admit possibilities hitherto not only unknown, but unsuspected. To specially powerful rays of this kind he attributes, for instance, a disturbed digestion, a complaint but too familiar to hosts of Americans who would not know an X-ray from a caterpillar. Moreover he states that "lumps have formed all over his stomach," a phenomenon which suggests a positively alarming diagnosis. It may be, as has been suggested, that the rays so irritate the militant phagocytes as to provoke them to wreck the organism of which they constitute the garrison, but the indictment must be more closely formulated before we can render a verdict of manslaughter with premeditation against the active cell, whose defensive work Professor Metchnikoff has so eloquently described. We would remind Mr. Edison that the *post hoc* must not be confused with the *propter hoc*, and an exact diagnosis might conceivably be arrived at if he were examined by a special committee appointed by one or more of the local medical societies.

The Death of Phil May.

The untimely death of the celebrated caricaturist at an age when he might reasonably have been expected to exercise the plenitude of his powers will leave a blank, greater possibly than that which would have been created by the disappearance of several distinguished lawyers and physicians. Phil May was essentially a

humorist, and his pleasantries were invariably characterised by quaint good-humour without even a suspicion of spitefulness. He did not often draw his subjects from medical practice, but when he did so he steered wide of any appearance of criticism *à la* Molière. He was genial but eccentric in his bearing, and his life history tends to reinforce the dictum that genius approaches the borderland of the mentally unstable, an instability which was reflected in his mode of life. It is a maxim in psychology that an unusually acute sense of the ludicrous is indicative of a certain lack of mental equilibrium, and the exuberance of this faculty, or sense, in Phil May may explain in part his premature decay. Even in his last moments he displayed the same keen appreciation of the comical and the whimsical, but we have not the heart to tear aside the veil from the bedside of the dying genius.

The Birth-Rate in Fiction.

AN old proverb declares that it is man's duty to plant trees and beget children. The latter has for some time shown signs of decay. Child-bearing is becoming unpopular, and the responsibilities of parentage are willingly shirked. Not only in actual life is this the case, but the same tendency is manifest in modern fiction, and the drama of to-day deals but little with large families. It is interesting to compare the pictures of domestic life as portrayed in the novels of a bygone day with the delineations of home as seen in current fiction. We fear present-day literature is all too true an indication of the spirit which is making for a progressively falling birth-rate, with its serious consequences on racial progress. The decrease in the size of families is a subject not only of wide sociological interest, but one which has important bearings on various morbid conditions which face the physician of to-day and call for the most careful study.

Holiday Horrors.

THE holiday brings disaster to many. A vacation is often an opportunity for the establishment of processes which undermine vitality. The recess, instead of bringing recreation, not infrequently becomes the dating point from which lifelong suffering may be reckoned. The exodus from town and city to mountain, moor and sea means to many a blind plunge into reckless indulgence and ignorant procedure, which makes for decadence rather than recuperation, degeneration instead of upbuilding. No one can seriously study the impulse of a holiday crowd. or watch the wayward wanderings of the average excursionist without being appalled at the profound ignorance manifested as to the need for attention to the most elementary principles of hygienic life. In days when work seems principally to consist in a preparation for holidays, and when duties seem to be undertaken merely as a means to vacation delights, it would surely be well if those, who in schools or institutions where instruction is supposed to be given, could arrange for an exposition of the hygiene of holidays. The marring of mankind by the abuse of what should be instrumental in its evolution to higher planes offers a melancholy spectacle, which the medical mind would fain see altered.

Municipal Medicines.

THE municipalisation of mankind proceeds apace. It is apparently a necessary part of the movement making for the evolution of the human. We do not pretend to know how far distant the day may be when every physician and each surgeon will rank as a civil servant, an officer of the State. But already medicine is being municipalised. It is no uncommon thing to find notices in public places stating that suitable medicine for the treatment of summer diarrhœa may be obtained free on application at the nearest police station. As far as we can gather, these preparations are given without medical supervision and merely as the result of self-diagnosis. We do not pretend to think that the poor can be induced to seek a legally qualified man's assistance for many of the transitory ailments which so often afflict; but where hospitals abound and medical assistance is forthcoming for the asking, we think it most undesirable that responsible bodies should encourage measures likely to develop irregular practices. It would be well if municipal councils always sought the advice of their medical officers of health in all matters in which the health of the people was directly concerned.

The Increase of Insanity.

THE annual report issued by the Commissioners in Lunacy shows a larger increase in the number of the insane during last year than in any previous year—the difference for that year being 3,251. It is a disquieting fact that, although we are able to stem somewhat the tide of certain infectious diseases and prevent many others by enforcing the observance of hygienic laws, our inability to check the development of mental disorders appears to grow in proportion. The increase in 1902 seems to be practically confined to the pauper classes, which is significant when considered along with the physical deterioration which we have seen to be at work among them. The propagation of the physically unfit cannot fail to tell in the long run upon the mental quality and character of their progeny. It is astonishing, at first sight, that the worry and strain of modern life and the struggle for existence do not appear to be responsible for so many cases of insanity as might be expected, but when the chief cause, at any rate among men, is stated to be intemperance, the reason becomes clear. The worry is in all probability there just the same, but its effects are prevented from leaving their mark upon the mind by indulgence in alcoholic liquor which is quite as potent an exciting factor, though a much more pleasant one. The increase is not confined to the Metropolis, but is felt throughout the provinces as well. The cities of Hereford and Exeter have actually a higher percentage than London. The protest of the Commissioners that lunatics should be subjected to examination in their own homes

and not at police-courts is most important, and one which it is to be hoped may be taken to heart by judicial authorities. The more widely the idea is accepted that insanity is a disease and not a crime the more perfect will be the methods for its detection, prevention and treatment.

Yachting and Health.

Cowes week is over, and for many fashionable souls the delights of yachting are at an end. It is somewhat remarkable that the hygienic advantages of yachting do not receive wider recognition. Englishmen should not be slow to remember the peculiar benefits which accrue from the geographical situation of their home, and it would be well if facilities could more widely be afforded to the many invalids and convalescents to whom yachting would provide conditions of the highest therapeutic value. We often hear of philanthropic persons presenting a country house for the use of the physically unfit, but the owners of yachts, doubtless for very good reasons, are slow to lend their floating homes for purposes of recreation of mind and recuperation of body. Some hospitals have received offers of the loan of motor cars for their patients, but we have never heard of an institution having the opportunity of using a yacht as a convalescent home. And yet, as we have said, a suitably equipped yacht offers peculiar advantages for the restoration of certain cases, and as a prophylactic agent its usefulness might well be made use of.

PERSONAL.

Mr. William Stamford, M.R.C.S., has been reappointed Medical Officer of Health for Tunbridge Wells.

Dr. T. M. Murray Lyon, of Mid Calder, has been appointed Justice of the Peace for the county of Midlothian.

Mr. William Butler, M.B., C.M., D.Ph., has been appointed Medical Officer of Health to the Willesden District Council.

Dr. William Lang, Government Medical Officer o' Grenada, has retired on a pension after forty years service in that colony.

Mr. P. Sidney Spokes has been elected a member o the Board of Examiners in Dental Surgery of the Royal College of Surgeons of England.

Dr. David McCay has been appointed Assistant Professor of Physiology in the Medical College, Calcutta, and Resident Physician to the Medical College Hospital.

Dr. D. K. McDowell, late Principal Medical Officer in Northern Nigeria, is leaving shortly to take up the duties of Principal Civil Medical Officer of the Straits Settlements.

We regret to learn that the son of Dr. Breach, of Yattendon, near Newbury, was killed a few days since as the result of a collision with a butcher's cart when cycling.

Dr. S. R. Christopher, who has had extensive experience of malarial research on the West Coast o Africa, has accepted an engagement to undertake similar work for the Indian Government.

The late Mrs. Theresa Florence Morgan, of 36, Walton Street, Pont Street, has left £100 each to the Cancer Hospital at Brompton, the Brompton Consumption Hospital, and the East London Hospital for Children.

The office of Supernumerary Medical Officer of St. Lucia has been abolished, and Dr. E. Wells, who has performed the duties for some time past, has been offered the post of Medical Officer of Barroulie, St. Vincent.

Dr. J. Hughlings Jackson is the recipient of the Moxon Gold Medal, awarded every third year to the physician who should be deemed to have most distinguished himself by observation and research in clinical medicine.

Dr. Hughes Walsham has been awarded the Weber-Parkes Prize of 150 guineas, and a silver medal, by the Royal College of Physicians, London; a similar medal, distinguished as a second medal, was awarded to Dr. W. J. Horne.

The Drapers' Company, consequent on the announcement made as to the financial stress now existing, have promised to contribute £4,000 to the Tottenham Hospital on the condition that the hospital authorities raise a sum of £3,000.

Mr. John Astley Bloxam, F.R.C.S., of Bourne End, Bucks, whose retirement from the position of senior surgeon to Charing Cross Hospital was recently announced; has been placed on the Commission of the Peace for Buckinghamshire.

Mrs. M. A. Dacombe Scharlieb, M.D., M.S., and Miss C. Violet McLaren, M.B., Ch.B., have been elected members of the Council of the Society for the Study of Inebriety, and are the first lady representatives to whom this honour has been extended since the foundation of the Society in 1884.

Dr. C. Holman, the treasurer of Epsom College, has been presented by the Council with his portrait to be hung in the Council Chamber of the College in Soho Square in recognition of his efforts to secure the success of the recent festival dinner.

Dr. Robert Hutchison has been appointed the Goulstonian Lecturer, Dr. Frederick Taylor the Lumleian Lecturer, Dr. J. F. Payne the Fitz-Patrick Lecturer for 1904, and Dr. E. H. Starling the Croonian Lecturer for 1905, by the Royal College of Physicians, London.

The Baly Gold Medal, founded in 1866 by Dr. F. D. Dyster, of Tenby, awarded every alternate year to the person who shall be deemed to have most distinguished himself in the science of physiology, has been awarded to Dr. J. N. Langley, D.Sc., F.R.S., by the Royal College of Physicians of London.

Deputy Surgeon-General C. B. Mosse, C.B., C.M.G., Superintending Medical Officer of Jamaica, has arrived in England on leave of absence. Prior to proceeding to Jamaica, Dr. Mosse served on the West Coast of Africa for twenty years and took part in the Ashanti War of 1873-74, for which he received the Companionship of the Bath, the medal with clasp, and was mentioned in despatches.

British Medical Association.

71ST ANNUAL MEETING, SWANSEA, JULY 28TH TO AUGUST 1ST, 1903.

RECOLLECTIONS AND REFLECTIONS.

THE South Wales meeting of the British Medical Association now takes its place with the things that have been. Successful according to such standard as is readily applied by the ordinary member, it is not likely to be remembered as in any way epoch-making as regards scientific medicine. Abundant hospitality has been extended, much pleasurable excitement has been provided, but no specially valuable contributions to the science and art of medicine can stand to the record of this year's meeting.

ANCIENT CYMRIC MEDICINE.

The recent Swansea meeting was somewhat remarkable for its lack of reference to, or representation of, primitive medicine in Wales. This was the more regrettable since the healing art occupied a prominent place in ancient Cymry. We are of opinion that it would be well if the Presidential Address, or, if necessary, some special lecture, were devoted at least in part to an exposition of the early history of medicine as demonstrated in the particular locality in which the annual meeting was being held. In these days of push and progress it is particularly necessary that the lessons of the past should not be forgotten, and that a love for ancient lore should be encouraged, for probably that true spirit of reverence necessary for patient perfecting in research is best kindled and kept alive by a wise and discriminating study of bygone procedures and forgotten theories. The enterprising firm of Messrs. Burroughs Wellcome and Co. presented members of the British Medical Association with a peculiarly attractive, charmingly illustrated and most conveniently sized and shaped booklet on "Antient Cymric Medicine," which contained much interesting data concerning primitive medicine in the Principality, but, with this exception, little appeared to indicate that Welshmen have played no unimportant part in the struggle against disease.

THE SCIENTIFIC WORK OF THE ANNUAL MEETING.

Annual gatherings of all kinds are apt to lose sight of the real purpose of their assembling. The social functions appeal to the many, while the scientific aspects attract only the few. Of recent years what may be termed the purely pleasurable side of the annual meeting has tended to choke its essentially scientific aims. This is much to be regretted, and we venture to think that with a reconstitution of the association the present position should be immediately faced and serious effort made to make the scientific work more prominent and popular. At the recent meeting the attendance at the sections was generally meagre and altogether insignificant compared with the number of members supposed to be in attendance. The discussions held in certain sections could not be considered in any way authoritative, and did little to further medical practice or stimulate scientific research. We are of opinion that the Council would be well advised if it sought the assistance of a special committee of experts to select and clearly define the subjects which might be considered ripe for discussion. In every case only those who from special study, or exceptional experience have secured particular information on the subject should be selected as contributors. At the present time a policy of haphazard seems, at least in certain quarters, to hold sway. A word of praise should be given to those responsible for certain sections for the effort to provide an epitome of the material to be presented; in several instances fairly satisfactory summaries were printed in the *Daily Journal* of addresses opening important discussions, and it is to be regretted that in every case an abstract is not published at least a week before the opening of the annual meeting.

THE WORK OF THE SECTIONS.

Professor Thomas Oliver's address on "Miners Diseases" offered one of the most valuable features of the work of the pathological section. It was shown how, in miners' phthisis, dust particles were carried by the wandering cells of the finer bronchi, which were distinctly phagocytic and mobile, through the branched plasma spaces into the lymphatic canals under the pleura, and thence by way of perivascular or peribronchial vessels to the bronchial glands. The general opinion seemed to be that pulmonary tuberculosis developing in miners was usually to be considered a secondary condition due to infection of tissues, the powers of resistance of which had been lowered by local irritation and other influences.

In the laryngology and otology section, Sir Felix Semon discussed the selection of operative procedure for malignant disease of the larynx, indicating the relative advantages of the intralaryngeal method, phyrotomy, with or without removal of fragments of cartilage, partial and total extirpation, subhyoid pharyngotomy and palliative tracheotomy.

Considerable interest was aroused in the discussion on the upper respiratory tract as a source of systematic infection introduced by Dr. de Haviland Hall and Dr. Jobson Horne, who brought evidence to show that typhoid fever, measles, influenza, whooping cough, septic fever, tuberculosis, syphilis, infective endocarditis, and other infectious diseases, might be introduced by way of the upper respiratory tract.

In the section devoted to tropical diseases that enthusiastic and veteran pathologist and clinicist, Mr. Jonathan Hutchinson, ardently propounded his views regarding the etiology of leprosy, holding that an overwhelming body of evidence is opposed to the belief that leprosy spreads by any ordinary mode of contagion; that hereditary transmission is a rare event; that commensal communication occurs occasionally, but is by no means frequent; that in all countries where leprosy is not common a great majority of the cases seem to arise spontaneously; that the available evidence points to leprosy being due to fish, that the very excessive prevalence of leprosy is certain fishing districts is a fact strongly in favour of the fish hypothesis, and that its excessive incidence in Roman Catholic communities supports the same conclusion.

We have arranged to publish during the next few weeks abstract papers of the more important communications presented at the Swansea meeting.

MEETINGS OF SOCIETIES.

The members of the would-be-cosmopolitan Continental Anglo-American Medical Society on July 30th lunched together at the Hotel Metropôle, at Swansea, Dr. A. J. Freeman, of San Remo, being in the chair. Although the number of "foreign residents" was not large the gathering was full of pleasant associations, and did much to renew old friendships.

During the annual meeting week the friends and subscribers of the New Sydenham Society held their yearly gathering.

The Irish Medical Schools and Graduates Association also held their summer general meeting.

The National Temperance League's Annual Breakfast was a great success, interesting speeches being made by the President, Sir Victor Horsley, Professor Murdoch Cameron, Surgeon-General Evatt, Dr. Rawlings, Mr. McAdam Eccles, and others.

Perhaps the most serious function of the annual meeting is the dinner. Dr. P. D. Griffiths, the President, was in the chair. Many toasts were duly honoured, and the whole function thoroughly enjoyed by the members and visitors present.

The Council, among the important matters, discussed during their meetings, dealt with the extremely necessary one of medical defence, and a committee has been appointed to consider the desirability of the Association undertaking the legal protection of its members.

THE PATHOLOGICAL MUSEUM.

The pathological museum has for long proved an attractive feature of the annual meeting of the British Medical Association, at least to scientific members. It annually forms one of the most instructive and suggestive departments of the yearly gathering. It affords an opportunity for demonstrating the results of much of the year's research and supplies means for presenting collective evidence regarding morbid conditions still needing investigation and awaiting elucidation. This year's collection, thanks to the energy and wise discernment of Dr. Daniel E. Evans, of Swansea, and Dr Newman Neild, of Bristol, proved rich in interest. We much regretted to find that but few visitors appeared to devote any serious study to the excellent specimens, although in arrangement and by clear labelling considerable effort had been expended to make each exhibit readily accessible to the observer.

A conveniently-arranged catalogue of forty-seven pages supplied useful descriptions of 218 preparations.

Many interesting specimens were shown from the museums of the Bristol General Hospital and the Bristol Royal Children's Hospital. A preparation of Dr. Mitchell Clarke's admirably showed an aneurysm of the aorta opening into the superior vena cava. Staff-Surgeon Bassett-Smith, of Haslar, exhibited a fine series of preparations of aneurysms. Drs. Poynton and Paine showed specimens of experimental endocarditis and osteo-arthritis. A particularly good example of syphilitic fibrosis of the lung was in the collection, and there was an interesting specimen of congenital syphilitic liver from a child of six. A good series of preparations illustrated the various morbid conditions affecting the spleen. There was an excellent sample of spindle-celled sarcoma from a child, aged one and a half years. Mr. Henry Juler exhibited a valuable collection of ophthalmic lesions.

A large number of radiograms, drawings, photographs and diagrams were exhibited, several of much interest coming from Haslar Naval Hospital. Mr. Alfred Eddowes showed good drawings of veldt sore. Mr. Hutchinson supplied a particularly valuable selection from the museum of the London Post Graduate College and Polyclinic. A collection of mosquitoes, British and foreign, deserved particular attention. Among the microscopic preparations Dr. Mitchell Clarke, of Clifton, exhibited several of much neurological importance.

We are strongly of opinion that it would be well if a serious attempt could be made to ensure that the Annual Pathological Museum supplied as far as possible, a complete demonstration of the best work in this country of the preceding year, and so afford a practical presentation of collective investigation into such matters as can be exhibited by our ordinary macroscopic and microscopic methods.

Special Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

[FROM OUR SPECIAL CORRESPONDENT,]

SCOTLAND.

THE HEALTH OF EDINBURGH.—The report by Sir Henry Littlejohn for the year 1902, just published, records a comparatively uneventful, and therefore satisfactory, period of improvement. The death-rate, deducting "country deaths," *i.e.*, those of persons coming into the city for treatment in medical institutions, was 15·8 per 1,000, the lowest recorded except in 1896. The infantile death-rate per 1,000 births was 119, as compared with 143 and 132 in the two preceding years. The birth-rate was only 24·4, the second lowest of the eight great towns in Scotland, and comparing very unfavourably with the general rate in England and Wales of 28·6, with that of the 76 great towns of 30, and with that of Glasgow of 32.7 ; 7.5 per cent. of the births were illegitimate. The zymotic death-rate was 1·08 per 1,000—somewhat below the average. Tubercle accounted for 692 deaths, or 2 per 1,000, and cancer for 312. In the year under consideration changes were made in the notification of infectious disease, measles being discarded, and erysipelas and puerperal fever included. As a result, notifications fell from 7,053 to 1,968, and, excluding from these cases erysipelas and puerperal fever, it is found that there has been a general diminution of infectious disease, chiefly due to a marked decrease in the amount of diphtheria, which still, however, is much more prevalent than in the years prior to 1900. The case mortality from zymotic diseases shows that the diseases are more fatal to patients treated in their own homes than in the Town Hospital. In typhoid, for example, of which only 192 cases were notified, the lowest number since 1880, the death-rate in hospital was 7·5 per cent. ; of cases treated at home 35 per cent. The case mortality of diphtheria is now only 7·8 per cent. a truly marvellous improvement compared with 14 per cent in 1898 and 24·7 in 1893. Towards the end of the year 1901 the Council decided to transfer bacteriological work from the College of Physicians' Laboratory to the Usher Institute. In that year the number of specimens reported on was 630, at a cost of £127 15s. ; in 1902 only 383 specimens were examined for the annual sum of £300 granted to the Institute. It should, however, be noted that the diminution in the number of specimens examined does not represent the exact state of matters, since many medical men prefer to have their reporting work done unofficially by the College laboratory. Under the Factory and Workshop Act the registration and inspection of workshops has been transferred to the medical officer's department from that of the sanitary inspector, and in many instances improved sanitary appliances have been put in, limewashing carried out, &c., on the requisition of the inspector. In an appendix to the report the proposed removal of the slaughter houses and cattle market from their present central position to the outskirts of the town is favourably reported on, Sir Henry Littlejohn recalling that he urged this course on the town so long ago as 1892.

COMPLETION OF THE EXTENSION OF THE ROYAL INFIRMARY, EDINBURGH.—The occupation of the recently finished new pavilions in the infirmary in a few weeks' time will mark the completion of the scheme of extension which has been in progress for some years and of which the penultimate stage was reached in the opening of the Diamond Jubilee Pavilion in 1900. In 1898, through the receipt of a legacy of £39,000 from the late Mr. Yule, the managers found themselves able to proceed with the erection of the new ear, eye, and throat pavilions, which were commenced in the spring of 1900. Their long axes run east and west, not north and south, like those of the rest of the hospital. The ophthalmological pavilion consists of three floors and attics, the laryngological of two floors and attics. In each the basement is given over to an out-patient department, which is completely isolated from the wards above. Both pavilions communicate with the rest of the infirmary by covered ways, so that there is as little interference as may be with light and air. In the eye pavilion each floor contains two ten-bed wards, one for males and one for females, while between the two are operating rooms, surgeons' rooms, kitchens, &c, The beds are arranged so that the light does not fall into the patients' eyes, and each ward is sub-divided by a screen in order that the light may be graduated for different classes of patients. In the ear and throat pavilion the first floor has two eight-bed and two two-bed wards, with the necessary operating rooms, kitchens, &c. The buildings are fireproof, and the walls non-absorbent. The architects are Messrs. Sydney Mitchell and Wilson. The whole extension will cost about £136,000, including site, and though the balance in hand falls short of what is needed to meet outstanding accounts by about £6,000, it is a most striking fact that the opportune receipt of large donations and bequests have enabled the managers to effect this substantial increase without appealing to the general public.

Correspondence.

MENINGITIS IN CHILDREN.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—You will perhaps allow me to reply to Dr. Lee's letter in the current issue. At the outset, let me state that the two cases of meningitis which I described in my short paper were almost beyond a doubt tuberculous in their character. In the first case the child's mother suffered from advanced pulmonary tuberculosis, while several of her maternal uncles and aunts had died of the latter disease. The second case was one in which I maintain that the meningeal condition was secondary to what in all probability was an early tuberculous lesion of the lung apex; and this contention is borne out by the fact that the girl's father died of pulmonary tuberculosis. Of course, there is nothing absolutely certain in Nature, but I think we must take facts as we find them, and deduce inferences from these. Without a post-mortem examination I quite admit that the practitioner may be led astray into drawing erroneous conclusions as to the nature of many of his fatal cases. I have, indeed, seen this happen many times, both in the case of hospital and of private physicians. I do not, however, see that my diagnosis of the two particular cases of meningitis which were recently published in your journal can be called in question in the face of the facts which I have stated.

Having said so much I should like to express my entire approval of the view which Dr. Lee maintains with reference to many of the cases of so-called tuberculous meningitis. We often find cases reported as cured, and I am at one with those who regard these as simple (septic, if you will) and not tuberculous. I also think that the ordinary text-book descriptions of this disease are far from accurate and complete. Statements made by one authority are apt to be passed on and taken for granted. The whole subject requires the most careful sifting, and a careful record of cases both from a clinical and pathological standpoint would help greatly to clear up many misapprehensions regarding this subtle and most intractable disease.

As I am at present on holiday, I have no means of referring to Dr. Lee's original paper on the subject; but meantime I am indebted to him for his criticism, as it is only thus that we can ever hope to reach the truth.

I am, Sir, yours truly,
JAMES BURNET.

Prestwich, August 8th, 1903.

Literary Notes and Gossip.

DR. GEORGE S. KEITH'S "Plea for a Simpler Life" has been issued by Messrs. Black in a popular sixpenny edition.

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PRESIDENT DAVID S. JORDAN contributes an interesting paper on "The Training of a Physician" to the August number of the *American Popular Science* monthly.

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MESSRS. MACMILLAN AND COMPANY have just issued a delightful work on "Norwegian By-Ways," by Mr. Charles W. Wood, which should prove invaluable to health seekers in the land of the Northern lights.

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DR. T. J. T. TONKIN, the Medical Officer of the Hausa Association's Central Soudan Expedition, in the current issue of the *Empire Review* commences a valuable study of the lepers of Northern Nigeria.

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SIR JAMES CRICHTON-BROWNE'S new Carlyle volume, "The Nemesis of Froude," is expected to be published about the middle of September, and no doubt will add fresh fuel to the now fortunately slumbering fire.

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PROFESSOR SIMS WOODHEAD, in the current number of *Nature*, furnishes a review of Mr. C. T. C. Salter's translation of Dr. Lafar's "Technical Mycology: the Utilisation of Micro-organisms in the Arts and Manufactures," recently published by Messrs. C. Griffin and Co.

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VISITORS to Switzerland will do well to provide themselves with Mr. John Murray's new editions of his peculiarly attractive guides to "Chamounix and the Range of Mont Blanc" and "The Valley of Zermatt and the Matterhorn," both volumes being by Mr. Edward Whymper.

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WE are sorry to find that the publication of *Vectis* is to cease. This dainty and peculiarly attractive journal, rich in literary flavour and dramatic interest, has been edited with much spirit by Dr. G. H. R. Dabbs, the physician of the late Poet Laureate, and the author of a number of brilliant stories.

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The Manchester Medical Guild Quarterly for July contains an excellent portrait of the late Prof. Daniel J. Leech, together with a peculiarly sympathetic and delicately-worded biographical sketch. Many of Dr. Leech's old students, now scattered all over the globe, will be interested in reading this appreciation of their old chief.

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HOLIDAY seekers who are scampering away to mid-Europe would be well advised to take with them a copy of Dr. Joseph Partsch's new work on "Central Europe" issued in "The Regions of the World" Series, edited by Mr. H. J. Mackinden, and published by Mr. William Heinemann. The chapter on the Alps and the German Danube will prove peculiarly attractive to many making for "the playground of Europe."

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IT is not generally known that "Maxwell Gray" is a lady, Miss Mary Gleed Tuttiett, whose associations with medicine have been very close. Her father, Dr. Tuttiett, practised for many years in Newport, Isle of Wight, and was well known throughout the charming little island. In "The Silence of Dean Maitland" and certain other of Miss Tuttiett's justly popular and most delightful novels the scenes are laid in the Isle of Wight.

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FALMOUTH has for long been a favourite resort for those seeking a climate genial to old age and kindly to the invalid. To such as know or wish to see this western resort we commend the charming new work of Miss Susan E. Gay on "Old Falmouth," containing the story of the town from the days of the Killigrews to the earliest part of the nineteenth century. Sir Joseph Fayrer contributes an introduction. The work is charmingly illustrated, and is published by Headley Brothers, of Bishopsgate Street, London.

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MR. J. HOLT SCHOOLING, in the current issue of the *Fortnightly Review*, in an interesting statistical study of cancer as met with in England and Wales during the last forty years, shows that side by side with a continuous *decrease* in the death-rate from all causes, there has been a continuous *increase* in the death-rate from cancer, and the increase in the male death-rate from cancer has been much larger than the corresponding female increase, although throughout twenty years the actual female death-rate from cancer has been much higher than the male death-rate.

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THE "English Handbook to the Paris Medical School," by Dr. A. A. Warden, Visiting Physician to the Hertford British Hospital in Paris, fulfils a long-felt want. Generations of students and practitioners visiting Paris must have felt the need of such a guide, since it affords information which can only be obtained with considerable difficulty from other sources. The author gives a brief sketch of the Faculty of Medicine, followed by a list of the principal hospitals, the names of their medical staff, and their visiting hours. There is also a list of the museums and libraries, a note on the Institut, sundry hints as to the practice of medicine in France, and a list of private nursing institutions. It is published by Messrs. Churchill, price 2s. net.

The report of the Wellcome Physiological Research Laboratories, edited by the director, Dr. Walter Dowson, is interesting in that it affords evidence of the existence of an admirably organised scientific laboratory in connection with, although distinct from, a commercial undertaking. It is evidence that one at least of the great pharmaceutical firms has recognised the importance of keeping abreast and, if possible, in advance, of the times. At these laboratories not only are the various sera prepared for commercial purposes, but researches are continually in progress having for object to advance our knowledge of the technique of their preparation and titration. Apart from serotherapeutics, however, much useful work is being done in the standardisation of drugs by physiological tests and otherwise, and in researches into the synthetic production of the various organic active principles. The report gives a synopsis of the present state of our knowledge of the various immunising and curative sera, many of which have not yet left the experimental stage.

Obituary.

JOSEPH GRIFFITH SWAYNE, M.D.Lond., M.R.C.S.Eng.

A distinguished member of the medical profession Joseph Griffith Swayne, M.D.Lond., M.R.C.S.Eng., died at his residence, 74, Pembroke Road, Clifton, Bristol, on Saturday, 1st inst., in his eighty-fourth year. Dr. Swayne was a son of the late Mr. John Champeny Swayne, surgeon, of Bristol, and grandson of the Rev. George Swayne, for nearly sixty years vicar of Pucklechurch, Gloucestershire. Born in Bristol in October, 1819, Joseph Griffith Swayne was educated at Bristol College from 1831 to 1836, and studied further at the Royal Infirmary, General Hospital (Bristol), and Guy's Hospital (London), becoming M.R.C.S. and L.R.C.P. in 1841. He graduated at London University M.B. in 1842 (taking gold medals in medicine and midwifery) and M.D. in 1845. He was a Fellow of the Obstetric Society, London, and became, Emeritus Professor of Midwifery at University College, Bristol. He was Lecturer at the Bristol Medical School for fifty years, consultng obstetric physician at the General Hospital, and honorary physician to the Children's Hospital and Clifton Dispensary. His well known little work entitled "Obstetric Aphorisms for Students," was translated into several languages, and he was a frequent contributor to the columns of the various medical papers.

JOHN TATHAM, F.R.C.P.

Dr. John Tatham, of Lowfields, Barton-in-Londsale, Lancashire, died on the 3rd inst., after a very lingering illness, in his sixty-ninth year. After a very successful student's career at the Middlesex Hospital, where he carried off many prizes, he was appointed house surgeon. He subsequently studied medicine in Paris, and was resident physician to the late Lord Holland. He was M.D. St. Andrews, and later in life was elected a Fellow of the R.C.P. of London. He was for several years physician and subsequently consulting physician, to the Brompton Consumption Hospital, and was a regular attendant of the board meeting of the hospital, where he did much useful work. Dr. Tatham contributed on hygiene and climate to medical and other journals and hospital reports.

The death took place on the 1st inst., at the age of seventy-one, of Dr. James Weaver, R.N., of Southport, who was surgeon with the British Fleet in the Crimean War and served in the Baltic. He had been in practice at Longton, Staffordshire, for upwards of twenty years, and was the author of several works on medicine.

The death is announced at the age of fifty-three, of Professor Nocard, the distinguished French veterinary surgeon and bacteriologist. He was a member of the French Academy of Medicine, and one of Pasteur's most distinguished pupils and collaborateurs. He made a special study of the veterinary branch of the medical profession, on which he wrote many valuable treatises, more particularly in connection with the pathology and bacteriology of glanders.

Laboratory Notes.

OATMEAL AS A FOOD.

This cereal is deserving of greater recognition and wider employment as a general food than is at present accorded to it. A well-known scientific writer (*a*) on the economics of foods says, "Oats may be regarded as the most nutritious of all cereals," and to substantiate this statement he draws attention to its richness in fat and proteids as compared with other cereals. It is certainly far richer in fat, since it contains on an average about 8 per cent., while wheat and rice show little more than traces. In proteid value it is richer than wheat, maize, barley, and rye, and contains nearly three times the proteid value of rice. Again, in bone-forming materials (phosphates, calcium salts, &c.) it far surpasses all the above-mentioned.

The average composition to which a fair sample of oats (the husk having been removed) should correspond (*b*) is as follows:—Fat about 8 per cent.: proteids 13 to 18 per cent.; mineral matter, 2 to 4 per cent. It is, of course, essential that the tough fibrous corticle should be as far as possible separated, and this, if present in too large a proportion, would prove irritating to the intestine. In moderate proportions this fibrous matter is an advantage, in that it stimulates intestinally peristalsis. "Flaking" or "rolling" oats is advantageous, because this process aids in the disintegration and subsequent digestion of the grain. If a fine flour be produced from oats, it will be found that this is richer in starch, and, consequently, poorer in other constituents than the whole grain suitably "rolled" or flaked, and, consequently, the latter forms are to be preferred. On account of the low percentage of gluten in oats, they cannot be made into bread without the addition of wheaten flour, but in the form of oat-cake or porridge they provide a highly nourishing and valuable form of food, which might be used with great advantage, particularly in the case of children, where it is of great importance to secure an adequate supply of bone-building material, in the absence of which normal development is likely to be hindered.

ALLSOPP'S LAGER BEER.

We have now analytically examined various samples of Allsopp's Lager Beer, which we have no hesitation in describing as a light alcoholic beverage, pleasantly flavoured, and manufactured from sound materials. Owing to the absence of preservatives, it is free from the mawkish taste which characterises many imported lager beers, and it may therefore safely be assumed to be free from the undesirable physiological effects which are associated with the habitual ingestion of chemical antiseptics. It is an ideal beverage for the warm season, containing as it does only 4·3 per cent. of absolute alcohol per volume. Analysis gives 4·8 grains of extractive per hundred cubic centimetres and 0·25 per cent. of ash. These results are in accordance with the recognised composition of a well-brewed lager beer. It has a delicate flavour of hops, and the product is one which testifies to skilful brewing, so that it can with advantage be recommended as a summer beverage and as a light, mildly stimulating drink with meals.

Fatal Accident.

Dr. Greenaway, of Tunbridge Wells, accidentally fell off the platform at the South-Eastern Station at that town on Saturday, and was crushed by the footboard of an incoming train, sustaining injuries which proved fatal almost immediately.

(*a*) Hutchinson, "Food and Dietetics."
(*b*) "Standards for Foods and Drugs," C. G. Moor, M.D.

Medical News.

The Association of Physicians and Surgeons of the Society of Apothecaries, Limited.

WE have been asked to give insertion to the following: "This association has been formed to bind together the Licentiates of the Society of Apothecaries of London, and of the Apothecaries' Hall of Dublin, in order that combined action may be taken, when necessary, to maintain their rights and privileges as fully qualified physicians and surgeons, and to remove the disabilities under which they at present suffer as to title. It is felt that before long an amendment of the Medical Acts will be sought by the General Medical Council, and as the alteration in title can only be lawfully made by Parliament, it is highly important that there should exist an organised body of Licentiates ready to urge their just claim to modern titles as substitutes for the archaic, though honourable, ones of L.S.A. and L.A.H. There is reason to believe that neither the London Society nor the Dublin Hall will, of their own initiative, take any steps in this matter; but both Corporations would, doubtless, respond to the wishes of their Licentiates, if placed before them by a truly representative body. In order that this Association may become truly representative, and be able to express authoritatively the desires of the Licentiates, it is necessary that it should comprise in its membership a majority of the practitioners who hold the diplomas of L.S.A. and L.A.H. Otherwise there is danger that the association may be regarded as a small band of agitators, and may not be able to exercise a powerful influence. Since the formation of the Conjoint Boards, the diplomas granted by the Apothecaries' societies have unquestionably, though undeservedly, lost some of the prestige which formerly attached to them, notwithstanding that the examinations for them have been extended in scope, and increased in severity, and are quite equal to those of any of the Conjoint Boards. This loss of prestige is undoubtedly due to the insignificance of the abbreviated titles of the diplomas, when compared with those of the Conjoint Boards. To endeavour to remove this injustice, which has often been commented on in the leading medical journals, is one of the principal objects of this association, and the council confidently hopes that all Licentiates will apply for admission to membership without delay, in order that they may be ready when the proper moment comes, to press effectively their claim to titles expressive of their qualifications as practitioners of medicine, surgery, and midwifery. Membership is restricted to practitioners registered on the diplomas of the Societies of Apothecaries alone, or in conjunction with a *Surgical* diploma obtained before June 30th, 1887. Other registered medical practitioners may be elected as extra-members, but are not eligible to hold office in the Council of the association. The annual subscription of members is half a guinea, and of extra-members five shillings. The hon. secretary, A. Rivers-Willson, 42, Wellington Square, Oxford, or the treasurer, Mr. Gerald Dalton, Cranbourn Mansions, Cranbourn Street, London, will be pleased to receive applications for membership or extra-membership.

The Coombe Hospital.

THE annual meeting of the supporters of the Coombe Hospital shows that this institution has discharged its duties in a most successful manner during the past year, and that it is preparing to continue in the same lines even more fully in future. During the past year the new buildings for the accommodation of gynæcological cases have been completed. The new wing includes two large and well-lighted wards, containing twenty-six beds; sterilising and anæsthetic rooms, ample lavatory accommodation, and an operating theatre, complete in every respect, besides other necessary apartments, with pay patients' wards and ward-kitchens. A hydraulic lift has also been erected. In this building a large and commodious hall has been set apart for students' accommodation. A large and commodious house in Ardee Street, close to the hospital, has been altered to suit the requirements of a nurses' home, and awaits occupation. Sleeping accommodation is provided for twenty-five nurses, the sanitary and lavatory arrangements being ample and complete. The admissions into the wards of the hospital showed an increase of 173, and that of the general dispensary an increase of 1,270, the low mortality in the hospital being especially noticeable. In the gynæcological wards there was only one death, and in the labour wards three, of which one came in dying. During the period under review Dr. Thomas Neill, M.B., Dublin University, having completed his term of office as Assistant-Master, retired, and on the nomination of the Master, Mr. M. J. Gibson, M.B. Dublin University, was appointed to the vacancy thus created. Dr. Stevens, the Master, was warmly congratulated on the success of his work in the hospital.

Small-pox at Cambridge.

THE epidemic continues to spread, though more slowly. Up to the end of last week the total number of victims exceeded 130, with eight deaths. The outbreak has incidentally been the means of calling attention to the existence of disgraceful slums in this university city, and the lesson will not have been thrown away if the authorities take advantage of the opportunity to do something to mitigate a condition of things that constitutes a standing menace to the health of the borough.

A Missing Surgeon.

A YOUNG naval surgeon, Dr. W. A. Illingworth, who has been stationed at the Royal Naval Hospital, at Haslar, near Portsmouth, has disappeared under mysterious circumstances. On Tuesday evening he went to the Portsmouth Theatre Royal with some brother officers. After leaving the theatre Mr. Illingworth was driven to Portsea, but missed the last steam launch acress the harbour to Gosport. On discovering this he told the cabman he should take a wherry across. He walked in the direction of the pontoon, where a boat could have been procured, but after that nothing more was seen of him.

Cheap Pharmacy.

IN a case tried last week at the North London Police Court a company of pharmacists, known as Parke's Drug Stores, were fined £50 for having sold as Blaud's pills, pills which were deficient in iron carbonate to the extent of at least sixty per cent. The defence was based principally on the fact that the pills were a proprietary article and therefore excempt from control, but the magistrate admitted the contention that the pills ought to comply with the formula for iron pills of the British Pharmacopœia, or, at any rate, with the Blaud's pill of the French Codex.

A Case for Further Action.

ONE Richard Jones Owen, of Glasgow, who sports a plate bearing the designation "Dr. Owen," on his door, was charged last week with having sold laudanum, he not being a qualified pharmacist. He had apparently endeavoured to pass himself off as a registered medical practitioner, but on inquiry at the offices of the General Medical Council it was elicited that he had obtained registration under false pretences, upon the discovery whereof his name had been erased. He was fined £5; but the matter must not be allowed to remain there in view of his impudent assumption of a medical status.

PASS LISTS.

Royal College of Physicians in London.

At the quarterly *comitia* of this College held last week the President, Sir William Church, in the chair, the following Fellows of the College were elected officers:—Censors, Sir Dyce Duckworth, M.D., F. T. Roberts, M.D., D. Ferrier, M.D., W. H. Allchin, M.D.; Treasurer, Sir Dyce Duckworth; Emeritus Registrar, Sir H. A. Pitman, M.D.; Registrar. E. Liveing, M.D.; Harveian Librarian, J. F. Payne, M.D.; Assistant Registrar, O. A. Browne, M.D.; Library Committee, S. Gee, M.D., P. Frank, M.D., W. H. Allchin, M.D., A. E. Garrod, M.D.; Curators of the Museum, W. H. Dickinson, M.D., H. C. Bastian, M.D., W. Cayley, M.D., and J. Abercrombie, M.D.

The following candidates having passed the required

examination, were admitted members of the College :— R. W. Dodgson, M.D.Lond., St. Mary's ; F. H. Jacob, M.D.Lond., King's College, Lond. ; G. W. F. Macnaughton, M.D.Edin. ; T. H. Morgan, M.D.Edin. ; J. A. Nixon M.B.Camb., St. Bartholomew's ; B. A. Percival, M.B.Camb., St. George's ; P. C. E. Tribe, M.B.Lond., King's College, Lond.

The following gentlemen having conformed to the by-laws and regulations and passed the required examinations, received the diploma of L.R.C.P.Lond :— G. C. J. Acres, G. C. Adeney, W. A. Aldred, C. A. Anderson, W. F. Annand, W. Appleyard, H. Balme, T. St. J. Barry, E. L. Bartlett, F. Barton, H. S. Bennett, K. Black, W. E. Blackall, P. R. Bolus, A. H. Bradley, D. Brodie, J. Burfield, R. M. F. Cameron, W. W. Campbell, P. Campiche, H. M. Churchill, F. G. H. Cooke, J. S. Cooper, R. H. L. Cordner, T. R. Couldrey, H. H. B. Cunningham, H. S. C. Darbyshire, H. M. Davies, C. N. Davies, A. M. de Silva, A. H. Donaldson, H. B. Drake, E. S. Ellis, E. R. Evans, T. J. Faulder, H. H. J. Fawcett, N. S. Finzi, W. H. France, C. F. Fraser, J. Goss, C. B. Goulden, E. R. Griffiths, R. G. E. Grote, T. B. A. Haggard, G. Hall, P. Hardy, B. Hart, R. N. Hart, F. A. Hepworth, W. P. Hingston, A. H. Hogarth, E. L. Holland, G. W. C. Hollist, C. M. H. Howell, C. H. M. Hughes, G. Hughes, D. M. Humby, C. E. Iredell, A. E. Johnson, C. O. Jones, E. J. Jones, W. P. Jones, K. N. Karanjia, A. H. D. Knight, W. H. Lamplough, R. Larkin, C. H. Latham, D. Le Bas, P. G. Lock, J. M. M'Ilroy, R. M. McQueen, E. E. Maples F. M. Matheson, N. S. Meiklejohn, G. C. B. Miéville, E. H. B. Milsom, W. E. Muil, A. R. Neligan and C. V. Nicoll, L. Noon, H. Overy, P. A. Peall, F. H. Pickin, F. J. Pierce, A. P. Piggott, H. W. Plant, J. M. Plews, J. M. Pooley, C. D. Pye-Smith, P. D. Ramsay, R. C. Redmond, R. V. de A. Redwood, R. W. Reid, C. H. Reinhold, G. Q. Richardson, S. Riley, R. H. N. Rutherford, B. M. Sampson, D. L. Sewell, F. B. Shettle, G. R. Slade, H. D. Smart, T. de Smith, S. Spencer, N. I. Spriggs and F. L. Thomas, R. J. P. Thomas, T. J. B. Thomas and L. L. A. W. Thomson, W. B. Vaile, A. C. A. Van Buren, E. Ward, L. Wayne-Morgan, W. T. Webb, J. H. Wells, E. R. Wheeler, A. D. White, E. U. Williams, G. E. O. Williams, T. J. Williams, R. H. C. O. Wisdom, E. A. Wright.

Diplomas in public health were granted, jointly with the Royal College of Surgeons, to the following :— J. P. Candler, M.B., B.C.Camb., T. Divine, M.B., C.M.Glasgow, ; H. Hewetson, L.R.C.P. and M.R.C.S. ; J. C. Hibbert, M.D.Lond., L.R.C.P., and M.R.C.S. ; F. C. James, M.B.Durh., L.R.C.P. and M.R.C.S. ; J. Jones, M.D., B.S.Lond., L.R.C.P. and M.R.C.S. ; W. D. Knocker, M.B.Lond., L.R.C.P. and M.R.C.S. ; G. J. A. Leclezio, L.R.C.P. and M.R.C.S. ; J. G. McNaught, M.D., M.S.Glasg. ; W. H. Peile, M.D.Dub., L.R.C.P. and M.R.C.S. ; M. H. Raper, M.D.Lond., L.R.C.P. and M.R.C.S. ; M. F. Reaney, M.D.Lond., L.R.C.P. and M.R.C.S. ; R. Rennie, M.B., Ch.B. ; N. Robson, M.B., C.M.Glasg., F.R.C.S.Edin ; C. R. Salisbury, L.R.C.P. and M.R.C.S ; T. W. Sinclair, M.D., B.S.Melb. ; C. F. Wanhill, L.R.C.P. and M.R.C.S.

Conjoint Examinations in Ireland.

Candidates have passed the Final Examination as undernoted :—

A. *Passed in all subjects.*—(1) *Honours in order of merit :* R. W. Burkitt, R. J. B. Buchanan, C. Robinson, L. P. Stokes, J. P. Lynch. (2) *Pass :* J. W. Bell, J. Clarke, M. Deeny, D. C. V. FitzGerald, K. F. Fleury, A. E. F. Hastings.

B. *Completed the Examination.*—W. H. Anderson, J. J. Gibney, R. W. Hillis, W. Ormsby.

Royal College of Surgeons, Edinburgh.

At a meeting of the College held on July 30th, the following gentlemen, having passed the requisite examinations, were admitted Fellows of the College :— Neil Murphy Gavin, L.R.C.S.E., James Campbell Nicholson, L.R.C.S.E., Elfred Chalmers Austin, M.R.C.S.E., Percival George Albert Bott, M.R.C.S.E., William Henry Eden Brand, L.R.C.S.E., Edwin Harold Brown, L.R.C.S.E., Edward Augustus Bullmore, M.R.C.S.E., William Darling, M.B., Ch.B., Francis Wilfrid Harlin, L.R.C.S.E., Frederick Burroughs Jefferiss, M.R.C.S.E., Cecil Ernest Jones-Phillipson, M.R.C.S.E., John Davis Lithgow, M.B., C.M., Thomas Hillhouse Livingstone, M.B., Ch.B., Edward Elie Naggiar, M.R.C.S.E., Eugene Joseph O'Neill, M.R.C.S.E., Hans Martinus Peries, L.R.C.S.E., James Martin Reid, M.B., Ch.B., Alexander Sharp, L.R.C.S.E., Hubert Dunbar Shepherd, M.B., Ch.B., Thomas Scott Shepherd, M.B., M.R.C.S.E., George Freeland Barbour Simpson, M.B., Ch.B., Henry Wade, M.B., Ch.B., and Arthur Whittome, M.B., Ch.B.

Royal Army Medical Corps.

The list of successful candidates for commissions in the Royal Army Medical Corps who competed at the recent examination in London is as follows, arranged in order of merit :—A. C. H. Gray, 612 marks ; D. P. Watson, 569 ; T. S. Dudding, 567 ; C. H. Robertson, 558 ; F. M. M. Ommanney and J. E. Powell, 566 each ; R. H. MacNicol, 554 ; O. Devers, 546 ; D. D. Paton, 545 ; S. L. Pallant, 537 ; G. H. Bradley, 530 ; H. H. J. Fawcett, 522 ; T. J. Wright, 521 ; G. A. Kempthorne, 520 ; J. T. M'Entire, 518 ; S. E. Lewis, 515 ; N. D. E. Harvey, 514 ; J. A. Longley, 505 ; N. E. Dunkerton, J. J. Hanafin, and A. C. Osburn, 497 each ; M. C. Wetherell, 494 ; R. T. Collins, 484 ; W. M. M'Dowell, 483 ; F. J. Turner, 482 ; H. C. Hildreth, 476 ; G. S. Mackay, J. B. Richmond and F. M. G. Tulloch, 475 each ; E. M. Glanvill, 471.

Indian Medical Service.

List of candidates for his Majesty's Indian Medical Service who were successful at the Competitive Examination held in London on August 3rd, 1903, and following days ; 41 candidates, of whom 23 had university degrees, competed for 16 appointments ; 29 were reported qualified :—

Name.	Marks.	Name.	Marks.
R. Kelsall ..	3729	E. T. Harris ..	3159
J. H. Burgess ..	3646	C. J. Brierley ..	3118
C. H. Brodribb ..	3599	R. F. Steel ..	3097
J. M. C. A. Macmillan	3448	G. W. Maconachie	3064
C. A. Gill	3361	J. B. D. Hunter ..	3061
C. E. J. Tushy ..	3285	A. C. Ingram ..	3046
G. F. I. Harkness	3253	A. W. M. Harvey ..	3031
F. T. Owens ..	3242	E. W. C. Bradfield	3024

Highest possible number of marks, 5,100.

The Victoria University.

The following passed the undernoted examination during July (names alphabetically arranged) :—

Faculty of Medicine.—Final Examination.

Part I.—Alexander Anderson, B. M. Bennett, J. L. Browne, William Calverley, Archibald Cambell, Catherine Chisholm, Catherine L. Corbett, J. B. Dalton, G. D. Dawson, Douglas Elder, Joseph Fletcher, Tom Glover, A. E. Grisewood, W. L. Hawksley, W. H. Hey, Pantland Hick, R. W. Higson, E. F. Hoare, Marshall Hooper, E. E. Hughes, Ernest Hulme, Lancelot Hutchinson, G. J. Keane, Laurence Kilroe, C. E. Lea, T. W. P. Leighton, J. T. R. MacGill, Hector Mackenzie, R. N. Porter, F. G. Ralphs, William Rotheram, J. S. Rowlands, J. L. Schilling, W. G. Scott, James Smalley, J. F. Smith, Philip Talbot, Henry Thorpe, Leonard Thorp, T. E. Walker, T. W. Walker, H. W. L. Waller, F. J. Walton, W. D. Wilkins, A. R. Wright, and J. S. Young.

Diploma in Public Health.—W. W. Clemesha, Hugh Lawrie, Albert Ramsbottom, A. B. dos Remedios, and F. M. Rodgers.

Sanitary Inspection Certificate.—S. A. Cartledge, Mary Chorlton, F. J. Fearns, C. H. Marsland, H. D. Matthews, J. S. Smith, and S. H. Taylor.

Teachers' Diploma.—Ethel A. Aveyard, H. C. Brentnall, Margaret Crawshaw, Eva Dodge, Susannah Evans, Lucy W. Faraday, Katherine Godson, Gertrude H. Jones, Theodora Prior, R. E. Roper, Elsie C. Stevenson, Ethel M. Stevenson, and Ethel Thompson.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," 'Old Subscriber," &c. Much confusion will be spared by attention to this rule.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

THE CHOICE OF CONSULTANTS.

QUÆRENS.—It is contrary to our practice to recommend individual consultants. Some useful hints can be had by looking through a publisher's catalogue arranged under subject headings. You will see, at any rate, who has written on particular subjects, and then a reference to the Medical Directory will enable you to arrive at a choice. We do not pretend that this is the best way, but at any rate it is one way of distinguishing special aptitudes.

MOORFIELDS.—We shall publish a review of the work shortly, and in this will be found a reply to your questions

F. O. A.—The office of the Medical Lecture Society is at 38, Chancery Lane, E.C.

A SIGN OF THE TIMES.

THE following advertisement speaks for itself. It would be interesting to see the answers received:—

"Doctor wanted as office man to act as salesman for medical speciality. Must be smart appearance, fluent talker, and good case talker.—Address X, Postal Department, Daily Telegraph, Fleet Street, E.C."

MR. H. S.—Thanks for the suggestion, which has been followed.

DR. STEWART will find the reference he needs in our issue for January 28th of the present year.

DR. H. A. R.—The gentleman in question practises in Nice in the winter months and in Switzerland in summer.

UNFAIR COMPETITION.

Mrs. Gabble—No, indeed, I don't have that woman doctor any more. Mrs. Ascum—Why, I thought you liked her. Mrs. Gabble—Oh! She got to be hateful. She used to keep the thermometer in my mouth nearly all the time so that I couldn't say a word, while she monopolised the conversation.—*Philadelphia Press.*

M. R. C. S. (Liverpool).—We are making the necessary enquiries, which, when completed, will be embodied editorially in the journal or communicated privately, if necessary, to our correspondent.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, AUGUST 12TH.

POST-GRADUATE COLLEGE (West London Hospital, Hammersmith Road, W.)—5 p.m. Mr. Armour: Suppurative Diseases of the Central Nervous System.

THURSDAY, AUGUST 13TH.

POST-GRADUATE COLLEGE (West London Hospital, Hammersmith Road, W.)—4 p.m. Mr. Edwards: Surgical Cases. (Surgical wards.)

FRIDAY, AUGUST 14TH.

POST-GRADUATE COLLEGE (West London Hospital, Hammersmith Road, W.)—5 p.m. Dr. Ball: Discharge from the Ear; Causes and Treatment.

Appointments.

BIRKBECK, LAWRENCE HENRY CARR, M.B., B.S.Oxon., Medical Referee under the Workmen's Compensation Acts, 1897 and 1900, for Bridgwater, Chard, Langport, Wellington, and Williton.

BOYCOTT, A. E., M.A., M.B., B.Sc.Oxon., Fellow of Brasenose College, Gordon Lecturer in Experimental Pathology at Guy's Hospital Medical School.

BRUCE, R. T., M.B. M.S.Edin., Certifying Surgeon under the Factory Act for the Thames District of the County of Oxford.

CAMPBELL, PETER, M.B Edin., Certifying Surgeon under the Factory Act for the Newport District of the County of Fife.

CUFF, ARCHIBALD, B.A., M.B, B.C.Cantab., F.R.C.S.Eng., Surgeon to the Royal Infirmary, Sheffield.

HARRATT, T. T., M.R.C.S., L.R.C.P.Lond., Certifying Surgeon under the Factory Act for the Rye District of the County of Sussex

HOWARD, T., M.B., B.S., R.U.I., Certifying Surgeon under the Factory Act for the Portland District of the County of Dorset.

LEMARCHAND, ARTHUR WHARTON, M.R.C.S., L.R.C.P.Lond., Medical Referee under the Workmen's Compensation Acts, 1897 and 1900, for Barnstaple, Bideford, South Molton, and Torrington.

PARDOE, JOHN, M.B. Aberd., F.R.C.S. Eng., Assistant Surgeon to St. Peter's Hospital, Henrietta Street, W.C.

POYNTON, F. J., M.D., F.R.C.P Lond., Assistant Physician to University College Hospital, London.

ROBERTS, R. L., Certifying Surgeon under the Factory Act for the Ruabon District of the County of Denbigh.

SIMPSON, LILIAN G., M.D. Brux., L.R.C.P. & S. Edin., Assistant Medical Officer to the Camberwell Infirmary, Camberwell, S.E.

Vacancies.

Hull City and County Lunatic Asylum.—Second Assistant Medical Officer. Salary £150 per annum, with board, apartments, washing and attendance Applications to the Chairman of the Asylum Committee, care of the Town Clerk, Town Hall, Hull

The Cancer Hospital (Free), Fulham Road, S.W.—House Surgeon. Salary £70 per annum, with board and residence. Applications to the Secretary

Macclesfield General Infirmary.—A Junior House Surgeon. Salary £70 per annum, with board and residence. Applications to the Chairman of the House Committee.

Hospital for Sick Children, Newcastle-on-Tyne.—Male Resident Medical Officer. Salary £100, with board, lodgings, and laundry. Applications to Edward MacNay, Secretary.

Kent and Canterbury Hospital.—House Physician. Salary £90 a year, with board and lodging. Applications to A. J. Lancaster, Secretary.

St. Peter's Hospital for Stone, &c., Henrietta Street, Covent Garden, W.C.—House Surgeon. Salary £100 a year, with board, lodging, and washing. Applications to Irwin H. Beattie, Secretary.

Liverpool Dispensaries.—Assistant Surgeon. Salary £100 per annum, with board and apartments. Applications immediately to Sam. B. Leicester, Secretary.

Wallasey Dispensary and Victoria Central Hospital, Liscard.—House Surgeon. Salary £100 per annum, with apartments, board, and service. Applications to Mr. E. Russell Taylor.

County Asylum, Whittingham, Preston, Lancashire.—Assistant Medical Officer. Salary £175, with furnished apartments, board, washing, and attendance. Applications to the Medical Superintendent.

Lancashire County Asylum, Winwick, Warrington.—Assistant Medical Officer. Salary £150 per annum, with furnished apartments, board, attendance, and washing. Applications immediately to the Medical Superintendent

Huntingdon County Hospital.—House Surgeon. Salary £80 per annum, with board and lodging. Applications to Hon. Sec.

Births.

ACWORTH.—On August 6th, at Thornbank, Shootup Hill, Brondesbury, N.W., to Dr. J. J. and Mrs. Acworth, a daughter.

BARBER.—On August 5th, at Conisbro Leigham Court Road, S.W., the wife of Frederic S. Barber, L.R.C.P., M.R.C.S., of a son.

BEVEN.—On August 2nd, at Balham Hill, S.W., the wife of Octavius Beven, M.D.Durh., of a son.

BROWN.—On August 6th, at 1, Bartholomew Road, Kentish Town, the wife of Alexander Brown, M.B.Lond., of a son.

CLARKE.—On August 5th, at Mena House Horley, Surrey, the wife of S. Arathoon Clarke, M.R.C.S. England, L.R.C.P. London, of a son.

CORBEN.—On August 7th, at The Grove, Caldicot, Mon., the wife of Charles Corben, M.R.C.S., &c, of a daughter.

GALLETLY.—On August 4th, at Sycamore House, Northwold, the wife of Wm. Gloag Galletly, M.B., C.M., of a son.

HARTLEY.—On August 1st, at Porchester Terrace, Hyde Park, W., the wife of Reginald Hartley, M.D. Durh., F.R.C.S. Edin., of a daughter.

PILCHER.—On July 30th, at Boston, Lincolnshire, the wife of Cecil Westland Pilcher M.R.C.S., L.R.C.P.Lond., of a son.

TURNER.—On July 30th, at Grafton House, Buxton, to Mr. and Mrs. Turner, a daughter.

Marriages.

ADAMSON—WOODFORD.—On July 27th, at St. Mary Abbott's, Kensington, James W. W. Adamson, M.R.C.S., L.R.C.P., L.S.A., only son of the late James Adamson, of Victoria Road, Kensington, to Annie Prudence, eldest daughter of Mrs. Woodford of Bexhill.

CREAGH—GRISEWOOD.—On August 5th, at the Catholic Church, Foxcote Shipton-on-Stour, Pierce Nagle Creagh M.D., to Mary Elizabeth Grisewood, eldest daughter of Harman Grisewood, of The Den, Bognor

GILMOUR—RUTHERFORD.—On August 6th, at the Crichton Memorial Church, Dumfries, John Rutherford Gilmour, M.B., F.R.C.P.Edin., Medical Superintendent of Scalebor Park Asylum, Burley-in-Wharfedale, near Leeds, to Dorothy youngest daughter of James Rutherford, M.D., F.R.C.P.Edin., J.P., Crichton House Dumfries.

RENDALL—WILSON. On August 6th, at SS. Philip and James Church, Cheltenham, Godfrey H. Rendall, son of Rev H. Rendall, late of Rollright Rectory, to Mary Whishaw, daughter of E. T. Wilson, M.D. F.R.C.P., of Westal, Cheltenham.

WAKLEY—BARRON.—On August 8th, at St. Mary Abbot's Church, Kensington Thomas Wakley, only son of Thomas Henry Wakley, F.R.C.S., and grandson of the late Thomas Wakley, M.P., to Gladys Muriel Barron, eldest daughter of the late Norman Barron and of Mrs. Norman Barron, of Elberton, Gloucestershire.

Deaths.

BALFOUR.—On August 9th, at Westfield, Colinton, Mid Lothian, George William Balfour, M.D., F.R.C.P.E., LL.D., one of his Majesty's Physicians-in-Ordinary for Scotland, aged 80 years.

CANDLER.—On August 7th, John Candler, M.R.C.S.Eng., of Weybread House, Suffolk, aged 77 years.

MELLER.—On August 1st, at Tor Villa, Matlock Bath, Charles Matthias Meller, M.D., M.R.C.S., L.S.A., of Shire House, Yorkshire, late Medical Officer of Health for Carisbrooke.

STEVEN.—On August 4th, at Sunnyside, Headley, Liphook, Hugh Steven, M.B., C.M.Edin., in his 37th year.

SWAYNE.—On August 1st, at Pembroke Road, Clifton, Bristol, Joseph Griffiths Swayne, M.D.Lond., M.R.C.S., L.S.A

WEAVER.—On August 1st, at Westbrook, Southport, James Weaver, M.D.

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Original Communications.

THE TREATMENT OF ANEURYSM BY SUBCUTANEOUS INJECTION OF GELATINE. (a)

By GUTHRIE RANKIN, M.D., M.R.C.P.,

Physician to the Dreadnought Hospital, Greenwich; Senior Assistant Physician to the Royal Hospital for Children and Women.

ANEURYSM is such a desperate disease, and one which so frequently terminates in a tragic and sudden manner, that any treatment which offers a fair chance of success deserves to be seriously considered.

The method of subcutaneous injection of gelatine, first recommended by Lancereaux in 1897, is the latest and most promising medicinal means by which it has been attempted to lessen the dangers and miseries attendant upon aneurysmal dilatation of an artery.

A fuller knowledge of Lancereaux's means of cure, and of its capabilities for good or evil, can only be achieved by a record of the results attained in the cases subjected to the treatment which he advocates. That the risks are considerable is amply evidenced by the recent unfortunate experience at Guy's Hospital, where two patients died from tetanus in the course of treatment by this method. Both patients—the one, a carter æt. 37, and the other an engineer's labourer, æt. 33—were the subjects of aortic aneurysm; but, though these men died from tetanus, a third patient, who was, about the same time, treated in the same way for the same disease, was discharged from the hospital apparently cured. Too much stress must, therefore, not be laid upon the unfortunate result in the cases referred to; and it must not be concluded that the tetanus spores, highly resistant though they are well known to be, existed in the gelatine used, which had been carefully subjected to prolonged and thorough processes of sterilisation. The fact of the third patient having escaped such an untoward complication is, indeed, of itself almost sufficient evidence that the contamination arose not from the gelatine, but from some outside source which it was found impossible to trace. Though Lancereaux's plan of treatment seems to have failed in some cases, there are many in which it has been attended by results sufficiently brilliant to attract attention and to warrant hopeful anticipation. Where an aneurysm is so situated that it can be dealt with by surgical methods, these will probably continue to be regarded as the safest and most trustworthy means of treatment to which the patient can be subjected; but in cases—and they form no small proportion of the sum total of this formidable disease—which are beyond the reach of the surgeon's aid, any means by which the misery and suffering may be mitigated, or the risk of sudden death from rupture lessened, must be welcomed as an advance in the progress of the therapeutic art.

In a paper communicated by Lancereaux and Paulesco to the *Bulletin de l'Academie de Mèdecine* in July of 1901, it was pointed out that non-success often arises either from faulty application of the method or from its use in cases of fusiform aneurysm, where the chances of amelioration are comparatively slight. In 1895, M. Dastre claimed to have proved that the injection of a solution of gelatine into the veins of a dog rendered the blood more coagulable; but his results are not universally accepted, and it seems not yet to be certain how far the injection of gelatine into the cellular tissue of human beings can produce an effect on blood-coagulability. Nevertheless there is a considerable mass of evidence which goes to prove that it undoubtedly does exert such an influence. It is difficult otherwise to explain the marked improvement as regards their most urgent and painful symptoms which aneurysmal cases experience when treated by it. If a restricted diet and complete rest in bed are associated with the use of gelatine, improvement from these measures may readily be fallaciously ascribed to the injections; but cases do occur in which patients have failed to respond favourably to the ordinary and accepted dietetic, drug, and rest treatment, and yet have experienced striking relief when to these influences have been added that of gelatine injected into the intermuscular spaces.

The first use of gelatine as a curative injection for aneurysm was reported by Lancereaux to the French Academy of Medicine in June of 1897. The patient was an embroiderer, æt. 46, who presented all the classical signs and symptoms of an aneurysm of the ascending aorta, which had advanced to such a stage that the skin over the surface of the tumour was thin and ecchymotic. On January 20th a first injection of 20 cc. of a sterilised saline solution of gelatine was administered into the subcutaneous tissue of the left buttock. Following on this, Lancereaux's report tells us, there was produced a little redness at the seat of injection, and the temperature rose to 38° C. The next day a normal condition was re-established, and in addition it was demonstrable that the tumour had become manifestly more firm and the pulsations less forcible. For some days

(a) Paper read before the Roy Medical and Chirurgical Society, June 23rd, 1903.

afterwards it diminished a little in volume, and—what was still more remarkable—the pain completely disappeared and the patient was able to assume the dorsal position without experiencing either oppression or paroxysmal cough. But soon the tumour resumed its original dimensions; its walls again became soft, and the blood could once more be felt forcibly driven against the skin, while coincidentally the intercostal pains reappeared. A fresh injection of 150 cc., made on February 10th, was followed by the same result as the first, but this time without reaction, either local or general. Subsequently, eleven similar injections were given at intervals of a few days, the last being administered on May 7th. By that time the tumour had diminished by two centimetres in the vertical and one centimetre in the transverse diameter; it was very firm, and, on palpation, though pulsations could be felt, they were pulsations *en masse* transmitted by the aorta, and not expansile pulsations such as the patient presented when first seen.

The man no longer suffered any pain, and so strongly insisted on going out that he was discharged on May 25th. "In face of this result," says Lancereaux, "which was achieved under our observation, it is difficult, if not impossible, despite therapeutic scepticism, which is not inconsistent with an ardent faith in medicine, to refuse to the means employed a substantial utility, for without it our patient would have perished. Therefore we do not hesitate to recommend this method of treatment with which we have succeeded, more particularly since it is harmless, and the only one applicable for the treatment of such internal aneurysms as are beyond the reach of surgical interference."

At a subsequent meeting of the French Academy, on October 11th, 1898, Lancereaux presented another report on this new treatment, and recorded in detail five cases, in three of which complete cure had resulted, while in the remaining two death had occurred, in one instance from rupture of the sac, and in the other from uræmia. He thus sums up the conclusions which were to be drawn from this further experience:—"Gelatine introduced into the subcutaneous cellular tissue penetrates into the blood, which it renders more than normally coagulable; and since this blood encounters in the aneurysmal pouch two conditions favourable to coagulation—namely, a retardation of its current, and a vascular wall which is frequently uneven—there is produced a more or less abundant formation of clots, which in time fill up the sac. Ultimately these clots contract, the pouch which contains them diminishes in size, and the pressure symptoms to which it gave rise diminish and disappear. If softening of the clot takes place the blood penetrates between it and the walls of the sac, and the tumour is reproduced. Under such conditions, fortunately, coagulation again takes place readily. Gelatine, therefore, constitutes an excellent therapeutic agent which, if it does not cure true aneurysms, at least favours the natural process of their cure."

At a meeting of the Academie de Médecine held on July 16th, 1901, Lancereaux and Paulesco related four further cases, all considerably improved, if not permanently cured. Good results have also been recorded by, among others, Geraldini (*Gazz. degli Osped*, February, 1900), Buchholz (*Norsk. Mag. f. Laegevidensk*, February, 1900), Barth (*Munch. med. Woch.*, April, 1901), Sorgo (*Zeits. f. klin. Med.*), and Mancini (*Rif. Med.*, May, 1902).

At home the treatment does not seem, so far, to have been received with much enthusiasm, nor practised with much perseverance; but stray cases are recorded here and there throughout our medical literature of the past two years, and I understand that Dr. Maguire, of the Brompton Hospital, is about to publish the results of his experience, in a short series, of patients treated by the gelatine method.

By experiment Lancereaux fixed the quantity of gelatine necessary to obtain a sufficient coagulability of human blood at 250 cc. of a saline solution containing two grammes per cent. of gelatine; and from experience he found that several months are required during which at least from twelve to fifteen injections are necessary to achieve satisfactory results.

According to Huchard, a 1 per cent. is safer than a 2 per cent. solution of gelatine, and an interval of from eight to ten days is advisable between each injection. I have not found it possible to introduce into the subcutaneous tissue more than 100 cc. without producing local pain, and I have observed that even this amount must be injected slowly—over an interval of ten or twelve minutes—in order to avoid discomfort and over-distension of the skin. A considerable swelling is produced at the seat of injection, but this entirely subsides within from twelve to twenty-four hours. The inner aspect of the thigh has been found a more convenient situation than the buttock; in one case, where the pectoral region was chosen, the patient complained of so much pain that the experiment was not repeated. In all these four cases the patient was kept during his course of treatment confined to bed, and the injections were repeated twice a week.

Concurrently with the gelatine treatment, iodide of potassium was given in ten-grain doses three times a day, and with it were combined minim doses of 1 in 100 solution of nitro-glycerine whenever the pulse tension became excessive or when there were anginal symptoms.

The nitrogenous elements of the daily dietary were minimised, and the amount of liquid allowed was kept within narrow limits.

The apparatus used by Lancereaux is somewhat complex; it will be found fully described at page 358 of the fortieth volume of the "Bulletin de l'Academie de Médecine." At Greenwich we contented ourselves with a glass syringe of 100 cc. capacity, having metal fittings and an adjustable piston.

The gelatine solution was made after the following method, for the description of which I am indebted to Mr. Hart, who was responsible for its preparation:—"Gelatine, 1 ounce; chloride of sodium, 131 grains; sterile distilled water to 50 ounces. These are put into a flask, plugged with cotton-wool, allowed to stand an hour or two for the gelatine to soften, and then the heat from a water-bath applied to effect solution. The flask is afterwards placed in a steamer for an hour, and is subjected to this treatment on three consecutive days. Immediately before use the quantity to be employed—100 cc.—is again re-steamed." Every precaution is taken to ensure complete asepsis not only of the solution, but also of the patient's skin and of the instruments used.

MINERS' PHTHISIS. (a)

By THOMAS OLIVER, M.D., F.R.C.P.,
Physician to the Royal Infirmary, Newcastle-upon-Tyne.

Applying the term miners' phthisis to the deeply pigmented and somewhat solid state of lung found in miners who during life have exhibited signs and symptoms of pulmonary disease of a more or less chronic character, Dr. Oliver said that, while the malady had generally been regarded as the result of breathing a dust-laden atmosphere, it was much less common now than fifty or sixty years ago. This circumstance he attributed to the improved system of ventilation of our coal-pits. Miners' phthisis as a morbid entity has been known since 1703, when Ramazzini drew attention to it. In 1860 Peacock proved microscopically and chemically the identity of the particles of dust found in the lungs with the dust of the atmosphere in which the patient had worked during life. There was sufficient evidence to show that pneumokoniosis was a dust disease and due to occupation, also that the phthisis bore a distinct relation to the form and character of the dust inhaled, for, as Hirt had shown, in each hundred workmen suffering from pulmonary consumption caused by dust, metallic dust was responsible for 28 per cent. of the cases, mineral dust for 25·2 per cent., animal dust for 20·8, and vegetable dust for 13·3 per cent.

There are two ways by which the pathology of miners' phthisis could be studied. (1) Pathological inquiry in man, and (2) physiological experimentation in animals.

The dust that is inhaled under ordinary circumstances gets caught on the nasal, pharyngeal and laryngeal mucous membranes. Should particles of dust reach the trachea and bronchi, they become entangled in the mucus secreted by the tubes, and are either wafted outwards by ciliary motion, or are coughed up. This barrier apparently becomes broken, for as life proceeds, the lungs of all persons, of town dwellers especially, become more or less pigmented. Discoloration of the lung is quite consistent with health. There must be, therefore, something superadded to the pigmentation to cause the lungs to become pathological. When particles of dust reach the pulmonary alveoli Dr. Oliver showed that while the amount of local reaction was determined by the form and character of the dust particles, there were present in the alveoli large wandering cells which were distinctly phagocytic in their nature. By these cells particles of coal dust were swallowed and transported into the plasma spaces of the alveolar wall and into the lymphatics, by means of which they were carried to the bronchial glands. The pulmonary lymphatics run under the pleura, in the interlobular septa and on the walls of the blood-vessels and small bronchi.

Dr. Oliver exhibited drawings of microscopical sections of lung taken from a Transvaal gold miner, whom he had seen in consultation with Dr. Dodds, of Cramlington. In the lung, in addition to marked fibrosis, there can be seen large cells filled with black granules, some of which have wandered outside the alveoli. These cells disintegrate and liberate the black particles. Newly-formed fibrous tissue can be seen interpenetrating itself between these large cells. To Dr. Oliver pneumokoniosis is not a tuberculous disease. Tubercle is often met with in miners' phthisis, but when present it is an accidental and, therefore, a secondary infection.

Speaking of the causation and experimental production of anthracosis, Dr. Oliver eliminated the gases liberated by the coal, and those formed as a result of the explosives used in the mine, as playing any part in pneumokoniosis. Claisse and Joués' experiments upon animals that had inhaled the smoke from burning lamps were alluded to, in so far as confirming the previous statement, *viz.*, that the lungs could become deeply pigmented and yet health be maintained and no pathological alteration occur in the lung tissue. Trotter, of Bedlington, looks upon anthracosis as an epiphenomenon in pulmonary disease, and attributes the fibrosis not so much to the coal itself as to the accompanying particles of stone from the sandstone strata and seggar clay, &c.

The most important point is how far miners' phthisis is or is not a tuberculous lesion. One of the strongest advocates of the tuberculosis theory of anthracosis is Dr. Tripier, of Lyons. To him tubercle is not a coincidence nor a secondary infection, but the principal cause of pneumokoniosis. Since Koch discovered the tubercle bacillus there has been little written upon the subject of miners' phthisis. One of Tripier's patients was a miner who had worked for fifteen years in the Mont Cenis and St. Gothard tunnels. The construction of both these tunnels was attended by a great loss of human and equine life. Many of the miners died from pulmonary disease and from anæmia due to ankylostomiasis. The tunnelling of the Simplon, which is going on at present, has been conducted with a remarkable freedom from tuberculous lung disease—a circumstance which is attributed by Dr. Volante, of Iselle, to the excellent system of ventilation that prevails. There is plenty of smoke in the tunnel and the air is fouled by the respiration from the men and horses, but as the perforation of the rock is accomplished by machine drills under hydraulic pressure, and water is automatically sprinkled on the *débris* at the time of the drilling, there is no dust, and to this circumstance is largely due the remarkable absence of lung disease among the miners.

After renewed allusion to the part played by phagocytes in conjunction with dust in causing pneumokoniosis, Dr. Oliver summarised his conclusions thus :—

1. Miners' phthisis is not caused by the inhalation of any of the gases present in the mine.

2. In pneumokoniosis there may be not only excess of fibrous tissue, but even cavities and tubercle.

3. The disease is, however, non-tuberculous.

4. Accepting this view of the pathology of the disease, there is hope that by improved ventilation and by allaying the dust with water, miners' phthisis may still further be diminished.

(a) Address introductory to a Discussion at the Swansea meeting of the British Medical Association, July, 1903.

Suicide of a Medical Man.

An inquest was held at Leeds last week on the body of Mr. Arthur Cecil Brigg Pierson, M.R.C.S., L.R.C.P., aged 31, who had committed suicide while under treatment at the Infirmary for insomnia. He had been suffering from mental depression, but no suspicion of suicidal tendencies was entertained.

HUMAN EVOLUTION:

WITH ESPECIAL REFERENCE TO ALCOHOL. (a)

By G. ARCHDALL REID, M.B., C.M., F.R.S.E.

I PROPOSE to place before you a series of propositions which appear to me more or less self-evident and undeniable. But the conclusion they lead to is not self-evident, and has, indeed, been strongly denied. The strength of any chain of argument depends on the strength of its weakest link. The most effective way of proving the weakness of any chain is to snap that weakest link. The least effective way is to declare in general terms that the chain is devoid of strength. I venture, therefore, to commit the impertinence of directing your attention beforehand to the separate links of the chain rather than to the chain as an entirety; to the series of propositions on which my argument is founded rather than to the conclusion by which they are welded into a whole. If the propositions are individually true, then the conclusion follows inevitably; but if a single fact of deduction is erroneous, you can easily destroy the conclusion by demonstrating the initial error.

1. The first of these propositions is this, that all the races of mankind sprang originally from a common stock. I imagine no one will deny the truth of this proposition. It is embodied not only in all popular, but in all scientific teaching. The truth of it is demonstrated scientifically by the fact that every race can interbreed with every other. As is well known, only closely related varieties, for reasons I need not enter on, are able to have offspring in common.

2. The second proposition is that since their divergence from the common stock all the races of mankind have undergone and are undergoing a progressive and continuous change. This is evident from the fact that, though originally all were alike, there are now big races and small, white races and black, races highly resistant to this or that disease, and races less resistant; and so forth.

3. The third proposition is that these changes have been of an adaptive and protective nature. In other words, every race has become especially fitted to the environment in which it has undergone evolution. Thus the Esquimaux is, to-day, better able to resist cold than the Arab, who is better able to resist heat. The Londoner perishes of malaria in West Africa; the West African perishes of phthisis in London.

4. The fourth proposition is that this evolution has been due solely to the survival of the fittest; in other words, to the natural selection of congenital variations. To this proposition I do not expect immediate or complete assent. Many of my audience will deny, for instance, that the negro race has become black solely because naturally dark people survive and have offspring in the Tropics in greater numbers than naturally fair people. They will maintain rather that the additional pigmentation in the skin, which exposure to the sun produces, has been transmitted from parent to child, and that thus, in the course of generations, the original degree of pigmentation has been accentuated to almost absolute blackness. However, I do not propose to ask your assent to the entire doctrine of natural selection. As to that I content myself by remarking merely that belief in the doctrine in its entirety is now almost universal among that section of biologists who have devoted especial attention to questions of heredity and evolution. The only proposition in this connection to which I shall ask your assent is that certain phases of human evolution are due solely to the survival of the fittest. In doing so I shall not pass beyond the bounds of everyday medical knowledge.

5. The fifth proposition is that to some extent every individual human being differs congenitally from every other human being in physical and mental peculiarities—in height, in strength, in colour, and in mental vigour, for instance.

6. The sixth proposition is that parents on the whole tend to reproduce their like. Thus big people tend to have big children, and little people little children. When the ancestry is pure the reproduction of the parental trait is almost invariable; thus negro parents have, almost invariably, black offspring. When, as regards any particular trait, the ancestry is mixed, the reproduction is less certain; thus, among us the offspring of parents may be smaller, or the offspring of fair people darker, than their parents. Nevertheless, the rule holds in a great majority of instances.

7. The seventh proposition, which follows as a corollary to the fifth and sixth, is that human individuals differ in their power of resisting diseases, and that offspring tend, with variations, to inherit parental powers and weaknesses in this particular. Thus, in England, some people are much more resistant to phthisis than others. The truth that parents tend to transmit their powers or weaknesses to offspring is conspicuously shown by such facts as that negroes, as a race, are more resistant to malaria than the British, whereas the British are more resistant to phthisis.

8. The eighth proposition is that races are resistant to any given disease precisely in proportion to the length and severity of the ancestral sufferings from it. Thus the British, who for thousands of years have been afflicted by phthisis, measles, and whooping-cough, are much more resistant to these diseases than the inhabitants of the Western Hemisphere, who have known them only during the last few generations, and are now being exterminated by them.

9. The ninth proposition is that parental disease does not affect in any way, for good or evil, offspring subsequently reproduced, at any rate through inheritance properly so called. I fear this proposition is not at first sight self-evident, and I am aware that the mass of professional opinion is at present against it. Plumbism, gout, phthisis, syphilis, and a host of other complaints have been alleged as causes of filial degeneration. Nevertheless, I venture to insist that this prevalent professional opinion has no foundations save an ancient superstition and a certain amount of bad observation which the superstition rendered inevitable. At the present day a mass of very weighty evidence can be deduced against it. The laws of heredity which govern the lower animal and plant worlds do not differ from those which govern man. Biologists have found that the offspring of asexual reproduction are always exact copies of their parents, no matter what conditions the parents may have been subjected to. Thus the summer generations of aphides, which are produced by the female

(a) A Paper read in the Psychology Section at the Swansea Meeting of the British Medical Association, July 30th, 1903.

without the intervention of the male, are exact copies of the parent. So also plants propagated by buds, suckers, or slips show practically no variations. On the other hand, the offspring of sexual reproduction vary always, and it may be enormously. Thus the puppies of a single litter may be of very different shapes and colours. So also the variations of plants which arise from seeds are very great. Biologists have concluded, therefore, that the sole cause of variation, the sole reason why offspring at birth differ from what their parents were at birth, is the intermixture of dissimilar germ plasms; the union of dissimilar individuals resulting in offspring dissimilar to both. Again, human beings undergo great changes between puberty and old age. Yet the offspring of aged parents cannot be distinguished from those of boys and girls. Most convincing of all, however, is the following:—If parental disease affects offspring subsequently born, then the variation thus produced is a congenital one. But, as is well known, congenital variations tend to be transmitted to descendants. Under such conditions a race afflicted by any disease would undergo rapid degeneration, and ultimately extinction. We know that this is not the case. On the contrary, disease, so far from weeding out, actually strengthens a race afflicted by it. At any rate, it always strengthens the race unless the conditions are so severe that no time is allowed for the operation of natural selection. Indeed, gentlemen, if you think the matter over I think you will conclude that the universally accepted doctrine of natural selection is incompatible with the doctrine that parental states of body and mind affect offspring subsequently born. If one is true, the other cannot be true. All species are at times subjected to disease, heat, cold, want, hardship, and other injurious agencies. If these affected offspring, there could be no room for natural selection, since there would be no favourable variations for natural selection to act on. All variations would be unfavourable.

10. The tenth proposition is that just as people differ in all other respects, so they differ in their susceptibility to the charm of alcohol. This is a very important proposition, but the truth it contains is very frequently ignored. We know that all drunkards are so susceptible to the charm of alcohol that they crave intensely for excessive indulgence, whereas most moderate drinkers are so little susceptible that they do not crave for excessive indulgence. I know, for instance, that I never need to resist the temptation to get drunk. I simply have it not. I have no doubt that most other people in the room are constituted as I am. Otherwise they must go about craving ardently for drunkenness, but strenuously resisting the temptation.

11. The eleventh proposition is that as a rule people drink in proportion to their desires. This is obvious. The greater the temptation, the greater the liability to fall.

12. The twelfth proposition is that alcohol when taken to excess is a poison, and the cause of a huge mortality. Of course, like all other toxic substances, it poisons most those who take it most in excess.

13. The thirteenth proposition is that parental intemperance, like disease, does not affect offspring subsequently born. I exclude, of course, the children of mothers intemperate while pregnant. I am discussing questions of heredity, and heredity is concerned with sperms and ova, not with embryos. I am perfectly aware that it is a prevalent opinion that parental intemperance does affect offspring subsequently born, and that various statistics have been published in support of this opinion. But statistics, drawn up by gentlemen who believe they are supporting an undisputed fact, are very apt to be erroneous, since the various sources of error are not sufficiently taken into account. I believe I am well within the truth in my belief that the statistics in question have been published mainly by gentlemen who worked before exact observations on heredity had been made, or who were unaware of them. If it be true that parental intemperance affects offspring, then we have here an exception to an apparently universal biological law. However, to ascertain the truth definitely, we have only to investigate the effect of alcohol on races which have long used it. If offspring are affected, then races which have long used alcohol should be degenerate and tending towards extinction. On the other hand, if offspring are not affected, races that have longest used alcohol should, through the weeding out of the unfit, be the least inclined to excessive indulgence, the least susceptible to the charm of drunkenness, of all races. The evidence on this subject is very clear. The Jews, Greeks, Italians, South Frenchmen, Spaniards, and Portuguese, who have longest had an abundant and continuous supply of alcohol, are the most temperate people on earth. North Europeans and others who have had a less plentiful supply are less temperate. Whereas some savages and others who have had little or no experience of the poison are the most intemperate of all.

14. The fourteenth proposition, then, is that alcohol, like disease, is the cause of an evolution protective against itself. Drunkenness in the ancestry is the cause of temperance among the descendants. The case of alcohol is exactly paralleled by that of opium. Opium has been in use for many centuries in India. The Chinese have used it for two hundred years. It has lately been introduced into Burma, Australia, and some Pacific islands. Practically speaking, natives of India never take it to excess; some Chinamen still take it to excess, though the majority are much more temperate than formerly, when enormous harm was done. The Burmans, Australians, and Polynesians take it to such excess that its use is invariably forbidden to them, though permitted to foreign immigrants to their countries.

15. The fifteenth proposition is that the causes ordinarily alleged for racial sobriety—climate, civilisation, education, and so forth—are erroneous. I have not time to deal adequately with this point, but if anyone disputes it, I am prepared to furnish chapter and verse.

16. The sixteenth proposition is that repressive legislation is useless among civilised nations. It has been tried by scores of governments, on hundreds of occasions, during thousands of years, and has invariably failed, except among the Mohammedans. With them the success, which has only been partial and can be only temporary, has been achieved by means which have made them barbarous as well as temperate. Moreover, Mohammedans have substituted opium for alcohol. I fear in this instance also I have not time for adequate discussion. Once again I must content

myself with a dogmatic statement of fact. But here again, if the statement be disputed, I am prepared with chapter and verse.

CO-OPERATION IN THE STUDY OF METRITIS. (a)

By DON POLICARPO LIZCANO Y GONZALEZ.

[*Specially reported for* THE MEDICAL PRESS AND CIRCULAR.]

THE investigations made on the subject of metritis to elucidate the correlation between the anatomical lesions and the symptoms of the disease have not yielded much fruit. Progress has not been facilitated by the different opinions expressed by specialists and by the different interpretations put on the observed phenomena. Bacterial effects are seen in the altered state of the connective tissue, and the results of infection are found in the evidences of malnutrition, blood stasis, and nerve irritation. These infective results are found in glandular tissue. When the two etiological factors are at the one time acting, a glandular-interstitial lesion results. Such are the views of many experimenters engaged in the study of the bacteriology of the disease and of its clinical aspects. To-day it is difficult to diagnose the forms of metritis by the anatomical lesions they present; but the time cannot be far distant when, from a better knowledge of bacteriology and a more perfect analysis of clinical symptoms, we shall be able to trace the chain of sequences which now is so little understood. The difficulties of the study are increased by the fact that specific bacilli do not always produce the same effects and symptoms. We may instance the bacillus of Koch, which produces symptoms little characteristic of so definite a micro-organism. Indeed, the bacilli usually disappear and the alteration they have produced alone remains, leaving nothing but uncertainty on this most important scientific point. Our investigations were conducted on 96 cases, and each case was studied under three heads: its etiology, its anatomy, and its clinical aspect.

In considering the etiology, without making a bacteriological examination we, from the clinical study, divided our cases into two groups—one bacteriological, presumably the cause of puerperal fever; and the other, probably outside the range of infection, produced by the occurrence of the menopause, retroversion, or fibroma.

We divide the anatomical cases met with into five groups, characterised, according to their microscopic characters, by the following alterations:—

(1) Glandular structure, 17 cases; (2) interstitial structure, 7 cases; (3) mixed tissues, 40 cases; (4) glandular tissue completely absent, 25 cases; (5) glandular tissue scanty, 12 cases.

The principal symptoms were leucorrhœa and menorrhagia. The symptom most marked has been meno-hæmorrhagia in 83 cases, and leucorrhœa in 13 cases. The etiological-anatomical relations of 78 cases were:—

Infections, puerperal—Mixed lesions, 31 cases; absence of glandular tissue, 10 cases; notable deficiency of glandular tissue, 4 cases; lesions of glandular tissue only, 8 cases.

Of the 31 cases of mixed lesions, 16 were post-partum and 15 were post-abortum. Of the 10 cases of total absence of glandular tissue, all were post-abortum. Of the 4 cases showing but little glandular tissue, all were post-partum. The non-infectious cases, of which there were 25, we divide into three groups:—

The menopause—Total absence of glandular tissue, 6 cases; interstitial tissue, 3 cases; purely glandular tissue, 2 cases.

Retroversions—Purely glandular, 4 cases; mixed (glandular and interstitial tissue), 3 cases.

Fibromata—Glandular, 3 cases; sparsely glandular, 3 cases; total absence of glandular tissue, 1 case.

If the 78 cases are divided into three groups according to the classification of Ruge, we have—Glandular lesions, 17; interstitial lesions, 27; and mixed cases, 34.

In considering the influence of the cause, infectious or not, upon the anatomical structure, we notice that glandular hyperplasia occurs with most frequency in the non-infectious cases. In the 23 cases of non-infectious metritis, 9 were of the glandular hyperplasia type (16 per 100). In the 53 cases of infectious metritis, 8 were of the glandular hyperplasia type (14·7 per 100). The lesions most marked in the connective tissue were also most common in the non-infectious cases. In 25 cases of non-infectious metritis, 13 had marked alteration of the connective tissue (32 per 100). In 53 cases of infectious metritis, 14 showed marked alteration in the connective tissue (26 per 100).

We have found the mixed lesions to preponderate in infectious metritis. In 53 cases of infectious metritis, 31 had mixed lesions (58 per 100). In 26 cases of non-infectious metritis, 3 had mixed lesions (12 per 100). The influence of labour on the symptoms and lesions of metritis—Of 28 cases we found that 9 were nullipara and 19 were multipara. The anatomical lesions in these cases were—Glandular hyperplasia, 6 nullipara and 9 multipara; interstitial hyperplasia, 2 nullipara and 4 multipara; mixed hyperplasia, 1 nullipara and 6 multipara. The most marked symptoms were leucorrhœa in 3 nullipara and 4 multipara; and hæmorrhage in 6 nullipara and 15 multipara. In the five groups the histological lesions, with the causes and predominating symptoms, were:—

1. *Glandular.*—Under this name we include all cases in which the lesion was limited to the glandular tissue without any appreciable alteration in the connective tissue. Of the 17 cases under this heading, we found 12 in which the glandular tissue looked quite healthy, the only deviation from the normal being in the irregular shape of the mouth of the gland and the larger size of its cavity. All of them preserved an unbroken cell lining and an untouched basal membrane. The epithelium that covered them was in some entire, in others injured. In the 5 remaining cases there were marked changes in the glandular tissue, but the glands were less dilated and their outline was less irregular, and they contained two or three layers of cells.

The causes of these cases of metritis were in 8 patients puerperal, in 4 retroversion, in 3 fibromata, and in 2 the menopause. The patients of this group were of a sanguine temperament and a strong constitution; their age ranged from thirty-six years to fifty; the case of longest dura-

(a) A Paper read before the International Medical Congress at Madrid, April, 1903.

tion was of two years and two months' standing. Six of the cases were post-abortum. The most marked symptoms were hæmorrhage in 15 cases (88 per 100), leucorrhœa in 2 cases (12 per 100).

2. *Insterstitial lesions purely.*—Under this heading we include such cases as have lesions confined to the connective tissue, without any glandular tissue being implicated. Five of the 7 cases examined had greatly dilated blood-vessels, with sanguineous infiltration of the mucosa. The cellular changes correspond to the period of acute inflammation of the conjunctival tissues. The causes of the interstitial metritis were in 4 cases diseases of the annexes, and in 3 cases the menopause. The patients were of middle age, except those who suffered at the menopause. One of the cases was of three years and eight months' standing. The usual marked symptom was uterine hæmorrhage.

3. *The mixed lesions.*—In this, the largest, group the lesions of the stroma and the glandular tissue were marked. The glands, apart from their being misshapen, were filled with cells of various forms and sizes; some of the cell cavities were much reduced in size and very irregular in form. The interstitial tissue was infiltrated with swollen cells, which broke through the glandular cavity and basal membrane in numerous instances; we found no vascular dilatations such as are described in the preceding group. The causes for this form of metritis we ascribe as follows—Puerperal in 31 cases, retroversion in 3 cases, and perimetritis in 6 cases. All these patients were of middle age, multiparas, of sanguine temperament. The condition had lasted from one to two years; in 5 cases it was of post-abortum origin. The principal symptoms—metrorrhagia in 36 cases (87 per 100), leucorrhœa in 5 cases (13 per 100.)

4. *Complete absence of glandular tissue.*—The lesions of the stroma, apart from the infiltration of embryonic cells, showed in half of the cases examined great dilatation of the sanguineous vessels, some of which were destroyed. In this group are included three cases of papillomata and one of pseudo-membranous dysmenorrhœa. The etiology of these twenty cases is as follows—Puerperal, 10 cases; menopause, 6 cases; fibroma, 1 case; and stenosis, 3 cases. The ages of these patients ranged from twenty-six years to thirty-eight years, except the menopause cases. They were all of a sanguine temperament. The disease was in every case of some months' standing, and all the puerperal cases were post-abortum. Two of the cases were amenorrhagic and nullipara. The most marked symptoms were menorrhagia in 17 cases (85 per 100) and leucorrhœa in 3 cases (15 per 100).

5. *Sensible diminution of the glandular tissue.*—The glandular tissue in the cases of this group is markedly diminished in amount; in fully half of the whole number the tissue is atrophied, and in some the basal membrane has disappeared. The etiology of the twelve cases of this group is as follows—Puerperal, 4 cases; fibromata, 3 cases; perimetritis, 3 cases; and in 2 cases it is unknown. The patients were from forty-five years old to forty-eight years, of a sanguine temperament; and the duration of the disease was from four to eight months. The principal symptoms were menorrhagia in 9 cases (75 per 100), leucorrhœa in 3 cases (25 per 100). Giving due weight to the above cases, may we not, from their study, find grounds for tracing a true connection, anatomical-etiological-clinical, for metritis, and may we not formulate the conclusions arrived at thus?—

1. The anatomical lesions most frequent in metritis are those which affect the glandular tissue (hyperplasia and atrophy).

2. Those that affect both the glandular and connective tissues (mixed) are common.

3. There are few histological lesions confined to the interstitial tissue to the exclusion of the glandular.

4. Histological lesions confined to one tissue, glandular or interstitial, are more frequent in the non-infectious forms of metritis.

5. The lesions of mixed tissues are more common in the metritis of an infective origin.

6. The lesions of mixed tissues are principally due to injuries consecutive to labour and abortion.

7. The absence of glandular tissue is most frequently found in cases of post-abortum metritis.

8. The glandular tissue is found to be atrophied in the metritis of the critical age, whatever may be its origin (puerperal, fibromata, and so forth).

9. Uterine hæmorrhage is the most marked symptom of metritis (86·4 per 100).

10. Leucorrhœa, as a symptom, is of little value in metritis (occurring in 13·5 per 100).

11. Hæmorrhage occurs more frequently in multipara and leucorrhœa in nullipara.

12. Although hæmorrhage is found in all forms of histological metritis, it appears to be more directly dependent on conjunctival lesions than on glandular ones.

Clinical Records.

A CASE OF ACUTE CEREBRO-SPINAL MENINGITIS. (a)

By Cecil Wall, M.D., M.R.C.P.,
Physician to the Eastern Dispensary.

Henry R—, æt. 35, admitted March 27th, 1901, died April 13th, 1901. Early in November, 1900, he began to have aches and pains all over, chiefly in the head, and was feverish; one week later he had violent pain in the head and neck, and some vomiting, chiefly after food. He was treated at home for a fortnight, without improvement, and was then sent to the Brook Fever Hospital with a diagnosis of enteric fever. The medical officer of this hospital kindly provided the following note:—

The patient was admitted on December 11th, 1900, with a history of a severe headache of three weeks' duration. On admission the patient was delirious, and there was pyrexia, which persisted for two weeks; later the temperature became normal, with an occasional rise. For the first ten days there was retention of urine; there was marked tendency to constipation. After the first fortnight there was vomiting every two, three, or four days, often without any apparent relation to food.

Widal's test was negative on December 12th, 13th, and 21st. The knee-jerks were present throughout; the pupils were equal and reacted to light, and with accommodation; the fundi were clear.

There was no nystagmus or deviation of the eyes to the side. He was drowsy, helpless, and slept much. He was sent home at the beginning of March, as there was no improvement, and the diagnosis of enteric could not be sustained. His wife thinks that he was worse on discharge than on admission to the fever hospital. He remained at home for three weeks. Seeing that he was getting more helpless, while the headache and vomiting continued, he was brought to the London Hospital on March 27th, and admitted under the care of Dr. Hadley.

(a) From a Paper read before the Royal Medical Chirurgical Society.

On admission he complained of frontal and occipital headache, which was increased on tapping the skull with the finger; he lay still in bed taking no notice of his surroundings, and moaning from time to time. He understood questions, but his answers were unreliable, and showed that he was only anxious to be rid of them.

There was considerable general wasting. No facial, ocular, or other palsies were detected. There was some nystagmus on extreme movements of the eyeballs. The knee-jerks were much increased, especially on the right side; on this side alone ankle-clonus was obtained.

The plantar reflexes were brisk, the toes moving downwards. With the hips flexed to a right angle, the knees could be extended to about 145°. The fundi were normal. There was some hyperæsthesia over the neck and back of the head. There was no photophobia. There was no evidence of intra-thoracic or abdominal disease. The urine was normal.

The temperature on admission was 100°, and continued to be irregular, ranging from 97° to 101° until his death. There was occasional vomiting throughout; sometimes there was incontinence and sometimes retention of urine; constipation was marked. The irritability continued, and the headache showed occasional signs of intermission.

On April 11th the patient had a right-sided fit, and later in the day had three more. After the last fit he remained stertorous, with divergent strabismus, contracted pupils (reacting to light), and rigidity of the arms and right leg. On April 12th lumbar puncture was performed, three ounces of fluid being drawn off in which the diplococcus meningitidis intracellularis was found to be present. On April 13th he had another fit and died shortly after. The total duration of the illness was over five months.

The post-mortem examination revealed no gross pathological changes except in the cranial cavity. On removing the dura mater there was found to be a small hæmorrhage into the pia mater at the upper part of the right Rolandic area. The convolutions were much flattened. There was a large quantity of clear fluid at the base of the brain, with thickening of the arachnoid. There were adhesions between the prefontal lobes and in both Sylvian fissures. There was a large quantity of clear fluid in the ventricles, and at the lowest part of each posterior cornu there was a tiny mass of green lymph.

The Out-Patient Departments.

WEST LONDON HOSPITAL.

Dermatological Cases under the care of
Dr. P. S. ABRAHAM.
[Reported by Dr. G. N. MEACHEN.]

I.—*Kerion of Scalp underlying Impetigo.*—A girl, æt. 11, came with a very crusted, neglected condition of the scalp which her mother stated had been present for about a month. When this had been cleared off by frequent washings with soft soap and the application of ammoniated mercury ointment, there was to be seen an extensive, boggy condition of the scalp, which was oozing pus in many places. Several short stumpy hairs were projecting from the softened areas, but a careful microscopic examination failed to reveal the presence of any fungus. However, tinea was strongly suspected, and on the child's next appearance the search was successful, the *Megalosporon endothrix* being found.

This case is instructive from many aspects. In the first place, tinea tonsurans should ever be borne in mind whenever crusts are persistent upon a child's scalp. Many times it happens that what is only thought to be a simple impetigo or a pediculosis eventually turns out to be a case of ringworm. Accurate prognosis, therefore, cannot be given until thorough microscopic examination of any suspicious hairs has been made and repeated if necessary.

The danger of pronouncing tinea to be absent after only one examination in a doubtful case is also well illustrated by this case, which also shows the truth of the general principle that success in dermatological treatment depends almost entirely upon accurate diagnosis.

Another point of importance is that the inflammatory condition of the scalp known as kerion is most commonly produced by ringworm, and in some respects it is more advantageous than otherwise, provided, of course, that the follicular layer is not destroyed.

This child was given an ointment of carbolic and salicylic acids for inunction.

II.—*Bazin's Disease.*—A girl, æt. 18, came for swelling and ulceration of the legs. The history was that a brother and a sister suffered from "weak chests," and an uncle died of "consumption." She had had no previous illnesses. Five years ago the legs began to be painful and to swell a little, and three years later small ulcers appeared above the ankles.

On examination, both legs were swollen, though there was no appreciable pitting on pressure. The colour of the skin was somewhat dusky and mottled. A short distance above the malleoli were two or three shallow, indolent-looking ulcers, while on the anterior surface of the tibiæ were several indurated erythematous patches which were painful to the touch. There were no varicose veins present. There were no other cutaneous lesions, and there was no evidence or history of syphilis, congenital or acquired.

The general appearances of this case strongly resembled those of syphilis, and indeed this disease is very frequently diagnosed and treated as such without benefit to the patient. This girl, however, showed no signs of syphilis elsewhere, in skin, eyes or teeth. Moreover, although the ulcers were somewhat "punched out" an attribute usually supposed to be characteristic of specific ulcers, yet these were not of serpiginous outline, and they also tended to become situated as much upon the posterior aspect of the limb as the anterior, while the region about the knees was quite unaffected.

The small indurated patches of erythema should suffice to render the nature of the case clear, and it is from these that the disease takes its name, having been described by Bazin in 1861 as *Erythème induré des scrofuleux.*

The disease, which is known as erythema nodosum, is readily distinguished from Bazin's malady by its acute nature, the pinker colour of the patches, its occurrence in rather younger subjects, and its more ready response to treatment.

As this girl was rather pale, and taking into account her well-marked tuberculous family history, she was given the syrup of the phosphate of iron, and locally an ointment of the yellow oxide of mercury.

Pathologically, erythema induratum scrofulosorum is a tuberculide, that is, a cutaneous affection associated with tuberculosis—but apparently non-bacillary. The patches react, however, in a characteristic manner to injections of tuberculin.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—VIII.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

THE WHITMEAD HILL SANATORIUM.

THE highlands of Surrey have long been famous for their varied beauty, unspoilt natural wildness, delightful climatic conditions, and convenience of access to London. The glorious district lying around the Hog's Back and reaching southwards to Hindhead and the Hampshire Downs, eastwards to Box Hill and Leith Hill, and westwards to the open country around Farnham, forms an almost ideal sanatorium for the great Metropolis less than forty miles away and within easy railway or motor journey.

The Whitmead Hill Sanatorium is admirably situated in this peculiarly attractive and eminently suitable neighbourhood. It is about three and a half miles from Farnham, and near the picturesque little hamlet of Tilford. It is most excellently placed for its purpose.

To the south a wide expanse of landscape lies stretching away on the east from Leith Hill and the Charterhouse to the Hampshire hills on the south-west, with the heights of Hindhead presenting immediately south, with extensive tracts of open, heather-covered common land and undulating pine-clad country. On the north protection is afforded by Crooksbury Hill and its ridges, rich in their thick covering of pines, and now heather in gorgeous bloom. The district affords endless opportunity for health-giving rambles, and the nineteen acres of the estate connected with the Sanatorium, with its gardens, lawns, fir woods, and well-constructed paths, supplies almost inexhaustible opportunities for the pleasurable out-door life of the patients. The numerous walks have been arranged with much care, and allow of careful gradation of walking exercise. Seats, kiosks and convenient revolving shelters are placed in different parts of the grounds. We found also that at least one patient was enjoying a return to the primitive luxuries of tent life.

The Whitmead Hill Sanatorium.

The house is well adapted for its purpose. The original portion, now a little more than fourteen years old, was constructed to afford the comforts and delights of an ideal country residence, and the charms of home life fortunately still linger and go far to take away the institutional atmosphere so usually associated with sanatoria. The new west wing has been added to meet the best requirements of modern hygienic treatment, and affords accommodation for twelve patients. This portion of the sanatorium is excellently arranged, Although each room is small, the comfort and well-being of the patient are well provided for. Each room is well ventilated, has wide and large windows opening on to a balcony on the upper storey, and on to a verandah on the lower, with fire-place, electric light, and all necessaries.

The verandah, which, of course, is open to the south, is particularly capacious, being 63 ft. by 15 ft., thus enabling patients to enjoy what is practically an open-air life irrespective of weather.

The corridors are light, airy, and can be heated by hot-water coils.

Conveniently arranged baths allow of the employment of hydro-therapeutic measures. The water is of good quality, and is drawn from a private well. The sanitary arrangements appear to be well organised and thoroughly attended to.

The Sanatorium may well take a foremost place among the small private institutions specially designed and definitely conducted for the rationally directed treatment of consumptive cases arising in the well-to-do classes. Dr. J. Hurd-Wood is the proprietor and resident physician, and from an exceptionally wide and lengthy medical experience is peculiarly fitted for the conduct of such an establishment. Treatment is carried out under the personal supervision of Dr. Hurd-Wood, who takes his meals with the patients and directs every detail of their daily routine. The nursing is under the care of a fully-trained and well-qualified sister.

As far as we could gather, treatment is conducted in strict accordance with the best hygienic principles, free from meddlesome fads and on sound rational lines. Forced feeding is not insisted on, but much care is given to the regular, well-selected and carefully directed dietetics. We have carefully studied the rules and directions given to each patient, and find them based on sound principles and evidently the outcome of much clinical experience.

The fees, five guineas, are inclusive, the only extras being personal washing, alcoholic liquors, and bedroom fires, which are only allowed at the discretion of the doctor. Extra payment is, of course, required when special nursing is needed.

Whitmead Sanatorium is best reached from Farnham station (S.W.R.), where cabs may always be obtained. Telegrams should be sent to Tilford.

France.

[FROM OUR OWN CORRESPONDENT.]

Paris, August 16th, 1903.

Placentar Opotherapy.

Dr. Bonchacourt, having remarked that the placenta of the sheep provoked a stimulating and congestive action on the mammary gland of woman, his colleague, M. Vivie, instituted a series of experiments with a view of studying the value as a galactagogue of the placenta administered internally.

The placenta utilised was that of the sow, on account of its large volume, and also because that animal was generally exempt from disease. After washing the organ in sterilised water, he cut it up and macerated it for twelve hours in pure glycerine. The liquid was then filtered and distributed in bottles.

The decidual juice thus obtained was given at the dose of from two to six teaspoonfuls a day in cold water, each dose corresponding to fifteen grains of the fresh placenta.

Under the influence of that treatment, nurses in whom the milk flow was insufficient remarked that the secretion increased rapidly, while no ill effects were experienced from the ingestion of the mixture.

Suppurative Tonsillitis.

As regards the treatment of the above painful affection, Trousseau was accustomed to say that no earthly treatment, such as revulsives, astringents, &c., succeeded in arresting its development or cutting it short ; it ran its course in spite of all up to the ninth day, when the abscess burst, putting an end to the suffering of the patient. It must be admitted that the assertion of the great professor has been found correct by every practitioner. However, within the last two years a drug which seems to be particularly active in several affections, furunculosis, pneumonia, chronic bronchitis, eczema, &c., has been employed in suppurative tonsillitis and, if reports are to be believed, will be of great benefit to the unfortunate patients.

Beer yeast in the treatment of that affection has been chosen as the subject of his thesis by Dr. Ferry. According to him, the yeast suppresses very rapidly (in a few hours) the intense pain of deglutition. It suppresses also the lancinating pains which the patients complain of in the ear. In one or two days the patient is well enough to resume his occupation. The tonsil will remain swollen for a few days, but it will not be painful. Another advantage derived from the yeast treatment is the almost absolute certainty of preventing complications such as suppuration of the corresponding tonsil (so frequently observed), œdema of the glottis septic infection, ulceration of the arteries, &c.

EX-OPHTHALMIC GOITRE.

The benefit derived from the administration of salicylate of soda in the treatment of Basedow's malady is being continually corroborated by practitioners in France. M. Chibiel, who recommended this treatment, reported lately four cases very amenable to the drug. He prescribed one drachm daily in Vichy water. The improvement was very rapid. M. Babinsky communicated to the Société de Neurology at Paris, three cases of which two were accompanied with intense tachycardia, 120 to 140 pulsations. After a few months of the salicylate treatment, the pulsations fell to eighty and the trembling disappeared. In the third case, where the only symptom was goitre, the gland entirely disappeared at the end of three months. No other treatment was employed in any of these cases.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, August 22nd, 1903.

PATHOLOGICAL ANATOMY OF MORBUS ADDISONI.

AT the last meeting of the Gesellschaft für Innere Medizin, Wiesel gave a long history of the pathology of morbus Addisoni, and dealt at length with what he described as the latest results of the pathology of the disease in the sympathetic nervous system and the suprarenal bodies. In the sympathetic nervous system, he affirmed, we had more than fibres and ganglionic cells, as there was a third very important factor in its constitution—viz., the "chromaffin" cells, which were found in the form of small tubercles or bodies throughout the sympathetic system. These cells were identical with those found in the parenchymatous substance of suprarenal bodies, which were now acknowledged as the active physiological factor in the production of movement in non-striated muscles. A second element was an accessory suprarenal body.

In five cases of morbus Addisoni he showed the total absence of the chromaffin cells, while the suprarenal bodies appeared to be quite intact. On the other hand, he showed cases with a converse condition, and concluded that in Addison's disease the chromaffin system was the primary morbid centre of disease, whether confined to the centre or periphery of the gland. The secondary changes were found in the sympathetic nervous system. The destruction of the function of the chromaffin cells produces the clinical symptom of asthenia and adynamia. Wiesel thought this chromaffin theory elucidated all the cases brought forward by Addison.

Schrötter said he had often seen cases of healthy men with pigmentation of the mucous membrane of the mouth, although no other symptom of disease could be observed.

Ehrmann remarked that pigmentation of the mucous membrane of the mouth was not a pathological condition, as many people with summer freckles had similar pigmentation. In morbus Addisoni it was abnormal, occurring all over the body in opposition to chloasma uterium as white patches. In the head the pigmentation appears at the bulb of the hair instead of the epidermal covering. It is doubtful if this hyperpigmentation is due to a toxic agent, although arsenical melanosis is quoted as an example, but he would like to know what connection the function of the sympathetic had with the pigmentation in morbus Addisoni, and if the chromaffin cells were secretory bodies affected by poisons so that they produce pigmentary cells.

Wiesel replied that close examination of all the cases under his care revealed no trace of a chronic toxic action. Possibly these chromaffin cells lay in the walls of the vessels and were closely connected with the direct formation of the pigment.

Ehrmann said that in his examinations he had found the walls of the vessels so much damaged that hæmorrhage was the result of these pigmentary patches.

The Operating Theatres.

WEST LONDON HOSPITAL.

THREE CASES OF FRACTURED PATELLA TREATED BY WIRING.—*Case I.*—Mr SWINFORD EDWARDS operated on a man, æt. about 40, who had re-fractured his patella; the first fracture had been treated by wiring at another Metropolitan hospital. The present fracture had occurred two months after the operation and was the outcome of indirect violence. An X-ray examination showed that the wire which had transfixed the upper and lower fragments had come untwisted at the upper border of the upper fragment. The fragments were separated by about half an inch, and the wire was clearly seen passing between them. The first operation had been performed through a lateral flap on the inner side. The patient was operated on for the second time a week after admission to the hospital. Mr. Edwards made an external lateral flap, turned out the blood clots, removed the wire, and re-drilled each fragment in a longitudinal direction on each side of the site of the original drilling. The lower fragment was found to be very small, so that he used a thinner wire than usual. On twisting up the wires the fragments came into capital apposition. The flap was sutured, the wound dressed, and the limb placed on a back splint.

Case II.—The patient was a woman, æt. 40, who had sustained a transverse fracture of the patella through indirect violence. The operation took place a week after the date of the accident. The knee-joint was exposed by an external semi-unar flap, all blood clots cleared out, and the inverted aponeurosis lying between the fractured surfaces was removed. The upper and lower fragments were drilled longitudinally in the mid-line, and the bones brought into apposition with one strand of strong silver wire, which was tightly twisted up, the superfluous wire cut off and the twisted portions hammered down into the tissues just above the patella. Deep silk sutures were now used to bring the aponeurosis together over the strand of wire passing in front of the patella, the joint having been carefully irrigated with a 1 in 2,000 sublimate solution. The wound was closed and dressed in the ordinary manner and a back splint applied.

Case III.—The patient was a 'bus-driver, æt. 34, who had sustained a fracture of his right patella through direct violence. A week after the accident, on exposing the joint by an external lateral incision, it was found that the ligamentum patellæ was torn away from its attachment to the patella, carrying with it only a small spicule of bone, hardly to be called a fragment. The patella itself had sustained a longitudinal fracture, but the fragments were, of course, in good apposition. This injury evidently resolved itself into a case of ruptured ligamentum patellæ. Each half of the patella was bored longitudinally, and a medium-sized wire carried through one half and then threaded by needle and made to transfix the ligamentum patellæ through the middle of its substance from side to side. The end of the wire which had just passed through the ligament was now passed through the bore or tunnel in the other half of the patella and twisted up with the other end at the superior border of the patella. The rest of the operation was carried out as in the previous cases.

Mr. Edwards remarked that the above cases were good examples of the difference in the direction of the fracture in direct and indirect violence. In the first and third cases he said that it would be necessary to keep the limb on a back splint—that is to say, at rest—for a fortnight; whereas, in an uncomplicated case of transverse fracture of the patella such as the second, he made a practice of removing the back splint at the end of the first week, passive movement being carried on for the following week. As far as he was able to judge, he remarked, in the first case no blame could be attached to the original operator, the patient having had the misfortune to meet with a second accident Mr. Edwards said he was in the habit of treating all cases of transverse fracture of the patella by silver wire suture, and of the various methods in vogue he thought the one employed in these cases was by far the most satisfactory, not only as regards the skin incision, but also in the method of inserting the wire. He pointed out that the external lateral skin flap is out of the way, and is not liable to damage when the patient kneels as would be the case with a longitudinal or transverse incision. Besides this, it affords every facility for drainage, should this be necessary. With regard to the way of inserting the wire, he thought that by the method he had employed the fragments were kept in accurate apposition, which, he considered, is not so securely done by the ring or purse-string suture round the patella, which both have a tendency to make the fragments bulge, and, furthermore, they have the disadvantage of leaving a foreign body in the joint.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 19, 1903.

THE CANCER RESEARCH FUND.

Among the great problems awaiting solution by scientific medicine there is none of deeper and more pathetic human interest than the etiology and the cure of cancer. The public recognition of the importance of the subject has been shown by the contribution of the sum of £50,000 to the Cancer Research Fund established in October, 1901. The publication of the first Report of that body marks an era in the organised investigation of what has hitherto been one of the most mysterious scourges of mankind. The first Report of the Fund is, naturally enough, of interest as the harbinger of future achievements rather than of present results. The term "cancer" has been taken to include all the malignant new growths, both of man and of the lower animals, so that the field of investigation is sufficiently comprehensive to include all varieties and degrees of malignancy, as well as the possibility of transmission between mankind and some lower forms of animal life. The comparative study of malignant new growths opens up a field of great promise. The Report states that out of a great number of specimens submitted for examination a great many were excluded as infective morbid conditions, while thirty-one cases of malignant new growths were met with in the dog, horse, cow, sheep and mouse. Specially interesting were a series of true epitheliomata from the horse, cow and dog; and, in addition, some specimens from the dog presenting the histological appearances characteristic of rodent ulcer in man. The question of electro-therapeutic measures in the treatment of malignant growths has naturally received much attention. For the present this particular point is wisely regarded as being *sub judice*. At the same time the Report endorses the general consensus of opinion to the effect that many superficial rodent ulcers, even if very extensive and of long standing, can be made to heal completely by means of "the X-rays alone." A safer statement, by the way, would have been that such results are obtained by exposure to an active focus-tube, as it seems more than probable that the X-rays themselves exert no therapeutic action. Nor, in our opinion, does the Report recognise to its full extent the undoubted influence of the focus-tube upon surface epitheliomata. The whole question, otherwise, is still in its embryo stages, although it may well be believed that the three agencies of light, X-ray tube, and high frequency current will play an important part in the future treatment of malignant growths. The question of the statistics of cancer is discussed generally. The mass of information available, both from purely statistical and from purely pathological statistics, is enormous. The application of more accurate methods will doubtless lead to the formation of general conclusions of value. One point of the greatest interest is mentioned—namely, the relatively smaller number of cases of fatal cancer recorded in Ireland as compared with the rest of the United Kingdom. Altogether, the appearance of the Report under notice constitutes a notable landmark in the apportioning of the heritage of the medical world. It marks an organisation which embraces energy from social as well as scientific quarters, and possesses an incalculable amount of potential energy. We note that in some quarters the possible or probable disposition of the funds has been sharply criticised. So far as regards the great medical bodies directly or indirectly concerned, the public may rest assured

that monetary matters will be administered in accordance with the traditions of an honourable profession.

THE POLLUTION OF OYSTERS.

THE causes of the very real perils which beset the consumption of oysters from the Emsworth beds, resulting in the serious outbreak of enteric fever consequent upon the mayoral banquets at Winchester and Southampton on November 10th of last year, have now been fully investigated. From the report of Dr. H. T. Bulstrode upon the subject to the Local Government Board there is no room for doubt that the molluscs in question were directly and solely responsible for the epidemics, not only of typhoid but also of various types of gastro-enteritis. Of the Winchester cases, ten were found to be true enteric out of a total of 134 guests, and of the 133 guests at Southampton, eleven were attacked with the disease; five deaths unfortunately occurred. By obtaining a direct census of the articles of diet partaken of by each person at the dinners it was ascertained that every individual who was afterwards affected with typhoid had eaten oysters. A careful examination of the other articles of food, including the milk-supply, and an investigation into the sanitary condition both of the places where the banquets were provided and the homes of the patients themselves, were alike entirely negative. Moreover, an important fact remained in that other epidemics of enteric fever were occurring at other places supplied with the Emsworth oysters at the same time. The chain of evidence may therefore be said to have been complete. As long ago as 1895 the danger attendant upon the storage of oysters in the Emsworth pits was pointed out by Dr. Bulstrode in a valuable special report, so that the public was not without due warning. That these pits were actually specifically contaminated prior to the outbreaks was proved by the fact that the main sewage of Emsworth discharges practically over them, and in October and November last year there were nine cases of typhoid in the town. It was found that the drainage of eight of the houses led into the sewer in question! When the storage pits are situated in shallow water they are apt to become uncovered at low tide, with the consequence that if there be any sewage discharging in their immediate neighbourhood they are more or less fouled. If the oysters be gathered at such a time they will be in a greater danger of contamination than when the sewage is well diluted. The whole position of oyster pollution is unsatisfactory from the public health aspect; for, apart from the threatened danger to the industry and the general and almost unavoidable exclusion of a useful article of food, there is, as yet, no legislative inquiry specially directed into this matter in progress. The Royal Commission on Sewage Disposal deals, of course, primarily with the main object for which it was instituted; but it would surely be a national advantage if a section of it could be brought to consider more particularly that view of the question affecting the distribution and prevention of contamination of the various oyster beds scattered along our coasts. Owing to the custom of some dealers of storing oysters temporarily in pits near the foreshore of the town in which they live or in which it is desired to sell them, suspicion will not only rest upon those known to be taken from infected localities, but also upon those which are deposited therein for a time and brought from a distant but uncontaminated spot. The matter, therefore, is more serious than it appears at first sight, for if the beds at Emsworth be employed for this purpose, as they are said to have been, the reputation of hitherto unimpeachable firms will be endangered. It is to be hoped that Dr. Bulstrode's report may awaken the interest which it fully deserves. In view of the widespread alarm which has arisen in many quarters owing to the dangers of consuming oysters which may have been specifically contaminated with typhoid, lovers of the delectable bivalve will be glad to hear that the Fishmongers' Company has taken up the matter officially. The various beds around the coast have been inspected, and the oysters taken therefrom submitted to bacteriological analysis, with the result that many of them have been closed. The Company, in a recently issued circular, pledges itself to ensure that, as far as it is enabled, none but healthy oysters from beds of known purity shall be placed on the market, and it invites the assistance of medical and sanitary authorities in reporting defects in drainage, &c., which threaten to be sources of contamination. By this action it is hoped that the public confidence may be restored, and the position of the trade improved.

QUACKS AND QUACKERY.

ONE of the most pressing reforms of to-day is the suppression of quackery. It is practised under so many different forms, and so universal has it become, that no class of the community can escape the evil. That it does incalculable mischief all acknowledge; but it is so profitable that it enlists thousands in its pursuit, all of whom vehemently resist any interference with what they call "the liberty of the subject"; but which is nothing less than a licence to make money by fraudulent means, to the injury of the public, both in pocket and health. We regret to say that not infrequently men qualified and eligible to carry on an honourable trade deliberately embrace the "profession" of quackery. In such a position is the prescribing pharmaceutical chemist when he, as is not uncommon, keeps his "consulting room" and has his "at home" hours. He becomes as imitative as a monkey; his writing desk is furnished with the most recent forms of binaural stethoscope, a hypodermic syringe, and a urinary testing apparatus. In such a room, after being medically examined and prescribed for by the quack, how is a poor uneducated person to know that the L.P.S.I. is not a medical qualification? All the surroundings are those of a medical study, and intentionally so. They are arranged by the quack to aid him in impressing on his "patient" that he possesses a knowledge of disease acquired

in a medical school. This fraud is carried out by those who know that the Pharmaceutical Act expressly excludes medical subjects from the pharmaceutical chemist's qualifying examination. From one of these consulting rooms a man with a strangulated hernia left with a prescription for bicarbonate of soda and hydrocyanic acid. The time occupied in taking the eight-ounce mixture was fatal. In another case a thoracic aneurysm was vigorously treated by one of the quacks, who was exonerated by a coroner's jury because he did what he considered best, the fact that he had no right to treat the case at all being wholly lost sight of. We are glad to note that at the recent conference of the British Pharmaceutical Society the President expressed the belief that a separation was proceeding between pharmacy and medicine, and he stated that in the interests of medical men, pharmacists, and the public such separation should be hastened. We fear, however, that there is a certain amount of optimism in his pious belief that "chemists prescribe much less commonly than formerly," but we cordially re-echo his hope that they would give it all up together. For our part, although we wish that it were possible for all medical men to give up the compounding and dispensing of medicines, we cannot regard the position of those who find it necessary to continue to dispense as at all analogous to the position of the pharmaceutical chemist who deliberately infringes the law by prescribing. The former undertakes a responsibility which he is capable of discharging and entitled to discharge, whereas the latter assumes a responsibility which he is incapable of discharging, and which is only rendered possible and profitable by the credulity of the public.

Notes on Current Topics.

The Perils of Tube Railways.

Each phase of human progress brings with it special and unsuspected risks. The discovery of coal gas as a source of illumination transferred to our homes risks of explosion previously familiar to us as one of the amenities of mining. The introduction of underground railways placed partial asphyxia within the reach of the humblest, and the employment of powerful electric currents has made death by artificial lightning a tolerably frequent occurrence; while an entirely new class of fire risks have been created, far more terrible in their incidence than the old-fashioned gas explosion. In the tube railway, the latest development of transport enterprise, these two risks are associated and are reinforced by peculiar and terrible risk of certain death by asphyxia should short-circuiting take place, a not unlikely contingency, escape being rendered quasi-impossible by the absence of any provision for the passage of the scared passengers along the tube and the imminent risk of their coming into contact with the live rail which lies ready to inflict sudden death on the hapless traveller in a darkness which is one of the invariable sequelæ of accidents of this kind. The fact is that engineers have transferred to the construction of tube railways apparatus and appliances which had been found to work well above ground, apparently without giving the special circumstances a thought. Recent events have given rise to such a feeling of insecurity among the public that in their own interests the managers of these underground railways will do well to remedy the more obvious shortcomings with the least possible delay. Foremost among them is a means of preventing the spread of fire from the motor apparatus to the carriages, and, secondly, the employment of non-inflammable materials for carriage construction. In order to facilitate escape in the event of a mishap the live rail ought to be placed somewhere out of easy reach, and with the same object in view a source of light should be available independently of the working current. Neither gas nor oil lamps would answer the purpose, because they are too sensitive to the influence of foul air, and the only trustworthy plan is probably a system of electric lights, in circuit with accumulators, so that fusion of the wires at one part of the tunnel need not entail extinction of the light throughout. Until the necessary improvements have been made we shall feel that each time we take a ticket we are deliberately incurring risk of life, a mental state which will assuredly be reflected in the dividends. The subject, however, is of such sinister importance that we are justified in looking to the Government to protect us against such risks as can be foreseen, and the risk of fire with immediate asphyxia is one which had occurred to many.

Adrenalin.

It is not so long since therapeutists pointed with pride to the elimination of animal products from the pharmacopœia. We had musk, lard, cod-liver oil—the former was seldom used, and the lard was being displaced by petroleum products. We were supposed to have reached the apotheosis of therapy, when, presto! we learned the value of thyroid extract, and at once every tissue and organ in the body was laid under tribute. MM. Bra, Paul, Ewald, Bruns, and Bramwell, with others, advocated the use of the animal products, following the teaching of M. Brown-Sequard. Manufacturing chemists took advantage of the fashion in medicine, and we had extracts prepared from the testicle, the ovary, the grey substance of the brain, the thyroid, the cardiac muscle, the pancreas, the liver, the suprarenal capsule, the kidney, the lung, and so forth. Scarcely a decade has passed since these products were introduced, and of the list the thyroid extract and the suprarenal have not alone been retained in practice, but have gained in favour. Indeed, adrenalin has become so generally used that we are apt to forget that it was unknown until January, 1901, when J. Iakamine, the distinguished Japanese chemist, isolated it from the suprarenal substance, and completed a series of investigations into the physiological action of the gland substance that had been commenced, though crudely, by Montesquieu, in 1716, who read his report to the

Academy of Science, Bordeaux, in the same year. Bichat, Hein, and Neumann took up the task, and had to acknowledge each in turn that his labour was fruitless. In 1855 Addison made his memorable discovery, and in the year following M. Brown-Sequard announced that the gland produced a secretion, and there was a hope of our coming to a knowledge of the gland and its structure, when, unfortunately, Bergmann started his nerve theory, which held the field until d'Abelous and Langlois upset it in 1886. The suprarenal secretion discovered by d'Albanèse (1892) and Bonich (1894-96) was said by Guarneri and Marino-Zucco to contain a phosphoglycinate of nervine. Mühlman, however, considered that it was a salt of pyrocatechin (C_6. H_6. O_2). The reactions of the product justified the chemist in his conclusions, though the physiological tests demonstrated a marked difference in the substances. A further advance of our knowledge of the substance was made by the discovery of suprarenaline by Abel and Crawford; and so matters were until Dr. J. Iakamine undertook the study and pursued it so successfully that the drug has become universally used. But of the therapeutics of the drug adrenaline we have yet much to learn, for although many interesting physiological experiments have been performed the results are often contradictory.

The Barmaid Question.

FOR long much discussion has proceeded respecting the disadvantages of employing females in public drinking-bars. The barmaid has for long been a familiar, and, it must be admitted, not uncommonly a particularly attractive, feature of many English licensed resorts. In some countries the employment of females in connection with the sale of alcoholics is prohibited by law and discouraged by custom. Recent events have done much to force this question to the front. We have here only to deal with the hygienic aspects of the case. From the standpoint of personal and public health there can be no doubt the employment of women in drinking-bars is altogether a mistake. On psychological as well as physical grounds the practice may well be condemned, and in the interests of the seller as well as for the protection of the customer, the employment of unmarried females may well be rendered illegal. The life of the average barmaid is necessarily unhealthy for both mind and body, many lapse into habits of intemperance, and from the conditions of the work morbid psychical and abnormal physical states are readily induced. Speaking purely from the medical standpoint, there can be no hesitation in declaring that the State should protect itself by safeguarding its women from such dangerous conditions of life as are at present inseparable from the majority of drinking-bars.

The Blighting of Babies.

PESSIMISTIC views prevail in many quarters respecting the development of the young life of the nation. With a falling death-rate there is certainly a falling birth-rate, and according to apparently trustworthy authorities the infantile mortality does not bear any proper proportion to the general mortality decline. The President of the British Medical Association at the recent Swansea meeting declared that "the rate of general mortality had decreased in the last thirty-six years, but, on the other hand, the mortality of children had increased." The reports of medical officers in various parts of the country express a similar opinion. There is, indeed, only too clear evidence that the blasting of infant life is enormous. Much of the mortality during the first years of life is manifestly preventible. But it seems desirable that careful investigation should be made as to whether we are retrograding in the protection of baby-life, as some statisticians would have us believe. Undoubtedly much has been accomplished for the betterment of mothers and the safeguarding of childhood, and there is reason to think that, rightly interpreted, the outlook is not so dark as melancholy souls would believe. And yet the prospect is undoubtedly serious. The spread of inebriety among women, the distaste for duties of motherhood, the increasing struggle for existence at one end of the social scale and the growing love of luxury at the other, all tend to jeopardise the young life of the nation. Much evidence has also been recently produced to show that vast numbers of young children suffer from malnutrition directly dependent on neglect, and on all hands signs of arrested growth and maldevelopment are only too clear to the seeing eye. And yet, in spite of discouragements, which indeed are manifold, there is much need for the suppression of the pessimist, and every reason for the development of a practical optimism.

The Thames as a Sanatorium.

ON some hot and depressing August day, when London streets burn and blister, and when the longing for the open country becomes almost unendurable, no thinking stroller along the Embankment but must be impressed with the advantages of the Thames to the Metropolitan toiler. The great river might well become a veritable sanatorium for the City worker. The rich can well reach their house-boats in the upper reaches, where aquatic life can be made luxurious with all the fastidiousness of latest fads and most recent fashions; but for the poor Father Thames still remains a distant relation. Enormous sums of money are being expended, and very rightly so, in the opening-up and laying-out of our public parks, and much thought and ingenuity is bestowed on the elaboration of means for conveying the labourer into the country; but few voices are raised in praise of the hygienic advantages of the silent riverway. It is much to be regretted that no means can be found whereby the Thames can be used as "an open space." We hear much of garden roofs and garden cities, city playgrounds, and the like; but in our eagerness to provide such it would be well if we could develop the potentialities of Father Thames as a sanatorium.

Typhoid Fever in South Africa.

The recently issued report of the Commission instituted by Mr. Brodrick in 1900 to inquire into the nature, pathology, causation, and prevention of dysentery and its relationship to enteric fever, shows that, at least as far as the origin of the two diseases is concerned, they have much in common. They are both essentially filth-diseases, but according to Colonel Notter, there cannot be said to be any one specific insanitary condition which accounted for their prevalence during the late South African campaign. Many are the contributing factors which led to the incidence of typhoid fever among the troops, such as the fouling of water and soil, the insufficiency of the arrangements for scavenging, the preponderance of young men in the ranks, and the exhausting nature of the work which they had to perform. Stress is also laid upon the malign influence of flies as carriers of pathogenic germs, and also on the effects of dust in contaminating food and water. Actual decomposition of food appears to have more connection with dysentery than enteric fever. Professor Simpson's report upon the cost of typhoid presents an appalling illustration of the enormous expense which is involved, not to mention the far more important loss of valuable lives, when preventive measures are inadequate or neglected. Thus, the estimated cost of this disease alone is placed at between three and four millions of money, and 6,000 lives. This is, indeed, an object lesson which cannot fail to impress itself indelibly upon the minds of sanitary reformers and military authorities alike. As Colonel Notter rightly insists, it is the organised system of scavenging work which is "practically the pivot on which the whole question of camp sanitation turns," and this is the chief preventive measure to which attention was least paid, with the results which are now known to all. The practical difficulties naturally attendant in connection with matters of military reform are great, but the suggestion with regard to the formation of a scavenging corps is good, and one which should prove of material assistance in rendering the camps less like the hotbeds of disease which they have hitherto been.

The Mosquito Plant.

Disillusionment is seldom agreeable, especially when our most cherished beliefs are shown to be lacking in solid foundation, but when the virtue of a remedy from which great things were expected is at stake, keen is the disappointment which is felt when it is "weighed in the balance and found wanting." The scales of public opinion are poised very truly, but the balance of science is hung with even greater accuracy. The supposed "anti-mosquito" properties of the *Ocimum viride*, or Holy Basil, discovered by Captain Larymore, R.A., of Northern Nigeria, and afterwards confirmed by Sir George Birdwood as a result of his experience in Bombay, are, it is feared, incapable of practical application as a prophylactic remedy. Dr. Prout, medical officer to the Colony of Sierra Leone, has undertaken an investigation into the alleged properties of the plant in question, and he found that the insects live and thrive when kept in close proximity to the basil in the same manner as they do with any other plant. Some deleterious effects are produced upon mosquitoes when the leaves are burnt, so that in this way the plant may be found useful. The inutility of the freshly-growing *Ocimum* as a means of warding off the approach of the insects is also confirmed by Sir William Thiselton-Dyer, the Director of Kew Gardens, who states that the experiments conducted by Dr. Prout indicate clearly that there is no protective value afforded by the plant. On the other hand, the fragrance derived from a bank or hedge of basil is said to be most refreshing. It is, of course, possible that the altered conditions of soil and methods of planting and draining which were adopted in the Victoria Gardens at Bombay may have rendered the mosquitoes more liable to the influence exerted by the plant of which Sir George Birdwood speaks so highly. The efficacy, however, of the basil as a protective against mosquito-borne malaria may hardly be said as yet to be sufficiently proved.

Prolonged Gestation in Anencephalia.

It has been noted that gestation is often prolonged far beyond the normal period in cases of anencephalic fœtus; in fact, out of four cases of the kind observed by Drs. Bender and Leri, in two the pregnancy lasted ten and ten and a half months respectively. This fact is interesting because it is suggested that the prolongation of the period of gestation may be due to the absence of a head of sufficient volume to stimulate the lower segment of the uterus to contraction. Possibly this may assist us in arriving at an explanation of the mechanism by which gestation is automatically brought to an end.

Opium in Infantile Carditis.

In the heart affections of childhood two facts stand out prominently which serve to distinguish them from morbus cordis in the adult. In the first place, the inflammation of the heart in the child is in reality a more or less general carditis, as was pointed out by the late Dr. Sturges, the endocardium, the myocardium, and the pericardium being involved together. Secondly, the effect of the nervous system upon the child's heart has been shown to be considerably more powerful than in the adult. Dr. Alexander Morison, in the course of a paper read before the provincial meeting of the Society for the Study of Diseases in Children, for these reasons emphasised the undesirability of applying leeches to the præcordium in children on account of the emotional excitement thereby produced. He also condemns the use of digitalis as being incapable of procuring sufficient rest for the organ. Instead, he would advocate the judicious exhibition of opium, than which there is no drug more potent in its soothing influences. The fear of pre-

scribing this remedy to children, shared by the majority of practitioners, is doubtless responsible for its non-employment in heart disease at this period of life. Dr. Morison finds that even in young infants there is a greater tolerance shown towards opium when the heart is affected than when it is in a normal condition, and he cites several instances in which the drug had produced a most beneficial effect. Autopsies in cases of infantile morbus cordis frequently reveal the presence of healthy cardiac muscle, while the pericardium is severely affected, which fact should lead us to suppose that the inflammatory reaction may be calmed and the cardiac mechanism restored through the agency of the nervous system rather than by the application of more direct means. Idiosyncrasy must, of course, be watched for; but, if the nervous control can be suitably regulated by opium, we possess a remedy for the heart affections of childhood which has certainly been hitherto neglected.

Syphilis in the Anthropoid Ape.

THERE are a number of moot questions in the pathology of syphilis which have remained unsettled simply because the ethics of experimental observation forbid the utilisation of human subjects for such a purpose. Moreover, observations on some very essential points when made on human beings are subject to what we may call the personal equation of truth on the part of the subject, thus vitiating the results obtained. Attempts to inoculate animals with syphilis have, for the most part, proved futile, and even in certain successful cases the evolution of the disease was so different from that in the human being that no trustworthy conclusions could be based thereon. Professor Metchnikoff has recently succeeded in inoculating female chimpanzees with the virus, and we are justified in hoping for additions to our knowledge in this interesting department of pathology in the near future. At the Academy of Medicine no doubt was expressed as to the genuineness of the infection, although the time had not yet arrived for the characteristic secondary symptoms to make their appearance.

The Small-pox Epidemic.

REPORTS of the occurrence of fresh cases of small-pox continue to be received from the provinces. In Lancashire the outbreak is showing signs of diminishing, and an important step has been taken by the Public Health Committee of the County Council in recommending that primary vaccination and re-vaccination should be rendered compulsory. The epidemic at Cambridge of over one hundred and twenty cases during the last two months has caused some alarm in that town, but, happily, it is at last being got under control. In both localities the case is very strong for vaccination, the mortality among the unvaccinated being much greater than among the vaccinated. The obvious lesson to be derived from this is that, unless the British nation desires to remain behind other nations of the civilised world in matters of public health, vaccination and re-vaccination must be made compulsory by law. It is not until the "conscientious objection," or, as a contemporary somewhat forcibly puts it, "imbecility," is altogether abolished that we can hope to attain to the immunity from the disease enjoyed by Germany, where small-pox is almost unknown. Such a time cannot be far distant, for the herald of compulsion has already sounded its warning but beneficent blast.

Maternal Ignorance and Infant Feeding.

NATURE has taken the surest way of securing a safe and sufficient milk supply for each new life. But in the course of so-called civilisation, the functions of maternity and the fulfilment of milk secretion are oftentime dissociated, and, either from wilful neglect or unavoidable necessity, human milk has to be replaced by a bovine secretion. Cow's milk is peculiarly liable to contamination, and almost criminal ignorance prevails regarding measures to ensure its due protection. Most mothers are profoundly ignorant as to the principles which should guide them in the selection and preparation of their children's food. We are glad to see that the Tottenham District Council has decided to appoint a lady inspector whose chief duty will be to instruct mothers in the care and feeding of young children. We would suggest, however, that it would be more reasonable to commence instruction at a somewhat earlier date. Every girl, we contend, should be trained in the practical duties of domestic life during school days, and instruction in the management of babies should not be left to the haphazard opportunities for experiment offered by the coming of the firstborn. For this form of vivisection we have no sympathy.

The Bicarbonate of Soda Treatment of Varicose Ulcers.

IT is not open to every sufferer from varicose ulcers of the legs to experiment with the oxygen treatment, and, as the lesion is exceedingly common, it may be worth while calling attention to the excellent results obtained by dressing these ulcers with compresses steeped in a solution of bicarbonate of soda containing from 2 to 4 per cent. of the salt. The suppuration is stated to diminish forthwith, and healing proceeds apace. It is a simple means of dealing with a very troublesome class of cases, and the results are promising.

Psychology and the Post Office.

THE forty-ninth annual report of the Postmaster-General just issued not only affords a remarkable record of State socialism, but also presents matter rich in suggestiveness for the psychologist. For instance, twenty-five millions of letters and parcels could not be delivered because the addresses written by the senders on the covers were either incorrect or insufficient, or because no address at all was given. The carelessness of the average individual is prodigious, but, unfortunately, it is not limited to dealing with the Post Office authorities, but is apparent

in almost all matters pertaining to hygiene. Ignorance is accountable for much, but wilful carelessness is accountable for more. The happy-go-lucky life of the average hospital patient would be pathetic if it were not so peculiarly irritating to the painstaking physician. And this neglect for care of self and absence of thought for others stand at the etiological foundation of much of the disease and disorder which disturb the peace of the moral world and derange the pleasures of physical existence.

Bathing Fatalities.

The holiday season brings sadness and disaster to many a household. At this season of the year the daily papers in almost every issue contain a heavy list of bathing fatalities. Deaths from drowning occur with alarming frequency and in most cases under conditions which a little forethought and careful arrangement would have robbed of much of their danger. We are strongly of opinion that greater attention should be devoted to the training of all children in the art of swimming, but we are also certain that the authorities of many health resorts grievously fail to maintain adequate provision for the safeguarding of the lives of their visitors. At all bathing stations protective measures should be provided. Oftentimes the only prophylactic effort is expended in the erection of comparatively useless notices. A holiday resort which spends much in advertising its many excellencies should not be miserly in the protection of the lives of those who now, in seeking health, only too frequently win death.

Lavatories and Locomotion.

At this time of the year, when long distances are undertaken for purposes of pleasure or the interests of health, and when corridor trains become the meeting place for all sorts and conditions of men and women, and oftentimes are really travelling hospitals, it is very necessary that attention should be drawn to the necessity for maintaining strict supervision over lavatories and retiring compartments. On certain lines the arrangements are very primitive, and in not a few instances the closets are so ill-designed and badly served that they offer opportunities for the dissemination of disease as well as the continuance of much discomfort to the users. Medical officers of health might well direct their attention to the too much neglected subject of railway sanitation.

The Health of School Children.

The very comprehensive report of the Medical Officer of the London School Board (Dr. Kerr), recently issued, provides much that is interesting and important in connection with the physical condition of school children. In the first place the necessity for obtaining more systematic measurements is pointed out with the object of ascertaining the degree of improvement apparent after going through the courses of physical drill and exercises. In connection with the latter, a caution is given with regard to the danger of over-fatigue, especially in the case of the younger children. It is satisfactory to note that during the past year there has been no outbreak of infectious disease of any magnitude. The appointment of visiting nurses for the purpose of inculcating the principles of cleanliness among parents is a step in the right direction, though it is hardly, perhaps, altogether desirable that the diagnosis of such a disease as ringworm of the scalp should be undertaken by a nurse, however experienced she may be. The most that she should attempt is simply the isolation of any case that appears suspicious for further confirmation or rejection by the medical officer, who, by preference, should be one with special dermatological knowledge. How many times is not even the most expert deceived, apart from microscopic examination, by tinea tonsurans lurking under the garb of an impetigo or seborrhœa! The eyesight of the children is considered at length, and the appointment of specialists in this department has been of the greatest assistance in bringing to light the wide prevalence of defective vision, and in calling attention to the great importance of free-arm drawing upon the blackboard, instead of cramping the accommodation by the use of small cardboard squares. The year has been one of progress, as indicating that the principles of hygiene are surely becoming more recognised by our educational authorities.

Mumps and Pancreatitis.

That mumps run an uninterrupted course to recovery is the common experience of medical practitioners. Sometimes, however, there is a considerable amount of pyrexia, accompanied by nausea and violent pains in the epigastric region, and as a rule these symptoms are ascribed to some hepatic trouble, although unaccompanied by icteric colouring of the skin. From a study of quite a number of such cases, M. Simonin has, however, come to the conclusion that the symptoms are those of pancreatitis. Out of 652 cases of mumps, he found that the pancreas was infected ten times, that the attack was very sudden in its onset, and lasted but a short time, seldom excceding seven days. On examining the gland he found it infiltrated with serum, soft, and œdematous, and that by its increased size it pressed on the cœliac axis and the semi-lunar ganglion of the sympathetic. That parotiditis can be associated with such a serious disease as pancreatitis should be sufficient to ensure that it receives due attention from the physician and to prevent its being relegated to the prescribing chemist or the domestic remedies of the nursery.

The Physique of the Alien.

Many medical men in London and our other large cities, especially those connected with hospitals, have abundant opportunity of forming an opinion respecting the physical aspect of the alien immigrant question. The report of the Royal Commission just issued contains much of the greatest importance to the welfare of the country. It will be remembered that it was the duty of the Commission to inquire into the character and extent

of the evils which are attributable to the unrestricted immigration of aliens, especially in the Metropolis, the measures which have been adopted for the restriction and control of alien immigration in foreign countries and in British Colonies; and to advise what remedial or precautionary measures it is desirable to adopt in this country, having regard to the above matters and to the absence of any statutory power to exclude or expel any individual alien or class of aliens from its borders. The Commission have held forty-nine public sittings and examined 175 witnesses. Their conclusions are of much practical importance, and, it may be hoped, will speedily bear fruit. Amongst much that is of particular interest to the medical mind, the evidence bearing on overcrowding brought about by the influx of aliens should be studied carefully. Overcrowding lies at the root of much of our distress, and the coming of the destitute foreigner does much to perpetuate the evil. Physicians at our Metropolitan hospitals have abundant opportunities of observing the ignorance and superstition of the aliens that flood the eastern parts of London, and indeed no inconsiderable part of out-patient work is taken up with attending to the ailments of aliens who should never have been permitted to be dumped down on our hospitable shores.

Drainage in Abdominal Surgery.

THE practice of employing drainage tubes in abdominal operations seems likely to follow that of the clamp into the limbo of discredited appliances, and a formidable blow to its prestige has been dealt by Professor Olshausen, the distinguished German gynæcologist. His personal opinion on the subject may be inferred from the fact that in 1,555 laparotomies, during the last six years, he only had recourse to drainage nine times; indeed, he recognises only one indication for its use, *viz.*, the existence of an intra-abdominal abscess cavity which continues to suppurate. Obviously, no conscientious surgeon would consent to employ drainage in all his cases merely for the purpose of obtaining statistics to prove its undesirability, so Dr. Olshausen bases his argument on a study of 113 cases in which most surgeons would have drained in view of the circumstances. For instance, in 65 cases in which there was accidental contamination of the peritoneum with pus or other infective material, in spite of non-drainage he only had fourteen deaths. Moreover, he only had four deaths in 33 cases of typical pysosalpinx, and he was even more fortunate in cases in which there remained extensive raw surfaces, ten cases having no mortality. Even when there has been accidental perforation of the bladder or intestine he obtained good results in the absence of drainage. In lieu of drainage he advocates careful cleansing and drying of the surfaces and closure.

Arsenicated Beer.

THE report of the work of the Government Laboratory just issued, for the year ending March 31st, clearly shows that arsenicated beer is not altogether a danger which has passed. Eleven hundred and seventy-three samples of beer, malt, and brewing materials were tested for arsenic, and in 44 instances a very notable amount was present. One sample of wort contained 1-36th of a grain of arsenious oxide per gallon, and here a substitute for hops, "Hop Compo," had been used and was found to contain ¼ of a grain of arsenious oxide per pound and 35 grains of oxide of antimony per pound. The "Hop Compo" had been prepared by a druggist who deals in veterinary medicines, and some of the vessels used in making horse-powders had also been used in preparing "Hop Compo." Manifestly, the beer-drinkers are not even yet out of the wood, and the teetotallers may still have good grounds for rejoicing.

DR. J. T. HORRON DAVIES has been placed on the Commission of the Peace for the borough of Leicester.

DR. ROBERT JONES, resident physician and superintendent of the London County Asylum, Claybury, has been enrolled an Honorary Associate of the Order of St. John of Jerusalem.

COLONEL F. HOWARD, Army Medical Service (retired), has been appointed President of the Board of Medical Officers before which the physical examination of candidates for Army commissions in London will be held this week.

Correspondence.

TUBE PERILS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The appalling calamity which has occurred in Paris and caused a shudder of horror to run throughout the civilized world will bring to the popular notice the sure ground for the anxiety which for long has been apparent in many thoughtful minds. Man, in his desire for centralisation, has congregated in such immense numbers that not only the provision for habitation, but the problem of locomotion is driving him to adopt means and methods fraught with danger and fruitful in disaster. In order to secure speedy transit it is necessary to burrow into the bowels of the earth or trust to the uncertain wind-driven vagaries of the balloon. The rapid extension of underground travel is introducing elements which threaten the welfare of the people and open doors to dangers hitherto only dealt with in fiction.

With the honeycombing of our Metropolis with tubes and fast-flitting trains propelled by a force powerful in restraint but deadly in disorder, it is incumbent that no effort should be spared to limit the possibility of accident or prevent the occurrence of any disaster.

The danger prominent in the minds of all is that arising from fire, and in spite of the naturally reassuring expression of opinion given by those financially and otherwise interested in underground locomotion, we are of opinion that much more might be done to safeguard the public than is at present even attempted.

The disaster which happened at Liverpool is still fresh in one's memory, and should a fire once gain a foothold in a deep, single tube, where the carriage fits like a pistol bullet and means of evit are practically non-existent, and where the permanent way is laid with fully-charged electric rails, as in our "Tuppenny Tubes," the passengers would find themselves in a death trap from which escape would be impossible.

Familiarity is in danger of breeding contempt, and the public mind is readily lulled into a sense of security. It is incumbent, however, upon all responsible for the safety of the traveller to insist on the conduct of such measures as shall diminish the risks to a minimum.

It is most desirable that the motors and carriages should be constructed of non-inflammable material. The same should be the case with regard to sleepers, and the tunnel itself, and also the stations.

It is most necessary, also, that means should be provided whereby immediately the occasion may arise connection with the current may be cut off. It should be possible to detach the motor at a moment's notice, and the driver should be in direct communication with every car man.

It is interesting to note that the chief inspecting officer of railways for the Board of Trade, Colonel Yorke, in his evidence before the Joint Select Committee on the question of underground railways for London, clearly foresaw the possibility of the occurrence of such a calamity as has happened in Paris.

Every day experience affords proof enough of the inadequacy of the Metropolitan tubes. Even at the best of times ingress and egress is slow and difficult, and the lifts are conspicuous for their foolish arrangement whereby filling and emptying is accomplished from the same side. Both on the trains and at the stations a handy supply of water, and convenient fire extinguishers are conspicuous by their absence. In the smoking cars lighted matches are often recklessly thrown about, and much of the material used in the construction of the cars and certainly much of the apparel of many of the passengers is anything but non-inflammable. Let us hope that out of the terrible catastrophe that has cast a gloom over Paris, some good may accrue.

I am, Sir, yours truly,
T. N. K.

Literature.

YEAR-BOOK OF MEDICINE AND SURGERY. (a)

This excellent year-book now occupies the foremost place among works of this class. Although originating in America, and due entirely to trans-Atlantic energy and skill, it is not unappreciated on this side of the "herring-pond," and we hope it may not be long before it assumes a right to the title of "international," not only in spirit, but actually in name, and to this end we should suggest the advisability of obtaining collaborators in this country and Europe. At present the work is essentially American, although it is only fair to say that the editors do not appear, as a general rule at least, unduly biassed in favour of "home products." These volumes well maintain the high level of excellence attained in previous issues. But few changes appear to have been made in the staff and general form of presentation. The departments of otology and laryngology have been wisely united under the editorship of Dr. D. Braden Kyle and Dr. George Fetterolf.

In the volume devoted to Medicine Drs. A. Stengel and D. L. Edsall deal with general medicine; Drs. Louis Starr and A. Hand, jun., take pediatrics; Drs. David Riesman and A. O. J. Kelly retain direction over pathology and bacteriology; Dr. Archibald Church controls the section on nervous and mental disease; Drs. Louis A. Duhring and M. B. Hartzell deal with cutaneous diseases and syphilis; Drs. R. W. Wilcox and A. A. Stevens epitomise materia medica, experimental therapeutics and pharmacology; Dr. G. N. Stewart contributes an all too short summary of physiology; Drs. John Marshall and J. H. W. Rhein present legal medicine; Dr. S. W. Abbott writes on public health and preventive medicine, and Drs. Walter Jones and Reid Hunt are responsible for the section on physiologic chemistry.

In the Surgery volume Drs. J. Chalmers Da Costa and J. H. Gibson present the new features of general surgery; Drs. B. C. Hirst and W. A. N. Dorland deal with obstetrics; while Drs. J. M. Baldy and W. A. N. Dorland take gynæcology; Drs. V. P. Gibney and J. H. Waterman furnish the summary on orthopædic surgery; Drs. H. F. Hansell and W. Reber are responsible for ophthalmology; Drs. D. B. Kyle and G. Fetterolf direct the section on diseases of the nose, throat, and ear; while Dr. C. A. Hamann presents a short account of new work in anatomy.

When so much is of the best it seems invidious to find fault, but we venture to think that excellent as the work is in design and execution it is even capable of improvement. There is still a lack of uniformity in manner of presentation. A summary of the chief features of the year's work should form an introduction to each section. Many of the editors seem to exercise but little of their critical function. The initials of authorities quoted should always be given; to find, as we do, the name of Smith without further adornment is not particularly identifying; indeed, we should not object to see sometimes the *habitat* of the worker indicated within brackets. More illustrations might be given with advantage. The Index needs improving, and should be divided into subject and name indices. The volumes are too heavy for convenient handling.

(a) "A Yearly Digest of Scientific Progress and Authoritative Opinion in all Branches of Medicine and Surgery, drawn from Journals, Monographs, and Texts-Books of the Leading Authors and Investigators. Collected and arranged with critical editorial comments." Under the general editorial charge of George M. Gould, M.D. In two volumes. Medicine, pp. 691; Surgery, pp., 671. Philadelphia and London: W. B. Saunders and Co. 1903. 13s. net per volume.

NURSING. (a)

Sir Henry Burdett's admirable, and now four-year-old, guide to the nursing profession, fully maintains its high level of excellence. By a curious slip the present volume bears no date. The work is admirably conceived, and has been most satisfactorily carried out. Of course, where so many scattered and dilatory individuals have to be sought out for up-to-date returns it is unavoidable that certain sins of omission and commission should be noticeable. But as far as we can gather great efforts have been made to secure the most recent and trustworthy information, and certainly in extent of material, conciseness of presentation, excellence of arrangement and general convenience and utility as a work of reference, Sir Henry Burdett is to be congratulated. The volume is one which every nurse should possess and a copy should certainly be within reach of every practitioner. There is a very practical summary of the various requirements of the different schools, an outline of the principal laws affecting nurses, and elaborate details concerning general and special hospitals and Poor-law infirmaries which train probationers. Particulars are also given of various nursing institutions and private nursing agencies and homes; and information will be found concerning Government departments, and hospitals and institutions in Great Britain where nurses are employed, but not trained. The section on Colonial, American and foreign hospitals and nursing institutions we shall hope to see much extended in the next issue, in these days of popular peregrination, when an Englishman seems happiest away from home, it would be well that nursing homes providing English-speaking nurses on the Continent were all duly recorded in such a volume as this. The work contains a short chapter on training schools for attendants on the insane, and it might be well to add particulars concerning the special training needed for the adequate care of inebriate cases. We think also that some attention might, with advantage, be devoted to the somewhat special training now needed for the rapidly increasing sanatoria. A closing section indicates the provisions which have been made regarding provident funds, examining bodies and associations for the benefit of nurses. The work is issued at so remarkably low a price that it is brought within ready reach of those for whom it has been more particularly prepared.

(a) "The Nursing Profession. How and Where to Train. Being a Guide to Training for the Profession of a Nurse, with Particulars of Nurse Training Schools in the United Kingdom and Abroad, and an outline of the Principal Laws affecting Nurses, &c." Edited by Sir Henry Burdett, K.C.B., Editor of the *Hospital*, &c. Fourth year. Pp. 373. London: The Scientific Press, Ltd. Price 2s. net.

THE HUMAN MACHINE. (a)

MR. NISBET'S very suggestive and exceptionally interesting study of mankind was first issued in 1899, and the present copy before us is the third reprint, which would seem to indicate that the work has passed beyond the mere reviewer's reach and received that approval from the thinking public which it undoubtedly deserves. The work is certainly deserving of wide consideration, and in style and substance is peculiarly suited to present-day attitude of thought. We are far from agreeing with all Mr. Nisbet's views and suggestions; indeed, many sections, we believe, are so heterodox that they should be studied with critical discernment; but we consider the work is one which all interested in the evolution of the human race should not neglect. Certainly the work is one which is particularly attractive to the medical mind. Much of Mr. Nisbet's presentation is, perhaps, too materialistic, or, at all events, too confined, and he loses not a little by the occasional assumption of an altogether unscientific dogmatism. A wide extent of ground is covered; medical readers will, perhaps, be most interested in those sections dealing with the automatic action of the brain, vivisection, the painlessness of death, sexual distinctions, and methods of racial improvement, but almost every page presents features of interest.

We think Mr. Nisbet might greatly increase the value of his work for serious students if in the next edition he could provide references to the various authorities on which he bases his statements, and builds up some of his somewhat fantastic contentions.

As a particularly graceful example of Mr. Nisbet's style of work portrayal, we would refer readers to the picturesque description of Lourdes and its pathetic pilgrims. The printing and general get-up of the volume is good and attractive.

MATERIA MEDICA AND THERAPEUTICS. (b)

THE first volume of this excellent treatise on materia medica was favourably reviewed in THE MEDICAL PRESS AND CIRCULAR, of September 25th, 1901. We regret to hear that shortly before the completion of the present volume the author died after a prolonged and painful illness. He had, however, practically completed his manuscript notes, and their arrangement has been undertaken as a labour of love by his friend, Lieutenant-Colonel C. P. Lukis, M.B., F.R.C.S., of the Indian Medical Service, and now Professor of Therapeutics in the Calcutta Medical College. These two small volumes contain in a compressed and readily available form not only an abstract of our knowledge of therapeutics, but many original observations culled from the author's experience. The work naturally deals fully with those articles of materia medica which are in common use in India, and it will be found a useful supplement to the but little known Indian and Colonial Addendum to the "British Pharmacopœia" of 1900. It is specially adapted to the requirements of those who propose practising their profession in the East, and we feel that we can recommend it with every confidence.

ROSS ON MALARIA. (c)

THIS short memoir contains the report of Professor Ross's twelve days' survey of Ismailia and district regarding the prevalence of malaria and the best measures for its eradication. It would seem that the whole of the irrigation system of Ismailia is free from larvæ of anopheles, and is not favourable for their propagation, while the waters which really occasion the malaria are the most shallow and insignificant surface pools which it is well to find could be filled up or drained away without difficulty and without detriment to cultivation or irrigation. Major Ross discusses the various measures recommended for the purposes of dealing with mosquitoes, but considers the best method is to aim at their extirpation, and in the present report he indicates how this may still be accomplished with the minimum of labour and the maximum of success. The report is an interesting and valuable contribution to preventive medicine.

CONTREXEVILLE. (a)

THIS interesting *brochure* is written by one who is not only proud of his connection with the development of the attractive and much lauded Contrexéville, but convinced of its advantages as a health resort. Dr. Debout d'Estrées sees in "excess of uric acid in the blood" the *fons et origo* of many morbid conditions, such as gravel, gout, gouty diabetes and eczema, and his thirty-five years of practice at Contrexéville has afforded him abundant evidence of the benefit which may be received by undergoing the "cure." The work is primarily addressed to non-medical readers, but in spite of a somewhat dominant egotism which pervades these pages the physician who is desirous of learning something as to the nature of the waters of this popular health resort may profitably consult it.

MANUAL OF OPHTHALMIC PRACTICE. (b)

THIS is just the sort of work on the eye required by students and practitioners. It is eminently a practical treatise, the more recondite aspects of the subject being ignored. The present edition has been in great measure re-written, and certain faults of omission in the first edition have been remedied. We note *en passant* that no mention is made of the valuable assistance to be derived from the use of fluorescein in the diagnosis of superficial corneal ulcers, although its use is recommended in that of injuries to the cornea. The value of the work would, we venture to suggest, be greatly enhanced by the addition of a table of pharmaceutical formulæ, or by the incorporation of detailed prescriptions in the text. We are told, for instance, that in the treatment of certain ulcers of the cornea we may prescribe "the yellow oxide of mercury ointment combined with atropine"—but how much atropine? In view of the present neglect of materia medica and pharmacy in medical education it is not desirable to assume any knowledge of the kind, and from every point of view it would be preferable to give specific directions.

The work is one which will meet the requirements of practitioners other than specialists. It is liberally illustrated, and the literary execution leaves nothing to be desired.

JACOBI'S "THERAPEUTICS OF INFANCY AND CHILDHOOD." (c)

NEARLY seven years have elapsed since this treatise first saw the light. In the following year a second edition appeared differing in many respects from the first, inasmuch as new material was added and many of the chapters entirely rewritten. A third edition has now been published, and although, in its general character, the work is unaltered, many additions have been made to the text. In the space at our disposal it is impossible to do justice to a volume such as this. At the same time we shall endeavour to briefly in-

(a) "The Human Machine: an Inquiry into the Diversity of Human Faculty in its Bearings upon Social Life, Religion, Education, and Politics." By J. F. Nisbet, author of "The Insanity of Genius." Pp. 297. London: Grant Richards. 1903.

(b) "A Treatise on Materia Medica and Therapeutics." Vol II. By Rakhaldas Ghosh, L.M.S., Cal. Univ., Lecturer on Materia Medica, Calcutta Medical School. Calcutta: Hilton & Co. 1903.

(c) 'Report on Malaria at Ismailia and Suez." By Ronald Ross, F.R.C.S. D.P.H., F.R.S., C.B., Sir Alfred Jones' Professor of Tropical Medicine at University College, Liverpool; Liverpool School of Tropical Medicine. Memoir IX. Pp. 24. Published for the University Press of Liverpool by Longmans, Green and Co, 1903. Price 1s.

(a) "Thirty-five years at Contrexéville." By Debout d'Estrées, M.D., Consulting Physician and former Inspector. Translated from the French by A. C. Grylls, M.A. Pp. 132. London: The Health Resorts Bureau. 1903. Price 2s. 6d.

(b) "A Manual of Ophthalmic Practice.' By Charles Higgens, F.R.C.S.E., Ophthalmic Surgeon to Guy's Hospital, and Lecturer on Ophthalmology, &c. Second Edition. Edited by Arthur W. Ormond, F.R.C.S.E. Assistant Surgeon to the Royal Eye Hospital, Southwark, &c. London: H. K. Lewis. 1903. Price 7s. 6d.

(c) "Therapeutics of Infancy and Childhood.' By A. Jacobi, M.D., LL.D. Third Edition. Pp. xvii. and 560. Philadelphia and London: J. B. Lippincott Company. 1903.

dicate the points which have impressed us during a careful and critical survey of it.

The chapter with which the volume opens deals with the feeding of sick children, and contains innumerable useful hints. The author is nothing if not dogmatic. Thus he says "no artificial food for the infant can be thought of except the milk of some animal." Again he states that "infant's food ought to be mixed with large quantities of water, not for the sick only, but under ordinary circumstances," and again that "many disturbances of digestion are to be explained by a deficiency of water." These are facts which we have always maintained, but which the practitioner is too apt to lose sight of. In writing of the administration of medicines, we find the author saying, "the most correct indications and most appropriate medicines fail when they disturb digestion; it is useless to lose the patient, while his disease is being cured." In referring to cretinism, he hints that until a normal organ can be implanted by the surgeon relapses must occur. He points out the great usefulness of the rectum for purposes of medication and alimentation. Speaking of anæsthetics, the author advises chloroform in preference to ether, except for those who are the subjects of heart disease. He warns against the use of carbolic acid and iodoform in surgical operations.

The third chapter, which deals with affections of the newly born, contains one of the best guides to their treatment we at present possess, though in writing of the subject of hæmorrhage from the bowels there is no reference to the use of adrenal extract, which has recently been employed most successfully by Holt. (*Vide* "Archives of Pædiatrics, April, 1902.) The treatment of rickets has been given due consideration, eleven pages being devoted to this important subject. We are glad to find the author stating most emphatically that "three teaspoonsful of cod-liver oil will never be replaced by three teaspoonsful of cream or other fat." In the treatment of pulmonary tuberculosis the author prefers guaiacol to creosote. For heart failure in case of diphtheria, he strongly recommends large amounts of alcoholic stimulants, given early and often. To quote his own words in this connection, "I have often seen ten ounces daily of brandy or whiskey save children who have been doing badly with three or four." Lancing of the gums in difficult dentition is entirely discountenanced. With reference to appendicitis, the author makes many temperate suggestions as to treatment, and advocates operation in the interval between successive attacks. The section on pneumonia is ably written, though, we think, more stress might have been laid on the use of strychnine as a cardiac stimulant in this disease. Sodio-caffeine-salicylate is highly praised as a remedy, given subcutaneously, in cardiac conditions. Speaking of the treatment of endocarditis, he wisely remarks, "Vesicatories I do not advise in an acute case, the patient having enough to suffer from Nature's infliction."

From the few quotations we have given the reader will be able to form an estimate of the author's views on these subjects. No book that has been written during the last decade contains so much common sense and accuracy of detail as does the volume under review. It could only have been written by one whose experience was rich and varied, and this the author's certainly is. Scattered throughout this otherwise immaculate volume we find phrases which offend our English taste, *e.g.*, "Fatal hæmorrhages have been observed, *by me and others*, even in infants." This sentence occurs on page 336, and the italics are ours.

As a work of reference, there is certainly no other treatise to compare with it. In this new and greatly improved edition we trust that it will carry its influence into the practice of those whose work brings them in contact with the maladies of infants and young children. By compiling this important manual the author has conferred a great boon, not only upon English, but upon all practitioners of pædiatric medicine.

PUBLIC HEALTH. (*a*)

This standard guide to laboratory work in its bearings on public health investigations has now been brought up to date, and a special chapter on bacteriology is contributed by Dr. W. G. Savage, Medical Officer of Health for Colchester. Advantage has been taken of the opportunity afforded by the issue of this, the third edition to substitute more modern methods of research in certain departments.

The author takes a firm stand in condemning the indiscriminate use of preservatives such as borax, boracic acid, and the like, on the ground that the positive results obtained by many far outweigh the negative results obtained by others.

The praise which we accorded to previous editions is applicable with even greater emphasis to the present edition. It may safely be recommended as a clearly written, comprehensive, and in every respect trustworthy guide to this very important department of public health work.

LITERARY NOTES.

In consequence of the necessary support not having been accorded to the *Quarterly Medical Journal*, it has ceased publication with the August number.

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Dr. Charles Reinhardt contributes a very attractively illustrated paper on "Bagneres-de-Luchon," to our artistic contemporary, *The Health Resort*. The August number also contains an interesting communication on "The Financial Aspect of the Open-Air Treatment."

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A very convenient list of homes for inebriates, which is likely to prove of much service to medical men having to deal with this peculiarly difficult class of case, has been compiled by the authorities of the Friends' Temperance Union, and we understand that copies may be obtained from 15 Devonshire Street, London, E.C.

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The "Society for Spreading Information about St. Michael's," has published a brochure which seeks to indicate the advantages of St. Michael's, the largest and richest of the group of nine islands which make up the Azorean Archipelago, as a desirable health resort.

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To the American *Quarterly Journal of Inebriety*, Dr. A. Forel, of Switzerland, contributes an interesting historical study of the International Anti-Alcoholic Congresses and the Temperance Movement on the European Continent.

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Mr. A. G. Bradley, the author of "Highways and Byways in North Wales," and Dr. J. W. Geary Grant have published an attractive booklet on "Llanwrtyd Wells and its Neighbourhood," seeking manifestly to attract visitors to the waters and baths of this comparatively little-known but in many ways very charming health resort.

Obituary.

WILLIAM SMOULT PLAYFAIR, M.D.Ed., F.R.C.P. Lond., LL.D.St.And.

The death is announced of Dr. William Smoult Playfair, the well-known obstetric physician, at St. Andrews last week. Dr. Playfair had been in indifferent health for some years, and went a few months ago to Florence, where he had an apoplectic seizure, and although he improved sufficiently to allow of his removal by easy stages to St. Andrews, he gradually sank.

Dr. Playfair was a brother of the late Lord Playfair, but eighteen years his junior, being born in 1836. His father, Dr. George Playfair, was Inspector-General of Hospitals, Bengal, and did not return to this country,

(*a*) "Public Health and Laboratory Work." By Henry R. Kenwood, M.B., D.P.H., F.C.S., Instructor in the Public Health Laboratory, University College, &c., Medical Officer of Health and Public Analyst for the Borough of Stoke Newington. Third Edition. London: H. K. Lewis. 1903.

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until 1842. His professional training was obtained at the Edinburgh University, where he graduated as M.D. in 1856, at the age of 20! Dr. Playfair, following his father's footsteps, entered the Bengal Medical Service and served in Oude through the Mutiny. His stay in India, however, was not long, for seven years later, after discharging the duties of assistant surgeon and acting professor of surgery in the Medical College of Calcutta, he returned to England on account of ill-health. At the age of 27 he began practice in London as an obstetric physician, and joined the staff of King's College Hospital, where for twenty-five years he was professor of obstetric medicine, retiring in 1898. He however, maintained his connection with the institution in virtue of his position as consulting physician to the hospital. He was also consulting physician to the General Lying-in Hospital and the Evelina Hospital for Children, and was at one time president of the Obstetrical Society of London, and examiner in midwifery to the Universities of Cambridge and London.

Dr. Playfair was Physician-Accoucheur to the Duchess of Saxe-Coburg-Gotha and the Duchess of Connaught, and the gratitude of the Crown Princess of Roumania for professional services in the same capacity was commemorated by the insignia of a Grand Officer of the Crown of Roumania, presented to him by the King of that country.

In recognition of his eminence as a gynæcologist, St. Andrews University made him an hon. LL.D., in 1885, and the fact that his reputation was not confined to this country was shown when the American and Boston Gynæcological Societies conferred on him honorary fellowships. In this connection also it may be mentioned that his "Treatise on the Science and Practice of Midwifery" has not only passed through nine editions here, but has been translated into many foreign languages.

One incident in his career attracted widespread attention, and is doubtless still fresh in the minds of his contemporaries. An action was brought against him in 1896 by a lady patient for a breach of professional confidence, which resulted in £12,000 damages being awarded against him. Although the verdict met with general approval in professional circles, it was felt that Dr. Playfair had been guilty of nothing more than an error of judgment, and a sympathetic testimonial was presented to him by a number of the most eminent men in the country.

Dr. Playfair in 1864 married Emily, daughter of Mr. James Kitson, of Leeds, by whom he had one son and three daughters. The funeral took place at St. Andrews, where his brothers, Lord Playfair and Sir Lambert Playfair, are both buried.

DR. GEORGE BALFOUR, OF EDINBURGH.

WE regret to announce the death of Dr. George Balfour, one of the oldest and most highly respected of Edinburgh physicians, which took place at his residence in Colinton on August 9th. Dr. Balfour had been in failing health for some months past. He retired from practice about five years ago, and passed the evening of his days in Colinton, a quiet village a few miles from Edinburgh, of which his father, the Rev. Lewis Balfour, was parish minister. Dr. Balfour was well-known throughout all English-speaking countries by his books on heart disease, the second of which, "The Senile Heart," was the outcome of long years of ripened experience, and was published just about the time the author retired from active work. The scientific value of his writing was enhanced by a charming literary style, which carried the reader on and made the study of his books a pleasure—a sensation all too rare in these days of Teutonic *handbücher*. He was for many years a physician to the Royal Infirmary, and a successful clinical lecturer and teacher, albeit one whose dry, caustic wit was occasionally somewhat alarming to nervous students. On his retirement from the active staff he was made a consulting physician to the institution, and held a similar position in the Royal Hospital for Sick Children, the Leith Hospital, and other medical charities. Up to within a few years of his death he was on the acting staff of Chalmer's Hospital. He was made a Physician in-Ordinary to the late Queen Victoria, and continued to hold a similar office in the present reign. Dr. George Balfour took a deep interest in the medical education of women, and co-operated actively with Dr. Jex-Blake in the conduct of the classes for women in her school, and, after the absorption of that school into the present school of medicine for women, he continued to show his interest in the subject by acting on the Board of Management of the Bruntsfield Hospital. Apart from his professional eminence, Dr. Balfour was widely known by his relationship to the late eminent author, Mr. R. L. Stevenson, whose mother was the youngest daughter of the Rev. Lewis Balfour, and he was therefore one of Dr. Balfour's nephews. Dr. Balfour was twice married, and is survived by a widow and family, three of whom are medical men. His youngest son is a practitioner in South Africa, and was one of those besieged in Ladysmith.

DR. STONE, OF OMAGH.

WE regret to announce the death of Dr. Stone, of Omagh. The deceased gentleman qualified in 1871, and not long afterwards was elected medical officer to the No. 1 dispensary district of Omagh Union. For many years he enjoyed a large and lucrative practice in Omagh, and its neighbourhood, where he was both respected and loved. He married rather late in life, and leaves a widow to mourn his loss.

DR. R. B. THRELFALL, OF CARRICK.

WE regret to announce the death of Dr. R. B. Threlfall, of Carrick-on-Shannon, who died from an accidental wound of one of the large arteries of his thigh, occasioned by his falling on a water-bottle. He was quite a young man. He graduated M.B., B.Ch., B.A.O., R.U.I., in 1898, and soon afterwards was elected medical officer of the Aughrim dispensary district, Carrick-on-Shannon Union.

DR. WILLIAM E. CROZIER.

THE death is announced of Dr. William E. Crozier, at Wyalong, New South Wales. Dr. Crozier obtained the L.R.C.S. and P.I. in 1883, and soon afterwards became resident medical officer to the Meath Hospital, Dublin. He went to Australia for his health's sake, and settled in Brisbane, Queensland, and was on his return journey when he was seized with a fatal attack of hæmorrhage on June 14th.

Medical News.

Indian Medical Service.

THE British Medical Association have issued an appeal to members of Parliament to urge upon the Government the necessity of seriously considering the position of officers in the Indian Medical Service. The principal claims advanced on behalf of these officers are (1) that they should be allowed to complete thirty years' service before compulsory retirement at the age of 58, and that every year's service over twenty-five should qualify for an additional pension of £40 a year; (2) that the pay of the Indian Medical Service should be increased proportionately with that of the Royal Army Medical Corps; (3) that the officers who entered the Indian Medical Service in what are known as the "intermediate" years should now be allowed to count the four months spent at Netley as service for pension; (4) that the post of chief medical officer of the forces in India should be held alternately by officers from either service; (5) that all newly-arrived medical officers should remain for at least six months at district headquarters, where they can procure a teacher to enable them to pass the prescribed language examination, and should be granted the officiating pay of any charge they may hold during their first year of service or until they have had a reasonable opportunity of passing their examination, as in the case of officers of the Indian army; (6) that the privilege of free railway

transit for their horses should be restored to medical officers; (7) that the reduction of the grade pay in the civil branch and all fixed rules limiting fees should be abolished; and (8) that the Director-General of the Indian Medical Service should have the rank of lieutenant-general (as the Director-General of the Army Medical Department now has), with adequate pay and a seat on the Viceroy's Council, whilst the administrative medical officers of the different provinces should have seats on the provincial councils and real control of the appointment of all officers serving under them.

A Hospital without a Medical Staff.

It appears that the Folkestone Sanitary Authority does not provide medical attendance for patients consigned to the local isolation hospital, and the medical officer of health naturally declines to attend unless paid his fees. This fact was elicited the other day in a county court action for the recovery of fess for attendance on such a patient, and the judge very rightly commented in somewhat drastic terms on this state of things. The matter is one in which the Local Government Board might be expected to lend a helping hand, for it is unquestionably a disgrace to this fashionable watering place.

Compulsory Vaccination and the Medical Profession.

The Worcestershire County Council has passed the following resolutions:—(1) That primary vaccination be made compulsory (as under the present Act); (2) that re-vaccination at about the age of twelve be made compulsory in the same way; (3) that no certificate of vaccination be recognised which does not comply with the requirements of the Local Government Board as to the number, area, and size of the vaccination cicatrices; (4) that sufficient facilities should be provided for obtaining a ready supply of glycerinated calf lymph; (5) that the carrying out of the vaccination laws should be transferred to County Councils.

Lord Iveagh's Gift to Dublin Hospitals.

The following trustees, it is stated, have been appointed for the distribution amongst the Dublin hospitals of the gift of £50,000 from Lord Iveagh, as a souvenir of the King's visit:—Lord O'Brien of Kilfenora (chairman), Mr. Charles E. Martin, D.L., the Right Hon. Jonathan Hogg, Mr. Joseph Todhunter Pim, and Lieutenant-Colonel Adderley (who is a director of Guinness's Brewery).

Society for the Study of Disease in Children.

The following officers and members of the Council were elected at the annual general meeting held on July 23rd, for the session of 1903-1904:—

Council.—J. Ford Anderson, M.D., Charles W. Chapman, M.D., Henry J. Curtis, B.S., Herbert L. Carre-Smith, Clinton T. Dent, M.C., Charles N. Gwynne, M.Ch. (Sheffield), Edmund Hobhouse, M.D. (Brighton), Henry R. Hutton, M.B. (Manchester), Robert Hutchison, M.D., Francis Jaffrey, Charles John Macalister, M.D. (Liverpool), Alexander Morison, M.D., Robert H. Parry (Glasgow), J. Porter Parkinson, M.D., George Pernet, Henry Betham Robinson, M.S., Sydney Stephenson, C.M., Sidney B. Smyth, M.B. (Belfast), Harold J. Stiles, C.M. (Edinburgh), Frederick Taylor, M.D., J. W. Thomson Walker, C.M., Richard H. A. Whitelocke, C.M. (Oxford), Alfred W. Wills, M.D.

Hon. Treasurer.—R. Clement Lucas, B.S.

Hon. Secretaries.—George Carpenter, M.D., Theodore Fisher, M.D. (Bristol), George A. Sutherland, M.D.

Non Bis in Idem.

Mrs. Bessie Bosquet is decidedly unfortunate in her experience of electric thermic baths. In 1899 she was constrained to bring an action for damages against the Greville Bath, in Upper Berkeley Street, by reason of a burn she alleged to have sustained there, and at the Leeds Assizes last week a second action of the same kind was tried in which she claimed damages from the Harrogate Corporation for a similar accident inflicted by the same system of thermic bath. We are fain to confess that the evidence, as reported in the local papers, fails to convince us that the lesion complained of was of the nature of a burn, but the jury arrived at the opinion that such was the case, and awarded damages to the amount of £250.

Small-pox at Cambridge.

The epidemic of small-pox at Cambridge has been circumvented and is dying out. Only one or two fresh cases have been notified during the last three or four days, and the number of cases actually under treatment has fallen to sixty.

A Trypanosoma Expedition.

The Liverpool School of Tropical Medicine, with characteristic initiative, have decided to dispatch an expedition to the Congo Free State next month, with the co-operation of the Congo Government, to study the sanitary conditions of Boma, Leopoldville, and other important centres and to make recommendations for improvements where such appear to be necessary. The delegates will resume the study of trypanosomiasis in human beings and animals begun by Dr. Dutton in 1901, including the relationship of trypanosoma to sleeping sickness. The Congo Free State has promised generous contributions towards the expenses, which are likely to be heavy. The "study" will entail drives of big game up the country, with the object of investigating the blood of wild animals. The expedition will start for the Congo by the steamer "Albertville."

Malaria and Mosquitoes.

Major Ronald Ross, in a letter to *The Times*, calls attention to the progress that has already been accomplished in certain regions in Egypt in the destruction of the ubiquitous mosquito. Several of the marshes in the neighbourhood of Ismailia have been filled in or drained, and operations are in hand with regard to others. Even now the town is in great measure free from the insect pests, and the men engaged in the work are no longer troubled by them. The number of cases of malarial fever has fallen to but a fraction of what it was at corresponding periods last year, and if one eliminated the recurrent cases the disease might almost be regarded as non-existent. This is a very brilliant result of the scientific application of recently discovered facts, and is full of promise for the future. It is hardly necessary to point out that these methods are not applicable to all malarial districts, but special measures will have to be devised to meet particular conditions. It is sufficient for the time being that the validity of the principle has been established.

The Medical Graduates' College and Polyclinic.

The unsatisfactory state of the college finances has rendered it necessary to take prompt and urgent measures to restore equilibrium. The first step decided upon has been to suspend the issue of the *Journal* for the months of August and September. A sum of £1,900 is required to meet immediate liabilities, and contributions are earnestly invited from members and others. The amount will be required by the end of September, so that there is no time to be lost. The Council are sanguine that, if the present crisis be tided over, the adoption of the scheme which they have elaborated will ensure a balance on the right side. We could wish that an institution of such promise and of such ascertained utility were in possession of sufficient reserve funds to ensure its viability, but the indispensable millionaire has not yet come forward, and its continued vitality is therefore uncertain. It would be a very great pity were this institution to be allowed to die for lack of adequate support, but unless substantial contributions be forthcoming, and that promptly, its future will be jeopardised.

The Medical Profession.

The preliminary entrance examination for the Conjoint Diplomas of the Royal Colleges of Physicians and Surgeons in Ireland will be held on Monday, September 21st. The winter session will commence in October. Prospectus, entrance forms and guide for medical students can be had, post free, on written application to the Registrar, Royal College of Surgeons, Stephens Green, W., Dublin.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," 'Old Subscriber," &c. Much confusion will be spared by attention to this rule.

DR. VINCENT CORDARO (Messina).—Your paper on "The Fixation of biliary pigments in the placenta during Pregnancy" is marked for early insertion.

MEDICAL AFFAIRS IN SOUTH AFRICA.

We scarcely know whether to describe matters medical as in the "progressive" stage in our South African Colonies, most things are thus labelled nowadays; in any case, they would hardly be considered behind the times if we may cull a few items from a couple of columns in the July issue of our contemporary, *The South African Medical Record*, as fair examples. Thus, we have a qualified lady doctor advertising as a "Specialist in Venereal," immediately under this is the conviction of a surgeon, who served through the war, for stealing nine horses, and being sent to prison for two years; following which Dr. H—— has been committed for trial for causing the death of a patient by means of an illegal operation. In another column the Editor writes: "We have had brought to our notice during the month three complaints against medical practitioners on ethical points." The medical problem would thus appear to be as serious as that of labour!

MAJOR R.—We cannot undertake to 'read' your MS. for the purpose of forming an opinion as to its legibility for publication. You might, however, have it type-written for submission to a publisher. The title strikes one as ill-chosen.

ANTI-VIVISECTION VITALITY.

It must be admitted that many anti-vivisectionists do not base their justification on a faith without works. Among the members of the large family of anti-persons they hold a foremost place for vivacity and vitality, though not deserving exceptional distinction for veracity. Their versatility is also matter for admiration, while their vituperance and oftentimes virulence in verbal warfare is indicative of a virility which needs exceptional virtue to withstand in a spirit of victorious meekness. We understand Battersea's famous "Lancaster Towers" in the Albert Bridge Road has been transformed into "The Anti-Vivisection Hospital." We shall await with interest the records of the doings of this latest "Home of Healing."

DR. S. V. J.—It is not at present possible to forecast what will be the outcome of these prolonged negotiations, and it would be impolitic to discuss conclusions as yet unformulated.

DR. N. M.—We do not agree with your views on the absence of any necessity for insisting on better evidence of death having actually taken place. It is not enough to certify 'as I am informed,' for this leaves the door open to numerous abuses. The subject has been very fully discussed in our columns and elsewhere, and no good purpose would be served by airing opinions which are at variance with the general trend of professional views on the question.

OUR facetious correspondent A. D. sends us the following:—

DIAGNOSIS AT FAULT.

The patient cannot live another day,
We heard an old physician rashly say.
We now disprove the truth of what he said,
That patient's still alive, the doctor's dead.

THE inventor of the Murphy button hails from Chicago. We imagine a more suitable birth-place would have been Connecticut!

Appointments.

JONES, OWEN CLAYTON, M.B.Oxon., M.R.C.S., L.R.C.P.Lond., L.S.A., Medical Officer of Health for the Silverton District by the Tiverton Board of Guardians.

KITCHIN PERCY, M.R.C.S., L.R.C.P.Lond., Certifying Surgeon under the Factory Act for the Newport District of the County of Salop.

LAVERY, J. P., L.R.C.P. & S. Edin., Certifying Surgeon under the Factory Act for the Dundalk District of the County of Louth.

SMITH, J., M.B., C.M.Aberd., Medical Officer to the Nottingham Board of Guardians.

Vacancies.

Devon County Asylum, Exminster.—Third Assistant Medical Officer. Salary £125 per annum, with board, lodging, washing, and attendance. Applications to the Medical Superintendent.

Willesden Urban District Council.—Medical Superintendent. Salary £350 per annum. Applications to the offices of the Council, Public Offices, Dyne Road, Kilburn, N.W.

Noble's Isle of Man General Hospital and Dispensary. Resident House Surgeon. Salary £82 a year, with board and washing. Applications to David Evans, Hon. Treasurer, 16, Athol Street, Douglas, Isle of Man.

Clayton Hospital and Wakefield General Dispensary.—Junior House Surgeon. Salary £80 per annum, with board lodgings, and washing. Applications to the Hon. Secretary, Clayton Hospital, Wakefield.

Parish of Barra.—Medical Officer and Public Vaccinator. Salary £119. Applications to Thomas Wilson Solicitor, Lochmaddy. Clerk.

Birkenhead and Wirral Children's Hospital.—House Surgeon. Salary £100 per annum, with board, residence, and laundry. Applications to E. H. Tilby, Hon. Sec., 52, Grosvenor Road, Birkenhead.

Peckham House Asylum, Peckham, S.E.—Junior Assistant Medical Officer. Salary £150 per annum, with board, residence, and laundry. Applications to the Resident Licensee.

Hull City and County Lunatic Asylum.—Second Assistant Medical Officer. Salary £150 per annum, with board, apartments, washing and attendance. Applications to the Chairman of the Asylum Committee, care of the Town Clerk, Town Hall, Hull.

The Cancer Hospital, Fulham Road, S.W.—House Surgeon. Salary £70 per annum, with board and residence. Applications to the Secretary (See advert.)

Kent and Canterbury Hospital.—House Physician. Salary £90 a year, with board and lodging. Applications to the Secretary.

St. Peter's Hospital for Stone, &c., Henrietta Street, Covent Garden, W.C.—House Surgeon. Salary £100 a year, with board, lodging, and washing. Applications to Irwin H. Beattie, Secretary.

Parish of Saint Leonard, Shoreditch.—District Medical Officer. Salary £100 per annum. Applications to Robert Clay, Clerk to the Guardians, Clerk's Office, 213, Kingsland Road.

County Asylum, Whittingham, Preston, Lancashire.—Assistant Medical Officer. Salary £175 per annum, with furnished apartments, board, washing, and attendance. Applications to the Medical Superintendent.

Ballyshannon Union.—Medical Officer. Salary £100 per annum; also to act as Medical Officer of Health at a salary of £20 per annum. Immediate application to be made to J. B. Chism, Clerk of Union. (See advt.)

Births.

CAVENAGH.—On August 7th, at Thorneloe House, Worcester, the wife of J. P. Cavenagh, L.R.C.P.I., of a daughter.

COUTTS.—On August 7th, at 50, Wallwood Road, Leytonstone, the wife of F. J. Coutts, M.D., B.S.Lond., of a daughter.

GAMGEE.—On August 12th, at 28, Rotton Park Road, Edgbaston, Birmingham, the wife of Leonard Gamgee, F.R.C.S., of a son.

HARVEY.—On August 2nd, at 117A, Queen's Gate, S.W., the wife of Sidney Harvey of a son.

HOUSEMAN.—On August 9th, at the Manor House, Houghton-le-Spring, Durham, the wife of James Gilpin Houseman, M.D., of twin daughters.

Marriages.

OWSLEY—TIMBRELL.—On August 12th, at St. Margaret's Church, Anfield, Liverpool, George Chetwode Owsley, M.B., son of John Wm Owsley, barrister-at-law, Sydenham, to Ellen, third daughter of the late Charles Frederick Timbrell, of Stockport.

WILSON—EVANS.—On August 12th, Richard Mervyn Wilson, M.D., of Derby, to Nora Kathleen Evans.

Deaths.

PLAYFAIR.—On August 13th, at St. Andrew's William Smoult *Playfair* M.D., LL.D., F.R.C.P., aged 67.

OPERATIONS — METROPOLITAN HOSPITALS.

WEDNESDAY.—St. Bartholomew's (1.30 p.m.), University College (2 p.m.), Royal Free (2 p.m.), Middlesex (1.30 p.m.), Charing Cross (3 p.m.), St. Thomas's (2 p.m.), London (2 p.m.), King's College (2 p.m.), St. George's (Ophthalmic, 1 p.m.), St. Mary's (2 p.m.), National Orthopædic (10 a.m.), St. Peter's (2 p.m.), Samaritan (9.30 a.m. and 2.30 p.m.), Gt. Ormond Street (9.30 a.m.), Gt. Northern Central (2 30 p.m.), Westminster (2 p.m.), Metropolitan (2.30 p.m.), London Throat (9.30 a.m.), Cancer (2 p.m.), Throat, Golden Square (9.30 a.m.), Guy's (1.30 p.m.).

THURSDAY.—St. Bartholomew's (1.30 p.m.), St. Thomas's (3.30 p.m.), University College (2 p.m), Charing Cross (3 p.m.), St. George's (1 p.m.), London (2 p.m.), King's College (2 p.m.), Middlesex (1.30 p.m.), St. Mary's (2.30 p.m.), Soho Square (2 p.m.), North-West London (2 p.m.), Chelsea (2 p.m.), Great Northern Central (Gynæcological, 2.30 p.m.), Metropolitan (2.30 p.m.), London Throat (9.30 a.m.), St. Mark's (2 p.m.), Samaritan (9.30 a.m. and 2.30 p.m.), Throat, Golden Square (9.30 a.m.), Guy's (1.30 p.m.).

FRIDAY.—London (2 p.m.), St. Bartholomew's (1.30 p.m.), St. Thomas's (3.30 p.m.), Guy's (1.30 p.m.), Middlesex (1.30 p.m.), Charing Cross (3 p.m.), St. George's (1 p.m.), King's College (2 p.m.), St. Mary's (2 p.m.), Ophthalmic (10 a.m.), Cancer (2 p.m.), Chelsea (2 p.m.), Great Northern Central (2.30 p.m.), West London (2 30 p.m.), London Throat (9.30 a.m.), Samaritan (9 30 a.m. and 2.30 p.m.), Throat, Golden Square (9.30 a.m), City Orthopædic (2.30 p.m.), Soho Square (2 p.m.).

SATURDAY.—Royal Free (9 a.m.), London (2 p.m.), Middlesex (1 30 p.m.), St. Thomas's (2 p.m.), University College (9.15 a.m.), Charing Cross (2 p.m.), St. George's (1 p.m.), St. Mary's (1 p.m.), Throat, Golden Square (9 30 a.m.), Guy's (1 30 p.m.).

MONDAY.—London (2 p.m.), St. Bartholomew's (1.30 p.m.), St. Thomas's (3 30 p.m.), St George's (2 p m)., St. Mary's (2.30 p.m.), Middlesex (1.30 p.m.), Westminster (2 p.m.), Chelsea (2 p.m.), Samaritan (Gynæcological, by Physicians, 2 p,m.), Soho Square (2 p.m.), Royal Orthopædic (2 p.m.), City Orthopædic (4 p.m.), Great Northern Central (2 30 p.m.), West London (2.30 p.m.), London Throat (9.30 a.m.), Royal Free (2 p.m.), Guy's (1.30 p.m.).

TUESDAY.—London (2 p.m.), St. Bartholomew's (1.30 p.m.), St. Thomas's (3.30 p.m.), Guy's (1.30 p.m.), Middlesex (1.30 p.m.), Westminster (2 p.m.), West London (2 30 p.m.), University College (2 p.m.), St. George's (1 p.m.), St. Mary's (1 p.m.) St. Mark's (3.30 p.m.), Cancer (2 p.m.), Metropolitan (2.30 p.m.), London Throat (9.30 a.m.), Royal Ear (3 p.m.), Samaritan (9.30 a.m. and (2.30 p.m.), Throat, Golden Square (9.30 a.m.), Soho Square (2 p.m.)

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

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Paris Clinical Lectures.

THE DIAGNOSIS OF A TUBERCULOUS ORIGIN IN ACUTE PLEURISY.

By PROFESSOR DIEULAFOY,

Physician to the Paris Hospitals.

WE are often required in practice to decide a question of the highest importance. A patient previously in excellent health has suddenly been attacked by acute sero-fibrinous pleurisy. The pleurisy presents all the characteristics of a typical pleurisy and presents the features of the so-called primary or frank pleurisy; the conditions under which this variety of pleurisy occurs seem to point to an *a frigore* cause, yet, warned by experience, we distrust the mildness of the affection, and we ask ourselves, not without a certain anxiety, whether this apparently accidental pleurisy is not, in reality, a tuberculous pleurisy, a view which would, of course, greatly modify the prognosis.

How are we to solve a problem which is at times so difficult? In the case of an ordinary acute pleurisy are we in a postion to state whether or not it is tuberculous? Such is the question which I propose to discuss in connection with seven patients who have been under treatment here during the present year. In order that we may not wander from the subject, I will first of all define its scope.

When I commenced my medical studies cases of acute pleurisy were all classed under two headings—primary and secondary. Primary pleurisy was thought to be due to a "chill," whence the name of pleurisy *a frigore*. Moreover it was called "idiopathic," meaning thereby that it was not secondary to any other pathological process. It was also entitled "frank" pleurisy, which put aside the idea of any constitutional taint. It is this primary, idiopathic, *a frigore* pleurisy which served as a type for the general description of acute sero-fibrinous pleurisy; in other words, it was pleurisy without any other qualification.

In contradistinction to this primary pleurisy, it was customary to describe the varieties of secondary pleurisy which follow on other affections—pneumonia, rheumatism, Bright's disease, &c.—or as consecutive to neighbouring lesions, lesions of the abdominal and thoracic organs, &c. In this heterogeneous group of secondary pleurisies, tuberculous pleurisy held a prominent position, but we had not yet become familiar with this primary pleuro-tuberculosis, and tuberculous pleurisy, especially, was regarded as a complication of pulmonary tuberculosis. Little by little the question of tuberculous pleurisies has been elucidated, and it has been demonstrated that all cases of pleurisy are not necessarily alike. In the first category are cases of pleurisies occurring in individuals suffering from obvious pulmonary tuberculosis, in a more or less advanced stage, with manifest pulmonary lesions, and bacilli in the expectorations. A pleurisy which occurs under these conditions is almost certain to be tuberculous, and, moreover, this is of but secondary importance in the matter under discussion; hence, in such a patient, the result of our investigations is known beforehand: this pleuritic patient is tuberculous.

In a second group we may place cases of pleurisies which are *supposed* to be tuberculous. It may be that the lung is apparently intact; yet, in spite of this, we have our suspicions. Some are of tuberculous heredity (and personally I am strongly in favour of an hereditary influence in opposition to what was recently advanced at the London Congress), others have previously suffered from obstinate bronchitis from which they have recovered, hæmoptysis which did not recur, fistula *in ano* which has been successfully operated upon, a so-called rheumatism which was in reality a tuberculous pseudo-rheumatism, the nature of which had been overlooked; others have had in childhood suppuration of the cervical glands of which the traces may be ssen, a coxalgia which has left a slight limp, post-pharyngeal adenoids with latent tuberculosis of the tonsils. In short, the cases of pleurisies belonging to this group have been preceded at a more or less distant date by localised tuberculous lesions of which the pleurisy is merely a sequel. They do not always present the appearance of a frankly acute pleurisy, for they often develop after a prodromal phase of undetermined duration, characterised by progressive loss of flesh and general debility. Clinically, I repeat, they are suggestive of tuberculosis.

Quite otherwise are the cases of tuberculous pleurisy, which we will now deal with. In these nothing suggests tuberculosis, neither in the past nor the present. The attack supervened when the patient was apparently in perfect health, without appreciable cause, though perhaps ascribed to a "chill"; just as is the case with tonsillitis or coryza. The onset and course of the pleurisy, the evolution of the effusion, the results of the thoracentesis (if resorted to) even the period of convalescence, all are suggestive of acute uncomplicated inflammation. This is the aspect of the patient suffering from pleurisy called primary or *a frigore*. But appearances are often deceptive, for this very patient having recovered from his attack of pleurisy will be found, a few years later, to be the victim of pulmonary tuberculosis in a more or less advanced stage, the pleurisy from which he recovered having been the initial manifestation of tuberculous injection which ran its course. (Jaccoud phthisiogenous pleurisy.) Such another subject who has completely recovered from his pleurisy some time later succumbed to a tuberculous meningitis. Do not imagine that this is simple coincidence, for these cases are by no means rare; on the contrary, they are of frequent occurrence. These are the cases which drew attention and led to doubt being cast on the existence of the so-called *a frigore* pleurisy.

Dr. Landouzy was the first, in 1884, to clearly formulate the indictment, by divesting primary pleurisy, *a frigore*, of its ancient prerogatives. He affirmed that all cases of pleurisy not clearly proved to be otherwise are tuberculous even though the patient be to all appearances robust and healthy. MM. Kelsch and

Vaillard supported this view, and it met with such a favourable reception that pleurisy *a frigore* soon lost much of its prestige.

Dr. Landouzy's opinion did not, however, fail to meet with lively opposition; it was thought to be an exaggeration and cases were published to prove the contrary. Numerous observations were placed on record of patients who had had attacks of frank acute pleurisy, *a frigore*, which, it was asserted, had no connection with tuberculosis, since these pleurisies had completely subsided, leaving no traces, and were not followed either soon or late by tuberculous manifestations.

Let us discuss the question closely, for it is not without importance to the future of a pleuritic patient to know whether his pleurisy is, or is not, tuberculous. First of all let us ponder over the pathological anatomy, what has been the cause of death in individuals who have suffered from pleurisy, so-called frank, *a frigore*, and note whether or not tuberculous lesions have been discovered post-mortem.

In a case published by Dujardin-Beaumetz, we have a patient who died suddenly from pleuritic effusion. This man did not present the slightest symptom of tuberculosis; his pleurisy appeared to be primary, and yet the post-mortem revealed tuberculous lesions of the lung.

An observation recorded by Dr. Landouzy may be taken as the type of pleurisy *a frigore*. A robust man, a baker, having no morbid antecedents, one night left the undergound bakehouse where he was engaged in kneading the paste to go to a public-house for a drink. On his way thither he "took cold," but went on with his work as usual, but the next morning he took to his bed. Then it was that the pleuritic symptoms supervened—pain in the side, respiratory trouble and fever. The pleurisy ran its course, and a few weeks later he came under the care of Dr. Landouzy, in whose ward he died suddenly. At the post-mortem an abundant sero-fibrinous effusion was discovered in the right pleura and several small deposits of tubercle, which had until then run à latent course, were discovered in the right lung. Although it had all the appearance of pleurisy *a frigore*, this pleurisy was nevertheless of a tuberculous nature.

In their work on the lesions and the nature of pleurisy, MM. Kelsch and Vaillard published a number of similar cases. A robust and well-built soldier was attacked by acute pleurisy. He died suddenly while talking to his comrades just when he was about to be removed to the Val-de-Grâce Hospital. At the post-mortem a copious effusion was found in the right pleural cavity and the pleura was covered with tuberculous granulations.

Another soldier of robust constitution was attacked by right pleurisy. The patient was reading beside his bed when he suddenly fell down and died. At the post-mortem a considerable effusion of the right pleura was discovered, and the pleura was studded with tuberculous nodules. These grave pleurisies, according to MM. Kelsch and Vaillard, occurring in strong men, without the slightest tuberculous taint and running their course with every appearance of an ordinary pleurisy, would have been classed as ordinary inflammatory pleurisy had not death suddenly intervened and revealed their true nature.

I can recall two cases of interest in this connection. One was that of a man usually in good health who was attacked by right pleurisy, which he attributed to a chill. For several days the effusion went on increasing in amount, until it measured about two litres. Although the patient did not suffer from any dyspnœa, we decided to practise thoracentesis. The patient objected and so the operation was postponed till night. An hour later this man tried to get out of bed, when he was attacked by syncope and died before assistance could be given. At the post-mortem, being desirous of knowing the exact quantity of the effusion, I practised thoracentesis on the dead body and withdrew 2,200 grammes of yellow fluid. In this man a latent tuberculosis was in progress, for in the apex of the lung there was a tuberculous lesion.

The second case was that of a robust man with no tuberculous antecedents. His was an iceman, and was thus exposed to local chills. One day this man was attacked by pleurisy, and we found on the right side an effusion calculated to amount to about three litres. In the course of the next few days we withdrew three litres of the liquid (one litre per puncture). After this the patient felt much better, but the liquid continued to accumulate. A few days later this man had just had breakfast in bed when he got up, but had hardly taken a few steps when he fell, became cyanosed, and died. Wishing also to satisfy myself on this occasion as to the exact quantity of the effusion and the cause of the sudden death, I practised thoracentesis on the corpse and withdrew 2,130 grammes of liquid. I then proved that this pleurisy which had the appearance of a pleurisy *a frigore*, was in reality tuberculous, since there existed tuberculosis of the pleura and a tuberculous focus in the lung.

An observation of M. Widal's, to which I shall refer later, bears on the case of a lad who was attacked by pleurisy, apparently of the nature of an ordinary acute pleurisy accompanied by considerable effusion. The little patient suddenly died, and at the post-mortem there was found tuberculosis of the pleura in course of evolution.

You must admit that here we have a certain number of very suggestive facts. A number of robust people are attacked, whilst in perfect health, by frank pleurisy, so-called *a frigore*; they die suddenly and the post-mortem reveals the tuberculous nature of their pleurisy.

Sometimes, the individual attacked by frankly acute pleurisy recovers from his illness, and is supposed to be definitely cured; but, often, a few weeks or months later he is carried off by miliary tuberculosis or by meningitis, thus testifying to the tuberculous nature of his pleurisy. In 1884 a strong young man, æt. 28, an engineer, entered my ward suffering from pleurisy *a frigore*, contracted three weeks previously. Nothing led one to suspect tuberculosis; it was a typical case of frank pleurisy. I noted on the left side a considerable effusion, which I calculated to be about two litres; I commenced by withdrawing one litre of sero-fibrinous fluid, and then I stopped, for I make it a rule, in order to avoid any accident, never to withdraw more than one litre at a sitting. A few days later I withdrew a second litre. All went well and the patient recovered his former good health. But six months later he again came under my care with symptoms of meningitis, and died in a few days. At the post-mortem we noted the disappearance of the pleurisy—there only remained a few pleural adhesions, but we found a tuberculous meningitis with granulations in the lungs.

In his anatomical and experimental researches on tuberculosis of the pleura, Dr. Peron comes to the following conclusions: "The pleurisy so-called 'frankly acute' is of tuberculous origin in the great majority of cases; it is due to tuberculous infection, possibly latent, of the pleura." As you see, the anatomo-pathological researches are in favour of the tuberculous nature of *a frigore* frankly acute pleurisy.

In many cases clinical observation confirms the results of pathological anatomy, by showing that a large number of patients suffering from an apparently primary and frank pleurisy are in reality tainted with tuberculosis, since, even when they recover from their pleurisy, the tuberculous infection a few months or years later invades their lungs, meninges, peritoneum, or other regions of the organism. It is evident that in these subjects the pleurisy was but a more or less precocious localisation of the bacillary infection. But clinical observation also teaches us that there are other patients who may recover from frankly acute pleurisy with a considerable effusion, without there remaining the slightest trace of tuberculosis, and the patient may live for ten or twenty years free from any tuberculous manifestations.

Ample statistics are available on this point; Fiedler records 92 pleuritic persons attacked by sero-fibrinous pleurisies whom he punctured. Of this number 17 died tuberculous at the hospital, 8 succumbed to

tuberculosis after leaving hospital, 66 left hospital tuberculous or suspected of tuberculosis, and 21 were in good health at least a year later. The statistics of Messrs. Barrs and Bowditch in England, and MM. Mayor and Ricochon in France, furnished results which are not concordant, yet the tuberculous element occurs in the majority. A few years ago, at a meeting of several of my colleagues, Dr. Vergely furnished me with four observations concerning pleuritic persons who had been aspirated fifteen, twenty, and twenty-two years previously, and they and their offspring were still enjoying good health. Dr. Lépine reported half a dozen cases of pleurisy which had been under observation for many years, and which had not been followed by tuberculous manifestations. Dr. Coriveaud has published an interesting work bearing on the mildness of numerous cases of pleurisy which he had observed during a period of twenty-five years and which he had been enabled to follow for a long time. M. Dreyfus-Brisac had also known patients who had continued in good health after having recovered from acute pleurisy.

Since my first works on thoracentesis by aspiration, which date more than thirty years back, I have aspirated a large number of pleurisies. I lost sight of nearly all the hospital patients, but I was able to follow up private patients, and I can recall eleven cases of persons attacked by frankly acute pleurisy, aspirated by me, who recovered without there having appeared the slightest tuberculous manifestations.

I owe to Dr. Lamarre (St. Germain) the history of a very interesting case.

A certain wall served as a resting place for soldiers carrying on their back 50 kilogrammes of straw or corn; while in perspiration they leaned against the wall in such a manner as to rest their burden on top of the wall. An epidemic of *a frigore* acute pleurisy broke out in the regiment, from which the civil population was exempt. All these pleurisies were on the right side; they healed well, with or without aspiration. Dr. Lamarre formed the opinion that they were cases of pleurisy *a frigore*. The corner of the château where the men rested while perspiring was protected against winds excepting from the north-east, which was at times very cold, and this wind impinged on the men's right sides. At the request of Dr. Lamarre the colonel forbade the men resting in that dangerous spot, and no further cases of pleurisy occurred. But the guard regiments change every six months, and in the newly-arrived regiment the same cause again gave rise to pleurisies; it was again necessary to prohibit men from resting against the wall. This experience (for the occurrence amounts to an experiment) was renewed with the same regularity on several occasions. This injurious resting place gave rise to fifty cases of pleurisy, without, however, a single fatal result. In addition to these facts Dr. Lamarre observed in his civil practice for thirty years twenty pleurisies which disappeared without leaving the slightest tuberculous trace.

Referring only to clinical cases, we see that recovery from frankly acute pleurisy without the slightest tuberculous trace remaining is not so very rare. These cases militate in favour of the existence of *a frigore* acute pleurisy. Dr. Trasbot, in an interesting communication to the Academy of Medicine, demonstrated that *a frigore* pleurisy was of frequent occurrence in the horse, dog, and sheep, and that in animals it could have nothing in common with tuberculosis. In support of this opinion he mentioned the following cases. In 1871, in a marching regiment, some newly-formed cuirassiers had clipped their horses, which slept in the open air, often without any covering. In a few weeks there occurred amongst these animals thirty cases of pleurisy, nearly all fatal. Dr. Duviensart saw 100 cases of pleurisy, 60 of which were fatal, in a flock of 400 sheep which had just been shorn during a very cold February. Dr. Rousseau has observed very strong healthy dogs attacked by pleurisy after jumping into a lake after a stag.

According to Dr. Trasbot, "The three domestic species, the horse, dog, and sheep, in whom pleurisy is most often met with, are precisely those who are the most rarely tuberculous. Thus the result of the clinical observation on various species of animals is in formal contradiction to the opinion that the pleurisy of these species may be a variety of tuberculosis. Moreover, this fact, which reveals itself with such perfect evidence from clinical sources, is absolutely confirmed by experiment. We never succeeded in infecting the guinea-pig or rabbit with tuberculosis by injecting the sero-fibrinous pleurisy of a horse or dog. I myself did it on numerous occasions, injecting the liquid into the pleura, lung, peritoneum, and connective tissue, and the results from this point of view were invariably negative.

It is, therefore, undeniable that non-tuberculous *a frigore* pleurisy is of frequent occurrence in animals. This extract from veterinary medicine shows the importance of a chill in provoking pleurisy in animals; but let us restrict ourselves to human beings, and let us once more raise the question, Does there occur in man a real *a frigore* pleurisy which is non-tuberculous, and if so, in what respect does it differ from tuberculosis?

In endeavouring to reply to this question we invoked the numerous resources of the laboratory. It was thought that the inoculation of the pleuritic liquid into the peritoneum of guinea-pigs would furnish valuable information. MM. Chaffard and Gombault obtained thus 50 per cent. positive results. The inoculations practised by M. Netter with the exudation of fibrinous pleurisy, in appearance primary, essential, and *a frigore*, furnished eight positive results in 20 cases, or 40 per cent. The same author has published a further series comprising 14 cases of pleurisy, 5 of which were apparently primary. Of these latter two infected the guinea-pig with tuberculosis. When the peritoneum of the guinea-pig is inoculated, not with a small dose of pleural liquid, but a dose of 20 cc., as was done by MM. Péron and Le Damany, the chances of success are greater; nevertheless, so far we have had rather a large number of failures.

In short, the method of inoculation furnishes valuable information, but, in a rather large number of cases, it leaves the tuberculous or non-tuberculous nature of the pleurisy in doubt; the value of inoculation is absolute when the result is positive, but a negative result does not prove the pleurisy to be non-tuberculous. It is admitted that a clearly tuberculous pleurisy may give negative results from the injection of pleural liquid; the effusion may be far from virulent and the bacilli may be scattered in the pleural liquid to such a degree of dilution that we only introduce into the peritoneum of the animal a few micro-organisms which are promply destroyed.

Injections of tuberculin furnish information of incontestable value. According to the official returns in Prussia, patients attacked by pleurisy, simple in appearance, but in reality tuberculous, are almost as susceptible to tuberculin injections as frankly tuberculous patients. But the injection of tuberculin, even when handled prudently, is by no means free from danger. Many precautions must be taken. First of all the patient must be completely apyretic. If the rectal temperature of the patient, says M. Landouzy, taken four times in the twenty-four hours, shows absolute apyrexia, and only in such cases, the action of tuberculin may be tried. A subject suffering from acute pleurisy is more or less feverish, and does not, therefore, fulfil the required conditions for the injection of tuberculin. The quantity of tuberculin to be injected varies from a tenth to a quarter of a milligramme, diluted with sterilised water; if the patient is tuberculous, the febrile reaction and increase in temperature commence from twelve to twenty-four hours after the injection. But it may be that the dose injected is too small to provoke in a certain individual the expected reaction; moreover, a slight reaction may occur when tuberculosis is absent. A few years ago, I had occasion to make injections of tuberculin in very small doses and the result was far from satisfactory: one of my patients had perforation of the tympanum, another had an outburst of lung trouble. I have not employed it since then.

The application of the method of cultures to the researches for the tuberculous bacillus in effusions has

not been successfully practised until quite recently. To obtain positive results, it was necessary to have a very favourable culture medium. This medium is glycerinated gelose blood. By the admixture of gelose with the blood of a rabbit we obtain a culture surface on which the microbes, which do not grow on the usual media, grow readily enough.

The culture which I am about to bring before your notice was obtained by inoculation of the pleural liquid of one of our patients in the St. Christopher Ward; the tuberculous colonies appeared on the twenty-sixth day. In two other cases, MM. Bezançon and Griffon had sown in tubes of gelose blood the liquid of acute pleurisies occurring under Dr. Chauffard, and, after twenty-eight days, there appeared tuberculous colonies of the size of a pin's head.

You can see what service the culture of Koch's bacillus may render in connection with the diagnosis of tuberculous effusions of the pleura. It would be the best method if only it were more trustworthy. At the present time this method of procedure, in spite of its value, does not solve the problem with sufficient uniformity; it is, however, an excellent means of control and it is easy to apply.

Then as to the method of sero-diagnosis? In a general sense, all sero-diagnosis presupposes two factors, whether it is typhoid, pneumonia, or tuberculosis injection; on the one hand, we must have a homogeneous culture in a liquid medium in which the microbes exist separately; on the other hand, we must have the serum of the injected patient, the mixture of which with the culture provokes the agglutination of the microbes.

In 1898, M. Arloing put himself to the task and sought a sero-diagnosis for tuberculosis similar to the sero-diagnosis of M. Widal for typhoid fever. The problem was solved by M. Arloing when he discovered the means of obtaining homogeneous culture of the bacillus in a liquid medium.

To ensure the conditions most favourable to success, it is necessary to use a culture of tuberculous bacilli, twelve days old. A small quantity of culture is placed in a tube of minimum dimensions and of small calibre. This culture is mixed with the serum obtained by pricking the pulp of the finger. The mixture is made in the proportion of one part of serum to 5, 10, or 20 parts of the culture medium. If the result is positive the phenomenon of agglutination may be observed, after a lapse of time varying from one to five hours. The upper layers of the mixture become clear, whilst the lower part of the tube gets thick with flakes, which give it a turbid appearance, in striking contrast with the transparency of the upper layers; microscopical examination confirms the result of the agglutination and Koch's bacilli appear gathered together in masses, instead of being isolated.

The sero-diagnosis of tuberculosis is certainly of service when the clinical diagnosis is doubtful or impossible; MM. Arloing and Courmont gave numerous examples to prove this. There are cases of pulmonary tuberculosis which appear in an almost latent condition, and which, for a time, escape ordinary methods of investigation; the diagnosis of tuberculous peritonitis associated with ascites is often uncertain; tuberculosis of the bones and articulations is the more difficult to diagnose since it may appear under the guise of the multiple forms of acute arthritis, dry arthritis, deforming and chronic arthritis; it may even appear as acute articular rheumatism when it is really a tuberculous pseudo-rheumatism (Poncet). Under similar circumstances the sero-diagnosis has often enabled us to show the tuberculous nature of lesions and lead to remedy errors in diagnosis.

(To be continued.)

AN inquest was held last week at Bradford on a child, æt. 8, who had succumbed to the effects of chloroform administered for the purpose of an operation at the Children's Hospital. Only two drachms of the anæsthetic had been given when the little patient collapsed. The usual verdict was returned.

A CASE OF TRIGEMINAL NEURALGIA AND EXCISION OF THE GASSERIAN GANGLION.

By T. E. GORDON, M.B., F.R.C.S.I.,
Surgeon to the Adelaide Hospital, Dublin.

AN operation for the removal of the Gasserian ganglion has not, as far as I know, been previously reported at the Academy. It is an operation possessing many points of interest and difficulty. These things being so, I need not apologise for asking your attention to the history of the present case.

History of Case before Operation.

The patient was first attended by Dr. Cope, who sent her to the Adelaide Hospital to be under the care of Dr. Wallace Beatty.

The following is Dr. Beatty's account of the case:—

Mrs. R., æt. 63, is a small, delicate-looking woman. Her family history revealed nothing of importance. She said she had always been of a nervous temperament, and had in her life much worry and anxiety. The first attack of neuralgia came on suddenly eight years ago, when she was coming downstairs, and made her shriek with pain. It lasted a few minutes. It began in the left side of the upper lip and cheek, and spread to the temple. Its character was as if a knitting-needle was bored into her left temple and turned round. The second attack occurred on the following day. Fresh attacks followed; at first there might be weeks' intervals between the paroxysms; she noticed that they were not so frequent in the summer-time till this year. At present the attacks are very violent and frequent, coming on every ten minutes or so, and lasting about a minute or a fraction of this time, and they usually begin in the left side of the head, the temporal and fore parts of the parietal regions, but sometimes in the face. The paroxysms are most severe at night, giving her fearful nightmares and wakening her. The pain was on one occasion so severe and maddening that she attempted to kill herself with a razor, and was only prevented by her daughter coming into the room and arresting her in the act of suicide. The woman was in a pitiable state when she presented herself for admission to the hospital. She was some weeks in the hospital before surgical treatment was adopted. During this time she had to be repeatedly given hypodermic injections of morphine.

The paroxysms of pain were excited in many ways, in addition to coming on spontaneously. Thus, moving of the jaws in mastication, the effort of speaking, the entrance of a person into the ward, brought on a paroxysm. All the branches of the left trigeminal nerve seem to have been affected from time to time, except the lingual. At one time, when pain was severe, she noticed an increase of saliva, but this was not a constant or pronounced symptom. Tears would flow occasionally from the left eye. Tender points were present in different places. All her teeth had been extracted without relief. There was no anæsthesia. Taste was normal. The heart and lungs were normal. There was a little albumin in the urine, but no tube casts. The pulse was of low tension—about 80. She told me the only cure was to kill her.

This is a sketch of her past condition up to the time I handed her over to Mr. Gordon.

This case may be regarded as a typical example of major trigeminal neuralgia. The woman in the later period of middle life, the almost sudden and causeless onset, the paroxysms of pain, at first separated by considerable intervals, but later occurring every day, and in response to the most trifling stimuli, all her teeth extracted in the vain hope of relief, her life made scarcely endurable by hypodermic injections of morphia: in all this the patient but repeats the history of other victims of this disease. Not the least pitiless aspect of these cases is the absence of any tendency of the disease to shorten life. As the pain becomes greater and frequent almost to be continuous, the patient resorts to increasing doses of hypnotics, and as a result of this and the prolonged suffering, develops a melancholic insanity, or obtains in suicide a relief from a hell of torture. I hope you will not think the picture overdrawn; the present case is, as I have said, but a repetition of the history of many others, and if any think the description an exaggeration they have not met with the disease under consideration, and they are not in a position to discuss the ethics of the operation for its cure. Drug treatment may give some relief, but it is almost certain to fail in the end, and so the case comes under the care of a surgeon. It is unnecessary to draw attention to all the operations performed for the cure of this disease. I think the majority of surgeons are satisfied that all ordinary neurectomies are likely to fail. The pain disappears, of course, after the neurectomy, but generally returns in two or three years.

It is rather more than ten years since Horsley for the first time excised the Gasserian ganglion. This operation is now regarded by many as the only operation to be recommended in cases of true major neuralgia of the fifth nerve.

Before describing the steps of the operation, let me, as briefly as possible, recall to your mind the general anatomy of this nerve.

Anatomy of the Fifth Nerve.—In a dissection of the middle cranial fossa, the Gasserian ganglion is found lying near the apex of the petrous bone. Its large sensory root is seen entering this region under the margin of the tentorium cerebelli, and ending in the ganglion. Springing from the front of the ganglion we find the three main divisions of the nerve. The first of these divisions, the ophthalmic, lies most internal, and passes to its distribution through the sphenoidal fissure. This distribution includes the eyeball and the skin of part of the nose, and all the fore parts of the scalp. The second, or superior maxillary, division is seen leaving the mid-cranial fossa by passing through the foramen rotundum. In addition to supplying the skin of the face, and the mucous membrane of the nose and roof of the mouth, this nerve, it is of special interest to remember, supplies the teeth of the upper jaw. The third, or inferior maxillary, division, leaving the cranium by way of the foramen ovale, supplies the lower teeth. Tri-facial neuralgia probably never originates in the area of the ophthalmic division, and this is significant, relative to the pathology of the affection, for this division alone has no part in supplying the teeth of either jaw. The inferior division has also within its area the mucous membrane of the floor of the mouth and the tongue and a wide cutaneous area (auriculo-temporal). The lingual branch has a special interest, seeing that it carries within it the fibres of the chorda tympani, the nerve of taste for the front of the tongue. I may further remind you of the motor element in this third division, for the supply of the muscles of mastication. It is remarkable how slight is the inconvenience caused by destruction of this motor nerve.

If we follow the large sensory root under the tentorium into the posterior fossa of the skull it will be seen to pass to its, so-called, superficial origin at the side of the pons. In transverse sections of this part of the brain the sensory root is seen traversing the fibres of the middle cerebellar peduncle to reach its nucleus, which is placed outside that of the motor root. The greater part of the sensory root does not, however, end here, but passes downwards, and can still be clearly seen in sections where the decussating pyramids show that the level is near the lower end of the medulla.

Now it is all-important—and from our present point of view—to bear in mind that the term *origin* is misleading. In a golgi preparation the fibres of this spinal root of the fifth nerve will be seen to end as free arborisations about the cells of the nucleus, but to be in no sense processes of these cells. This nucleus is, then, to be regarded rather as the end than the origin of the nerve. The fibres to which the cells do give origin belong to a higher system, and may be seen (in such a golgi preparation as we are speaking of) sweeping across the medulla to reach a cortical path on the opposite side of the raphé. To find the true origin of the sensory fibres of the fifth nerve we must, as in the case of the posterior spinal roots, look outside the central nervous axis, and we have it in the Gasserian ganglion, which is the homologue of the ganglion of the posterior nerve root. The cells of this Gasserian ganglion are the genetic origins of the fibres, and they are also the trophic centre, for it has been shown that if the ganglion be destroyed all the fibres degenerate both peripherally and centrally: the nerve is blotted out of existence. Now, in this we have the theoretical basis of the operation we are about to consider. If recurrence of pain after neurectomy is due to regeneration of nerve fibres, excision of the ganglion will make such regeneration impossible, and cure ought to be permanent. Should recurrence occur under such circumstances it must be due to disease involving those higher neurons which we casually noticed a moment ago. Horsley and Krause, both writing recently, state that so far they have had no case of return of neuralgia after complete excision of the ganglion.

The Operation.

The operation I elected to perform is that known as the Hartley-Krause operation. In this an opening is made in the temporal region of the skull: the brain and dura mater are together raised from the floor of the cranium as far as the point of exit of the second and third divisions of the fifth nerve; the space of Meckel is opened, thus exposing nerves and ganglion; finally, the nerves are divided, and the ganglion with its large sensory root removed. We may conveniently recognise four stages in the operation.

In the *first stage* a large flap is turned down, more or less horse-shoe shaped, and including a large part of the temporal muscle. An opening is then made in the skull with a medium-sized

trephine, and this opening is enlarged as much as necessary with some form of forceps or rongeur (I used Horsley's prismatic bone forceps). The removal of bone should be ample, and in particular the bone should be clipped away well down to the base of the mid-cranial fossa. The attempt to preserve a bone flap is inadvisable, for it prolongs the operation, and has been shown to be unnecessary. I had some difficulty in this stage of my operation, owing to the presence of a bony canal for the middle meningeal artery in the fore parts of the trephine area. The artery was necessarily torn, but the bleeding was easily arrested by a plug of Horsley's aseptic wax.

In the *second stage* the dura is raised from the mid-cranial fossa as far as the points of exit of the two lower divisions of the nerve. One knows when these points are reached by recognising two points of fixation of the dura. These constitute an important guide. That which demands all attention during this stage is hæmorrhage—more or less profuse, continuous venous oozing which obscures everything. In the experience of some this bleeding has proved uncontrollable, and it has been necessary to postpone the subsequent steps of the operation for several days, leaving meantime a gauze plug in the wound. Such experience is fortunately exceptional. As a rule assiduous sponging with sterile pledgets of gauze and plugging of the foramina (particularly the foramen spinosum and foramen ovale) suffice to arrest the hæmorrhage. One naturally thinks here of a preliminary ligature of the external carotid artery. Horsley is emphatic in condemning this as a routine practice, and, as a matter of fact, plugging the foramen spinosum (thus controlling the vascular area of the middle meningeal artery), and plugging the foramen ovale (which will arrest the venous regurgitant bleeding from the pterygoid plexus) will do all that ligature of the external carotid could do. This ligature obviously could not influence bleeding from torn tributaries of the cavernous sinus.

The *third stage* includes the opening up of Meckel's space and the complete exposure of nerves and ganglion. This space is opened by an incision through the dura, just where the nerves are leaving the skull, and by a division of the arch of dura which passes from one of these openings to the other. Before discussing the details of this stage, I wish to draw attention to certain anatomical relations.

The Gasserian ganglion lies, as we have seen, at the apex of the petrous bone. The bone underlying it is extremely thin, and there may, indeed, be only a layer of fibrous tissue separating the ganglion from the internal carotid artery. On the inner side the sixth nerve is a specially close relation, and has often been accidentally injured. The very intimate relation of the cavernous sinus to the ganglion and the ophthalmic division is well seen in a coronal section of a frozen head. The same section gives an idea of the depth at which the ganglion is placed, and thus shows to what extent the brain must be retracted during the progress of the operation. A knowledge of the position of the foramen spinosum is important, for it may be necessary to plug it when the field of operation is obscured in blood. It generally lies about half an inch behind and to the outer side of the foramen ovale.

We now return to the operation, and suppose the space of Meckel opened and ganglion and nerves exposed. The middle meningeal artery is not necessarily divided during this stage, but on the whole it seems better to do so, with a view to getting as much room as possible. At this point it is necessary to decide whether one will remove the whole ganglion with the sensory root or merely tear away the outer part, which belongs to the second and third divisions. I only removed the outer part, but I shall, in future, endeavour to effect a complete excision, notwithstanding extra risk, in order to insure against recurrence of the neuralgia. To expose the ganglion for this complete excision it is important, as Cushing has indicated, to divide a fibrous layer which remains covering the ganglion after the general reflection of dura has been accomplished. This being done, one must next free the ganglion from its surroundings, beginning on the outer side.

This brings us to the *fourth and final stage* of the operation, in which the nerves are divided close to their points of exit from the skull, and then freed by careful blunt dissection up to the ganglion, and this latter then removed by evulsion. If the evulsion is properly done, the sensory root will probably tear away from the side of the pons. In carrying out these steps of the operation the cavernous sinus is ever before the operator's mind, and it is very liable to injury despite all care. It is, however, satisfactory to know that in those cases where the sinus has been injured, the hæmorrhage has been readily controlled by pressure, and no ultimate harm has resulted. A fear of sloughing of the cornea need not deter one from performing this complete operation. It is quite a rare complication, and when it does occur it is not due to mere cutting off of nervous connections. This has been definitely proved by experiments. This unfortunate sequel is due to irritation, and implies generally a basal meningitis, or, in other words, sepsis.

Finally, the plugs are removed, and the wound closed, but with a drain at its lower part.

I have given an account of what I believe to be the more important features of this operation. It is obviously an operation attended with much difficulty—difficulty, however, which can to a great extent be met by acquiring in the first instance an accurate knowledge of the anatomy of the middle cranial fossa. It is equally apparent that there are dangers attending it, and here it is encouraging to learn the low mortality of the operation in the experience of Horsley and Krause. Horsely, in 1901, recorded twenty-two operations with only two deaths. Krause, in the same year, gave the results of twenty-five excisions of the ganglion with three deaths.

In some cases there have occurred after-symptoms of brain injury, such as aphasia and ocular palsies, resulting from accidental nerve lesions, but these have generally been transient only. In the case of my patient there occurred a partial third nerve paralysis, which disappeared in a short time. I saw this patient recently (about eight months after the operation) and found her in good health, and entirely free from her neuralgia. The scar is very slight, and the hair, having grown, conceals the depression.

In conclusion, let me ask you, before giving expression to an opinion on the merits of the operation, to bear in mind the gravity of the disease for which it is undertaken—the pain of maximum severity—the intervals of freedom

becoming progressively shorter until in the end the suffering is continuous. Further, remember that, with no hope of natural cure, there is a strong tendency to melancholic insanity, and attempted suicide is so frequent as to be given by Krause as one of the symptoms of the disease. On the other hand, remember that, if the operation is successfully performed, there is every reason to believe that the cure will be permanent.

I must not omit to express my indebtedness to Sir Victor Horsley for having given me the great advantage of seeing him perform this operation, and for advice regarding instruments and other things.

WIDAL'S SERUM REACTION IN INFANCY. (a)

By Dr. A. JOSIAS and Dr. L. TOLLEMER
(of Paris).

S pecially translated for The Medical Press and Circular.]

Since Widal demonstrated the phenomena of serum agglutination, on June 26th, 1896, at the meeting of the Société des Hôpitaux de Paris, his diagnostic sign has become generally recognised as one of the most trustworthy signs of typhoid fever. Although the value of M. Widal's discovery was generally recognised in the cases of adults, many distinguished authorities did not think it had any diagnostic value in the case of children; among these were M. Haushalter, M. Couture ("Thèse sur la Fièvre typhoide de l'Enfant," 1897), Kasel (Wurzburg, 1899), Pfaundler (*Jahrbuch für Kinderheilkunde*, 1899); M. Marfan (*Semaine médicale*, 1900), in a clinical lecture, pronounced the serum diagnostic agglutination test to be of no value, "in that it is not found until after the fifteenth day, and even then it is not well marked." This opinion was also pronounced by M. Rosenthal, at the Société de Pédiatre de Paris, on March 13th, 1900, who dwelt on the slowness of the occurrence of the symptom in typhoid; this opinion was, however, combated by M. Cluc, at the meeting on April 14th, 1900, who reported that in sixteen cases of typhoid fever he obtained the serum reaction of Widal in each case on the eighth day of the disease. Finally, M. Masbrenier, in his inaugural thesis, confirmed the statement of M. Cluc, and demonstrated that the child's serum gives the test as readily as that of the adult. Thus we possess in this obscure disease of children the same valuable test that we find so useful in the case of adults. We have made systematic investigations on the serum reaction test in all our cases of typhoid fever in infants, and in all suspected cases. We have produced the reaction in fifty cases of typhoid fever with the serum of Chantemesse: the serum reaction was positive forty-nine times; it only failed once—in the case of a child fourteen years old; she gave negative results on the tenth day of the sickness, and we did not get a further opportunity of examining her blood. In our experiments on the agglutination of the Eberth bacillus by the blood serum we added one drop of a bouillon cultivation of the bacillus of Eberth, very quick and agglutinating readily; the culture was always of twenty-four hours' standing. The mixture was preserved in an absolutely aseptic glass, which was covered by an aseptic glass cover, thus permitting of examination without any risk of contamination. In doubtful cases we diluted the mixture to one-twentieth, and even to one-fiftieth. About every ten minutes we took up with a pipette a few drops of the mixture from the bottom of the glass for examination on a glass slide, in a little cell made by placing on the glass a triangle of fine platinum, dipped in vaseline and covered with a fine slide. This little plan allowed of many examinations without many apparatus. We could then easily recognise the motility of the bacilli and their formation or non-formation of agglutinative masses. We looked on the reaction as positive when the agglutination occurred immediately in small and numerous masses, becoming larger and more numerous. In prolonged examinations we found the serum reaction always well marked. We thus formed for ourselves a measure of the agglutinative power by the rapidity with which the mass was formed. In the great majority of cases this agglutination took place quickly, and was clearly seen in a lapse of time varying from a few minutes to an hour. In doubtful cases we prolonged the contact during twenty-four hours, but we took no count of any exceeding that time, that is, of those which formed no agglutinative mass If the agglutination took place in twenty-four hours we again tested a fresh quantity of serum, and found if a marked and positive result was obtainable with a dilution, which sometimes took place in two hours. The dilution of one-fiftieth and one-hundredth eliminated many sources of error, and was quite practical for laboratory work, and not unfrequently enabled us to get our results within a comparatively short time. We classify our fifty cases into two groups. In the first we group all those in whom the reaction was marked on their entrance into hospital; in the second class we group those in whom we had to repeat our examination before obtaining Widal's serum agglutinative reaction. We report above one case in which no reaction was obtained.

No.	Agglutination. Day of Sickness.	Age of Patient.
1.	Third	9 years.
3.	Fifth	8 years, two 10 years.
2.	Sixth	7 and 12 years.
6.	Seventh	2, 5, 7, 11, and two 14 years.
8.	Eighth	9, 8, 11, 12, two 13, 14, and 15 years.
9.	Ninth	6, 9, 13, three 14, three 15 years.
4.	Tenth	4, 10, two 14 years.
2.	Eleventh	4 and 13 years.
1.	Twelfth	2 years.
1.	Thirteenth	10 years.
1.	Fourteenth	10 years.
1.	Fifteenth	10 years.
1.	Sixteenth	8 years.
1.	Twentieth	4 years.

We may remark that the blood was drawn from the child on the day of admission, hence the figures are not absolutely correct in some instances; it constantly followed that the reaction was positive in many cases on the day of admission. In a good number of cases the reaction was very marked many days after their being first examined. The second group, those in whom the reaction was slowly developed, were but five. The positive reaction occurred on the tenth, fourteenth, eighteenth, twenty-first, and thirtieth day after infection. The first case was

a) Paper read at the International Medical Congress at Madrid.

that of M. M., æt. 4½, who was admitted on March 4th, 1902, on the tenth day of her sickness; the serum test gave negative results until March 8th, the fourteenth day, in a dilution of one in a hundred in less than an hour. The second case, C. S., æt. 8½, entered hospital on March 11th, 1902; ten times the serum test gave negative results; it was got on March 28th, the twenty-first day of the sickness, it was strongly marked on April 21st. The third case was that of P., æt. 15. He was admitted to hospital on April 12th, 1902, on the sixth day of his illness, and for twenty-two days the serum test gave negative results; on May 6th, the thirtieth day of the fever, the serum reaction was positive. C. C., æt. 14, the fourth case, was admitted on August 17th, 1902, on the fourth day of her illness. The serum test gave negative results daily until August 23rd, when feeble agglutination was noticeable, and it became strongly marked on the 25th of the same month. D. G., æt. 14, the fifth case, was admitted on September 6th, the eighth day of his illness. On September 16th, the eighteenth day of the fever, a slight positive reaction was noticed with the serum test. In this short study of the Widal reaction in children, it may be noticed that it is subject to the same variations that we find in the adult. It appears in different periods of the fever. Withal, in fully 70 per cent. of the cases the serum test gives a positive reaction before the tenth day of the fever in children. The presence or absence of the reaction in the early stage of the disease does not seem to bear any correlation to the severity of the fever. We have not seen the more marked agglutinative power of the serum in children over eight years old which some authors claim to have seen. Kasel, with Pfundier, holds that the serum agglutination is very mild prior to the eighth year; but our observations go to show that prior to eight years the serum reaction is intense. In four of our cases of retarded reaction the patients were over fourteen years of age, patients in whom the fever closely resembled the disease in adults. The serum test of Widal has a considerable value in children as in adults. It would be absurd to speak of the reaction as being generally slow in appearance in the serum of the fever of children, when we found it slow in appearing in five cases out of fifty. All that we can say is that it is more slow in the time of its appearance in children than in adults. Rensaude, in his excellent theses, tells that he found the serum reaction slow of appearance in two adult patients in eighty-three adults. We would finally draw attention to an important point in the character of the agglutinative property. The injection of the anti-typhoid serum of Chantemesse in no way affects the agglutinative properties of the blood. The serum reaction is produced independently of the injection, whether it be injected before or after the application of the test of Widal. There are some exceptional cases in which the serum reaction has been delayed without our being able to offer an explanation.

MESSRS. SMITH, ELDER AND CO. announce a new work by Dr. Ransome, entitled "The Principles of Open Air Treatment of Phthisis and of Sanatorium Construction," including an Essay on the pure air treatment of phthisis in the home, to be published on the 28th inst.

THE PATHOLOGY OF GENERAL PARALYSIS OF THE INSANE. (a)

By W. FORD ROBERTSON, M.D.ED.,
Pathologist to the Scottish Asylums Board.

THE speaker contended that the essentially syphilitic origin of the disease had never been proved. The most important fact against this hypothesis was, in his opinion, that only a very small proportion of syphilitics ever became general paralytics or tabetics. That syphilis strongly predisposed to the subsequent development of general paralysis was, however, beyond question. He maintained that there was evidence that in this disease they were dealing with an active bacterial toxæmia. There was a toxic bacterial infection from the alimentary and respiratory tracts. This, however, was not special to general paralysis. It occurred in various forms and degrees in other diseases. There was something added in general paralysis, giving the disease its distinctive characters. On the ground of their recent observations, his colleagues and himself had advanced the hypothesis that the special factor consisted in the pathogenic action of a bacillus identical in morphological and cultural characters with the Klebs-Löffler bacillus. The phenomena of general paralysis presented to the pathologist a problem in disorder of the natural immunity and its consequences. All the recognised etiological factors of general paralysis were such as were known either to make an excessive drain upon the leveoblastic functions of the bone marrow or directly to injure this tissue. Before the development of general paralysis the patient had reached a condition of myelocytic insufficiency. The consequence was that the saprophytic bacteria of the alimentary and respiratory tracts tended to assume a pathogenic action, not from any change in themselves, but because the forces by which they were normally combated had become weakened. There was added the special toxic infection to which he had referred. There were grounds for believing that local lesions, especially in the upper portions of the respiratory and alimentary tracts, played an important part in initiating and maintaining the special infection. Various bacterial toxins were absorbed producing the phenomena of the disease. He then summarised the evidence in support of the hypothesis. The bone marrow of the general paralytic presented chronic morbid changes of a severe character. The rises of temperature, leucocytosis, disorders of the digestive functions, chronic sore throat, septic condition of the mouth, and frequently obtainable evidence of chronic bronchitis constituted clinical evidence pointing to a bacterial toxæmia of the kind indicated. There were severe chronic changes in the alimentary and respiratory tracts of the character of those that were produced by the prolonged action of bacterial toxins. There was direct evidence of general excessive development of saprophytic bacteria in the alimentary tract. There was evidence of the almost constant presence in the respiratory and alimentary tracts of a bacillus resembling the Klebs-Löffler bacillus. It could

(a) Abstract of Remarks delivered in the Section of Physiology, introductory to a Discussion on General Paralysis of the Insane.

readily be isolated from the nasal cavities during life. There was evidence that this diphtheroid bacillus occasionally took part in a terminal blood invasion in cases of general paralysis. A filamentous organism was very frequently present in enormous numbers in the lymphatics of the alimentary tract, and there were strong grounds for thinking that it might be a thread form of the diphtheroid bacillus. The evidence upon this point, however, was not conclusive. The experimental investigation was still in progress, but evidence had already been obtained showing that when rats were fed with unsterilised broth cultures of this organism a fatal disease was produced in which the nervous system was specially involved. The morbid changes were in many respects similar to those that occurred in general paralysis. No claim was made that the hypothesis had been established. He had merely stated a series of facts which, he claimed, harmonised with it. Experimental investigation would alone determine whether it was to be retained or rejected.

Clinical Records.

CASE OF ANEURYSM OF THE ARCH OF THE AORTA. (a)

By George Rankin, M.D., F.R.C.P.,
Physician to the "Dreadnought" Hospital, Greenwich, &c.

John McC——, fireman, æt. 35, admitted on April 1st, 1902, for pain in the chest, with a pulsating tumour in the median line about the level of the second and third costal cartilages.

The patient had noticed the pain for about five months. It first interfered with his doing his work at St. Helena in November, 1901, on the outward voyage to the Cape. On arrival at Port Elizabeth he had to go into hospital on account of constant pain and dyspnœa. Since then he had not been fit for any work, and latterly had been unable to sleep at nights except for short snatches, and then only if propped up in bed. The pain radiated down both arms, but was most severe on the right side. There was a definite history of syphilis contracted fourteen years ago. He was addicted to alcohol, and admitted that during the few weeks he had been ashore he had been drinking very heavily.

Condition on Admission.—The patient was a well-built and well-nourished man. He complained of constant, dull, heavy pain and distress in his chest, more marked on exertion. He was breathless, and quite unable to lie down in bed on account of dyspnœa. The pulse was regular and of medium tension. The right radial was stronger than the left radial pulse. Temperature 98·8°; respirations 24 per minute.

On inspection, in the middle line of the chest, about the junction of the manubrium with the body of the sternum, there was a large, circular, pulsating swelling causing protrusion of the bony and cartilaginous chest wall. The superficial diameter of the pulsating area measured 5 ins. transversely and 3¼ ins. vertically. The skin over the swelling was red, tense, and painful. The pulsation was synchronous with the heart-beats, and on palpation was markedly expansile. The note on percussion over the swelling was dull, and the act of percussion caused a considerable amount of pain. The cardiac impulse was seen in the fifth left intercostal space in the nipple line; it was diffused and heaving; no thrill was detected. Over the cardiac impulse the first sound was impure, but on auscultation upwards towards the tumour the muffled sound acquired the character of a murmur. Over the tumour itself was heard a distinct systolic bruit, followed by a loud, accentuated second sound. There were l ness and throbbing in the vessels of the neck. Tracheal tugging was well marked. There was no notable impairment of the percussion note over the lungs, but on the right side, behind, the air-entry was diminished, and the respiratory murmur was high-pitched and almost bronchial in quality. Voice-sounds were normal. The total area of hepatic dulness measured vertically in the nipple line 4¾ ins. There was a space of 2 ins. between the upper margin of hepatic dulness and the lower margin of the pulsating tumour, over which the percussion-note was clear. The pupils were large and equal; they reacted to light and accommodation. No alteration or impairment of movement of the vocal cords was noticed. Both patellar and plantar reflexes were normal.

Progress and Treatment.—After a week's rest in bed, during which the temperature varied between 97·6° and 99°, and the patient was always supported in the sitting position with a bed-rest. Gelatine injections were advised. His distress was so great that he readily acquiesced. He was kept on a light nutritious diet, the liquid constituents being strictly limited. Alcohol was entirely withheld. He was also ordered a mixture containing iodide of potassium, carbonate of ammonium, and cinchona.

The front and inner surfaces of the thighs were shaved, and the skin cleansed with antiseptics. The first injection contained only 15 grains of gelatine in about 50 cc. of saline solution, the solution having been sterilised on three separate occasions and raised to boiling-point just before using. All instruments—the needle (a large exploring needle), the syringe (a glass syringe of 100 cc. capacity), and the glass bottle—were also carefully sterilised by boiling. The puncture was made through the skin of the inner aspect of the thigh, about two to three inches above the patella, and the solution was injected warm. After withdrawal of the needle a gauze and collodion dressing was applied, also a pad of antiseptic wool with bandage to prevent irritation of the skin by contact with the clothes. The local swelling round the seat of puncture disappeared in about six hours. Every subsequent injection contained 30 grains of gelatine dissolved in 100 cc. of sterilised saline solution. The injections, to the number of twenty, were given twice a week into each leg alternately. The temperature frequently rose to 99° on the night of the injection, and on three occasions just exceeded 100°, but otherwise no abnormal symptoms ensued. Complete rest in bed throughout the treatment was insisted upon.

The pain gradually disappeared; the patient slept well at night, and was, after a short time, able to lie down flat. He expressed himself as getting daily better, and was always anxious to be up and about. After he was allowed to leave his bed his movements and exercise were gradually increased, and he asked for his discharge from the hospital on July 9th, 1902, saying he felt no trouble in his chest at all. The pulsation was very much diminished; there was no pain on palpation, nor on slight pressure over the tumour.

The patient was seen ten days after his discharge. He admitted that he had been drinking heavily while out of hospital, and had been detained in one of the London infirmaries two nights previously on account of alcoholic coma. He had some return of pain, but the signs were unaltered, and with a few days' rest in bed his pulse quieted down and the pain disappeared again. He had had no trouble at the site of injection on the thighs.

(a) From a Paper read before the Royal Medical and Chirurgical Society.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—IX.

[By our Special Medical Commissioner.]

THE CROOKSBURY SANATORIUM.

In the finest portion of that region of the Highlands of Surrey which lies south of the "Hog's Back" between Godalming, Farnham, and Haslemere, the well-known Crooksbury Sanatorium is situated. The site is peculiarly adapted for the needs of such an

institution for the care of the consumptive. It is rich in natural beauty, of good elevation, enjoys a pure bracing air, has a southerly slope with good fall, the soil is extremely porous, yet not dusty, abundant protection also is afforded against winds, and there are many acres of pines and heather. The climatic conditions prevailing at such a station are probably among the best to be had in this country. Not only does the district admirably meet physical needs, but the outlook supplies elements of the greatest psychological value. To the south a semicircle of delight lies open, extending from Leith Hill and the Charterhouse to Hindhead and the Hampshire Hills, while to the north lie the Hog's Back and the Aldershot hills. Pine-clad heights are seen on all sides. The sanatorium is so excellently placed on the ridge that not only does it enjoy peculiar advantages from its exceptional situation, but permits of the very convenient selection of walks on either the east or the west sides, acording to the needs of the patients or the direction of the prevailing wind.

The sanatorium has been specially designed and built for its present purpose. It was opened in May, 1900. It has been recently enlarged and can now accommodate twenty patients, and various additional improvements are being made. The rooms in each block are arranged in single rows with large French windows facing south and have been so constructed as to facilitate the strict hygienic conduct of each apartment, the angles being rounded, the walls, floors and ceilings washable. The furniture is peculiarly suited in every way to the special needs of the situation. The heating is by hot-water coils. The whole sanatorium is fitted with electric light.

The south or old block is placed in a particularly well-sheltered situation, and is closely surrounded by pines, large numbers of which have had to be cut down in order to afford the necessary lawns and pine avenues, through which distant views of much charm can now be obtained. There are twelve rooms all on the one floor and looking south, and served by a common corridor, behind the centre of which lies the excellent dining-room conveniently placed in relation to the two-storey kitchen block. Lavatories, with needle-bath, etc., and earth-closets, are placed at either end of the corridor, projecting northwards. A special feature of the bedrooms meriting commendation is the excellently designed corner cupboards with sloping roof and mirror door so placed as, if desired, to allow the patient when in bed to enjoy the reflection of the beautiful country through the open window. The fixed, simple, and artistically tiled washing-stands are deserving of praise. Each bedroom has an air-shaft which leads across the corridor and opens behind, thus allowing of the free passage of pure air even when the door is shut.

The north or new block is placed at a somewhat higher elevation and therefore is rather more bracing, and is intended for the strictly incipient and more distinctly convalescing cases. It is built in two storeys and from the upper rooms glorious views are obtained, including St. Martha's Church on the downs beyond Guildford, the Charterhouse Schools at Godalming, Pitch Hill adjacent to Leith Hill, the Devil's Jumps, and Hindhead with its Beacon and Oakshott near Petersfield, together with miles of pine-clad hills and undulating heather-decked country.

Still to the north lies the very artistic and convenient medical director's house, which is in telephonic communication with the two blocks.

The water supply is good and is brought a distance of some five miles. There is also a large storage tank for rain-water.

The grounds are very extensive and provided with over three miles of delightfully arranged paths of various gradients; and immediately surounding the estate are many thousand acres of open country and private parks. Farnham is the nearest town and is 3½ miles away, Aldershot is about 5, and Godalming 7, so that patients are relieved from the irritation incident to residence in or near a crowded district.

The sanatorium is directed by Dr. F. Rufenacht Walters, whose work on "Sanatoria for Consumptives" is generally recognised as the authoritative English work on the subject. Dr. Walters is ably assisted by his wife. The permanent nursing staff includes two highly-trained nurses, who act under a trained nurse-matron.

The treatment is based upon the rational application of the so-called "Nordrach System"—absolutely pure air, day and night; sufficient food to ensure steady gain in weight; exercise, graduated according to each patient's condition; regulated rest in bed or on cane lounges; attention to general hygiene, constant medical supervision and medicinal treatment where desirable. The medical director presides at each meal and exercises a controlling influence over every detail of the daily routine. Every effort appears to be made to keep the patients happy and contented.

It is interesting to note that the rooms are carefully disinfected after the departure of every patient.

We had the privilege of dining with the patients and found the dietary varied, abundant and well fitted to the needs of the cases. The Liegehalle system is not adopted. There are no verandahs, but blinds are provided for protection from sun and rain. Visitors are not encouraged, but friends of the patients often reside in the neighbourhood and are allowed admission at reasonable intervals.

The terms are from four and a half to five guineas according to the condition of the patient and the situation of the room occupied. The extras include—special nurse if required; personal laundry; beverages, and medicines other than emergency doses.

The nearest railway stations are Farnham 3½ miles on L.S.W.R., and Ash, 4 miles on S.E.R. A cab can always be obtained at the Farnham Station. The registered telegraphic address is "Sanatorium, Farnham."

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, August 22nd, 1903.

AT the Society of Charity Physicians, Hr. Menzer spoke on the

STREPTOCOCCUS SERUM TREATMENT OF TUBERCULOUS MIXED INFECTION.

In the treatment of pulmonary tuberculosis, that by hetol indicated a distinct advance. The treatment by serum was not new; Marmorek's serum had been employed by Blumenthal, for example, but in principle was incorrect, and the selection of cases a wrong one. The speaker still injected cases in the third stage. As he learned the unity of the species of streptococcus he held that this was an indication for treatment. At the same time he did not consider his observation conclusive. He mostly observed a disappearance of the catarrhs and improvement in the appetite. The mixed infection, even when no bacilli could be found, was of great importance. The object of the serum treatment was, therefore, by the removal of the mixed infection to afford a favourable prognosis for the whole disease and to improve the general condition. The serum treatment was particularly useful in the first and second stages, and in the third when the conditions as to nourishment were favourable and the heart was sound. He generally injected every four, five to eight days in quantities of 0·3 to 4·05cc.; in acute streptoccoccus infection in larger and more frequent doses.

Usually reaction appeared with ½ cc. in from four to six hours in the form of headache, cough and expectoration. This contained leucocytes, cocci and tubercle bacilli, the *râles* often increased, the temperature rose half a degree C. up to 39° C., returning to normal sometimes only after several days. Sometimes tubercle bacilli appeared for the first time in the expectoration. The number of white blood corpuscles, which was not influenced by normal horse serum, rose

after injection of streptococcus serum about 1,500 to 4,000 per cubic millimetre; any considerable reaction appeared during the early weeks only.

The speaker then showed the twenty-two cases, and then Röntgen images which were taken by Professor Grumnach. The total result was as follows:—Of eleven cases in the first stage eight were cured (period since treatment three and one-fifth month; average increase in weight twelve pounds); three considerably improved; one case in second stage improved; two improved; five cases in the third stage improved, two others partially. The result, compared with that by the tuberculosis treatment, was not bad; but for a definite conclusion to be drawn the results of years of treatment would be necessary. He concluded that on the whole there was considerable improvement of the general conditions, the healing of recent local disease, and the improvement of it in advanced cases, judged both by the physical conditions and the Röntgen images.

Hr. de la Camp warned them against judging of improvement from Röntgen illumination. Whatever etiologically carried the shadow was indifferent. In the healing of tuberculous processes diffuse shadows became more circumscribed, therefore more distinct. Moderate power of movement of the lungs could not be determined by the position of the ribs, and the arifiguration of the diaphragm.

Hr. Senator had the impression that under the serum treatment the course of tuberculosis was different from what it was under any other, as was shown by the cases coming from the curative resorts. He recommended further investigations.

At the Medical Society a report was given on the Recent Inoculation Experiments with Different Tuberculous Material made at the Reichsgesundheilsamt. First, pure cultivations were made, the skin forming on the bouillon was weighed, washed with water, and though in all instances brought to the same degree of concentration, the mass should always be uniform.

Perlsucht bacilli from seven sources were experimented with, and with six of these a typical, grave disease, generally ending fatally in two or three months, was set up.

These cultivations were made from nineteen cases of tubercle of the lungs, partly from the sputum and partly from the tissue, and only seven cases were made use of. If injection with these bacilli were made, infiltration took place at the point of inoculation, but distinctly smaller than when perlsucht was used, and after some time the part improved. There was no fever. The adjoining lymph glands swelled, but never to the size of a goose's egg. If the animals were killed after four months, bacilli still living were found at the point of inoculation, the lymph glands were but little, if at all, enlarged, and contained at most small encapsuled caseous patches. Tubercle was never found in the intestinal organs. Bacilli from various organs, bone, cavical glands, &c., were made use of, but the result was essentially the same. On the whole, bacilli from thirty-nine cases of human tuberculosis were employed. Of these, nineteen caused no effect whatever, nine small local patches, seven somewhat larger, which, however, never extended beyond the neighbouring glands. Only four cases coming from children, two with pulmonary tubercle of intestine, proved virulent. In two of the cases of tubercle of the intestine the discovery of it was accidental, the children dying from other causes. Thus only two of the thirty-nine cases proved pathogenic for cattle. He thought, therefore, that Koch was right in denying the importance of feeding in the spread of tuberculosis in the human subject.

Austria.

[FROM OUR OWN CORRESPONDENT.]

Vienna, August 22nd, 1903.

Ulcus Ventriculi and Operation.

At the Gesellschaft für Innere Medizin, Lichtenstern showed a case of ulcus ventriculi which he had treated by operation. The patient, æt. 29, was taken ill on February 22nd, with all the phenomena of ulcer of the stomach accompanied with hæmorrhage. Refusing to entertain any immediate danger to life, palliative treatment was continued till April 16th, when a severe attack supervened that necessitated immediate action on the 19th, when the patient collapsed from an assumed perforation of the gastric organ. Laparotomy was performed, after narcotising with Schleich's inhalation narcotic.

On opening the peritoneum a large quantity of green-coloured fluid welled up, while the prolapsed bowel was greatly injected and covered with clots of fibrin. The perforation, two centimetres wide, was about the middle of an ulcer situated on the smaller curvature near the cardiac end of the stomach. The opening was drawn together with two stages of silk sutures. Over this was placed a gauze pad saturated with iodoform; the lower part of the wound drained and the abdomen closed. A salt solution and camphor were applied subcutaneously. The subsequent course of the healing was without any eventful incident, and fourteen days later the patient was dismissed as cured.

Bilateral Empyemia.

Lichtenstern had a female, æt. 36, who was taken ill on February 18th, last year, for which an operation was performed for dextral empyemia, as the plural cavity was quite filled except for a small portion of the apex. The next day, owing to the severe dyspnœa present, thoracotomy had to be performed under Schleich's local anæsthesia; three litres of exudation were drained off, which relieved the dyspnœa. A few days later a severe cough commenced, with a purulent discharge in the sputa denoting lung perforation. The fever which ushered in the first attack had quite disappeared, but reappeared in the beginning of March in a remitting form till March 10th, when a severe rigor ensued, with great dyspnœa, and a temperature of 39° cent. The objective examination revealed a dulness on the left side extending above the angle of the scapula, and to relieve the dyspnœa a Fleurant trocar was used and a litre of exudation removed. On March 13th, the patient again became dyspnœic and another litre was removed; but, the symptoms becoming more grave from the presence of cardiac symptoms, an opening was made into the left plura after the Bülan method and three litres of exudation removed, which relieved the patient. In four weeks' time after this operation both wounds were closed, the patient breathing quite freely, with only a few adhesions in the lower part of the left lung to indicate the severe inflammatory action that had previously taken place.

Determination of Sex.

At the Phico-Medical meeting Schulze gave the members a history of his experiments on plants and animals with a view to determining sex in the organism at an early period of its existence, and concludes that the sex is dimorphic in the cell of both plant and animal life. He agrees with Nussbaum that the lower plants resemble the lower invertebrata, such as the hydra, etc. He is now convinced that neither the age of the parents nor their condition will determine the sex, nor will the feeding on albumen or other substances affect the alteration or direction of sex.

PARALYSIS OF THE VOCAL CORDS.

Schüller presented two cases of unilateral paralysis of the vocal cords in combination with more extensive paralytic phenomena. The first was a female, æt. 44, with left-sided paralysis of the uvula, left cord, localised areas of the face and neck over the cervical segments in isolated patches, which pointed to an intra-medullary morbidity located in the oblongata and probably extending along the left side of the cord; presumably syringo-bulbar in origin.

The second case was also a female, æt. 55, with right-sided recurrent paresis, and paresis in the region of the right plexus cervicalis inferior. The radiogram showed a swelling in the right upper mediastinum and probably an intra-thoracic struma as the cause of the paresis.

These two cases, he thought, presented a clinical picture with many symptoms in common, yet differing in origin. The first has now all the symptoms of a syringo-bulbar origin, although the early symptoms were not so easily interpreted, as syringo-bulbar origin is presumed to follow syringo-myelia; but from the course of the symptoms one is inclined to believe in a reversal of this doctrine, commencing in the medulla and extending to the spinal cord. It is possible, however, from the rapidity of development, that a tumour may be the cause of this, as in the second case, but located here in some part of the medulla oblongata.

ARTERIO-FIBROSIS.

Hofbauer showed a case of arterio-fibrosis in a young student, æt. 17. The apex of the heart was felt in the fifth intercostal space outside the mammillary line, the cardiac dulness extending from this point to the third intercostal space. There was slight swelling or bulging over the cardiac area and forcible pulsations that caused the whole thorax to quiver. The radial arteries, more particularly the left, had an enormous impulse, while the crurales seemed to have irregular thicknesses. The Röntgen rays showed an increase in the cardiac area, as well as a diffuse tubercular thickening in the apex of the left lung with calcification of the glands. The common causes of primary arterial hypertrophy were absent, such as nephritis, lead or mercurial poisoning, nor could any hereditary taint, such as syphilis, be traced. Failing any murmur, we must abandon any indulgence in beer, which the absence of fat in other parts of the body confirmed. Concretio pericardia may be dismissed for similar reasons, while the lad's youth pointed to a dangerous condition.

Bäumler has pointed out that this condition is not uncommon in young individuals, and divides them into two groups—viz., arteritis, and arterio-sclerosis which, he has observed, often occurs after an infectious disease, also as a precursor in tuberculosis. The history confirms the infection of measles, while the apex of the lung favours the second, which, combined, may be the active cause in this case.

Pauli asked if the patient had grown rapidly within the last few years, which was answered in the affirmative.

Hungary.

[FROM OUR OWN CORRESPONDENT.]

BUDAPEST, August 22nd, 1903.

AT the last meeting of the Budapest Neurological Society, Prof. Schaffer Károly showed microscopical cerebral preparations of a case of Sachs'

IDIOTIA AMAUROTICA FAMILIARIS.

He pointed out that Sachs describes under this title certain abnormal morphological and developmental conditions of the brain of great importance. He failed to observe this in the first case of the kind seen in this country, but he found a grave degenerative process involving the whole central nervous system, which was most marked in the cerebrum. On the strength of this observation Károly expressed the opinion that idiotia amaurotica familiaris might also attack a normally developed brain, in the process greatly resembling amyotrophic lateral sclerosis. This he maintained was demonstrated by the fact that the pyramidal tract as likewise the anterior horn of the spinal cord displayed the partly florid, partly completed degeneration.

In the present case he showed the left hemisphere (formalin hardening) and called attention to the following:—

1. The isle of Reil was not wholly covered by the operculum, so that two small gyri of the isle were seen to be bare.

2. The fissura calcarina did not commence at the medial surface of the hemisphere, but at the convexity.

3. The common fissure, arising from the union of the fissura calcarina and parieto occipitalis, did not respect the isthmus gyri Hippocampi, but it crossed this and merged in the fissura Hippocampi.

4. The fiss. par. occ. entered unusually deeply into the convexity of the hemisphere, thus presenting a certain resemblance to a monkey's brain.

5. The tertiary sulcus—situated on the præuncus—that is to say the s. sub-parietalis was appropriately the continuation of the sulc. calloso marginalis; usually this sulcus gives two branches; one curving upwards, limiting the gyrus centralis, the other being the direct continuation of the original s. call. marg., and as such, corresponding with the sulc. subparietalis.

6. Finally, he drew attention to the fact, pointed out also by Sachs, that the main and primary sulci were unusually deep.

On these grounds he holds that in this particular case the process occurred in an abnormal brain. Histologically it was clear that Sachs' affection is only a degenerative process of the central nervous system occurring in infancy.

Dr. Grosz Gyula, director of the hospital, where the patient was seen gave a few data relating to the clinical history of the case. The present case was the fourth case observed by him, and he maintains in opposition to Sachs, that the disease is not very infrequent. The patient was an infant, 18 months old, who thrived well up to the eighth month, when developing ceased, and she became apathetic. In the ninth month spasms supervened on the arms, with marked hyperæsthesia. The patient showed at the first glance the characteristic picture: bent head, stupid gaze, sluggish limbs, pupils slightly dilated, with sluggish reaction, spasms in the lower limbs, increased patellar reflex on both sides the Babinski sign. Ophthalmoscopic examination showed at the site of the papilla a white spot and over the yellow spot a pink one. Pulse rate 140. Temperature normal.

On the subsequent three days temperature 38·2°, 38·5°, and 39·0°. On the fourth day the child died.

Under the name of

HOME FOR CRIPPLED CHILDREN,

a new society has been formed in Budapest, with the object of alleviating the sufferings of such children, and on the other hand to save from their difficulties mothers compelled to work for a livelihood, and who are thereby unable to take sufficient care of their crippled children.

Dr. Liebermann Leo, Professor of Public Hygiene has started a very salutary movement—viz., he desires to organise public hygienic museums in the larger town and cities of Hungary for the instruction of the people

as to sanitary living, dwelling and so on. The first one will be erected in Pozony.

Chlorate of Barium in Affections of the Heart.

Professor Hochhalt has been experimenting in his wards with a chlorate of barium in various heart affections. The drug was given in the doses of 1-2 centigrammes, three times daily, always given after meals, in order to obviate disagreeable gastric symptoms, induced by local irritation. The positive result manifested therein was that the blood pressure was raised in two hours to the extent of from 10 to 20 millimetres, the ascending branches of the pulse curve became on the one hand higher, on the other hand more equal; the irregularity of the pulse was decreased; in a few days the congestive symptoms improved, the general health of the patients improved, the quantity of the urine—though slowly — increased continuously. The drug did not show any particular influence on the contractions of the heart; and perhaps for this reason it had no effect in uncompensated valvular lesions, and therein it differed from digitalis. Inconvenient symptoms supervened only when the patient took it on an empty stomach. He concludes that chlorate of barium increases the energy of the heart, and consequently raises the blood pressure, therefore it can conveniently be administered in cases where the heart-function is debilitated—*e.g.*, in degeneratio musculi cordis.

Continental Health Resorts.

[from our own correspondent.]

VICHY THERMAL STATION.

Vichy is unquestionably the best known of the thermal stations and health resorts of Central France. The therapeutical effects of the waters from the *State* Springs have been known and appreciated from time immemorial, and, situated as it is in an extremely picturesque part of France, less than 250 miles from Paris, and easily reached by direct express train, the spa has always been largely patronised by the victims of certain diatheses. Oddly enough, it was, until recently, one of the few French watering-places with which I was not personally acquainted, and, as I have just had an opportunity of remedying this lapsus, it may not be without interest if I give my impressions, especially in view of the noteworthy improvements and ameliorations that have of late been effected there.

In speaking of Vichy we have to deal with two distinct and equally remarkable establishments, first, the thermal establishment proper, where the curative properties of the waters are brought to bear by internal administration, by baths and other hydrotherapeutic measures, and by an elaborate system of calisthenics, comprising all the most modern appliances organised by an adept in the application of this method of treatment—Dr. Charles Vermeulen, professor of mechanotherapeutics. Then, too, there is the Compagnie Fermière de Vichy, by whom the waters are bottled and dispatched to the uttermost corners of the earth.

The company, having obtained a prolongation of their lease from the State, have expended vast sums in the construction of a palatial bathing establishment on a scale, and with a luxury of detail, certainly unsurpassed and probably unequalled. With the present installation it is possible to give 600 baths daily without undue pressure, and the douches may be numbered by thousands. Every possible appliance is provided, and the department of hydrotherapeutics is under the direct control of qualified practitioners specially experienced in this class or department of practice.

Visitors to Vichy may be divided into two categories —those sent by their medical advisers to undergo a set course of treatment for the cure of particular ailments and a second class, perhaps the more numerous, who seek in a "cure" the means of recuperating after the fatigues of active social or city life. For the latter, ample means of distraction are provided. Apart from the beautiful grounds and parks, there is a magnificent Casino, which comprises a theatre capable of seating 1,300 persons, as well as a spacious restaurant and a Trink Hall.

Vichy Therapeutics.

The Vichy waters are specially famed for their curative action in chronic affections of the stomach, dyspepsia, gastric dilatation, hyperacidity and the like, as well as in the treatment of the protean class of nervous disturbances of digestive origin. They are likewise reputed for their action in certain chronic diseases of the hepatic apparatus, such as liver congestion, catarrhal jaundice, biliary lithiasis, the early stages of cirrhosis, &c. They exert a sedative and antiseptic action in intestinal catarrh, and in diabetes marked improvement may be obtained thereby. Nor is their action less marked in disturbances of the renal function, their alkaline reaction and dissolvent properties proving very beneficial in gravel, nephritic colic, and vesical articular rheumatism and gout, and, as might be supposed, in the treatment of irritative skin diseases, eczema and the like.

The conscientious way in which the indications for treatment are fulfilled calls for special notice, and it is impossible not to admire the magnificent building in which the various therapeutical methods are carried out, and the elaborate appliances provided for the purpose.

There are three principal springs belonging to the State: the Celestins, the Grande Grille, and the Hôpital. At the *buvettes* the various waters are dispensed gratuitously by fair maidens, and in the early morning they and the crowd of drinkers in the artistically-designed hall make up a charming picture. I must, however, say a word or two about these three springs, which differ greatly in composition and therapeutical properties. The water of the *Celestins* issues from the ground at a temperature of 15° C. (60° F.). It is sparkling and agreeable to the palate, and is specially recommended for the treatment of gout, gravel, nephritic colic, diabetes and the early stages of chronic affections of the urinary tract. The *Grande Grille* bubbles up from the ground in a copious stream, giving off large volumes of carbonic acid, and it contains seven grammes of saline constituents per litre. In spite of this richness in salts it is agreeable to drink and does not hinder digestion. This is the water prescribed in chronic congestive affections of the liver and abdominal organs, diabetes and hepatic colic. The *Hôpital* spring issues at a temperature of 31° C. (88° F.). at the rate of 60,000 litres per hour, and is the water most in demand in the treatment of chronic affections of the digestive apparatus. It is, moreover, a very palatable alkaline table water.

A visit to the bottling department is an indispensable part of the programme on visiting Vichy, when one reflects on the fact that from this establishment some 16,000,000 bottles are sent out each year all over the world. Especially interesting was the organisation for ensuring the purity of the water prior to bottling, as well as the complicated and ingenious apparatus for thoroughly cleansing the bottles before being filled. I can safely say that no precaution is omitted with these objects in view. The ease with which the Celestins waters can be procured anywhere renders it possible to employ them habitually at a

distance from Vichy. The water from this spring provides an admirable table water, well suited for the use of dyspeptic and "bilious" persons. Incidentally I was privileged to see the elaborate mechanism by which the saline contents of the waters are obtained and made up into pastilles. After being dried the salt is supercarbonated with gas drawn from the wells before being made into a paste to be stamped out. In the space at my disposal it is impossible to do justice to the most delightful and well-organised health resort which I have ever visited. The thermal station is open all the year round.

The establishment charges are very moderate, and I was struck by the comparative cheapness of the hotel accommodation; in fact, it is possible to live very comfortably for from eight to ten francs a day inclusive, even in the first-class hotels.

The Operating Theatres.

ROYAL FREE HOSPITAL.

OPERATION FOR PERFORATED GASTRIC ULCER.—Mr. T. P. LEGG operated on a man, æt. about 45, who had been admitted with sudden severe abdominal pain coming on about two hours after a meal. The patient had been subject to indigestion and recurrent attacks of pain for some years. On the day of admission he had been in his usual health till about two hours after having had his tea. The pain came on quite suddenly and very severely, causing him to vomit; he at once came to the hospital. On examination, the upper part of the abdomen was found to be very rigid and markedly tender over the right rectus muscle in the region of the pylorus. The liver dulness was present, there was no evidence of extravasation of the stomach contents, his pulse was 118, small and soft; his face was somewhat pinched. Mr. Legg saw him about an hour after admission. The abdominal rigidity was then not so marked and the pain was not quite so severe. The abdomen was at once opened by a four-inch incision just to the right of the middle line. No gas escaped on opening the peritoneal cavity, but a little thin blood-stained fluid was seen in the neighbourhood of the pylorus. On examining this region an area of induration as large as the palm of the hand was found on the anterior wall of the stomach close to the pylorus; in the centre of this indurated area a hole which would admit a No. 6 catheter was found, and from this opening the contents of the stomach were seen to be slowly exuding. This area was at once packed off from the rest of the peritoneal cavity by gauze, and to gain more room the left rectus was divided for about two inches by an incision at right angles from the centre of the first incision. The stomach was so adherent to the liver and omentum, and itself so contracted, that it was impossible to bring up the pyloric end to the wound. Owing to the indurated condition of the stomach walls around the perforation, it was impossible to close the hole either by Lembert's sutures or by a purse-string suture; the silk employed cut out at once on attempting to tighten the sutures. The omentum, therefore, was placed over the hole and fixed to the stomach by several interrupted sutures. The abdominal cavity in the neighbourhood was wiped quite dry by gauze swabs, a drainage-tube was then placed in position over the site of the perforation, and around the tube straps of gauze were packed to prevent extravasation. Most of the first incision was left open and the gauze packing brought out on the surface; the incision in the left rectus was closed by interrupted sutures passed through all the layers of the abdomen. Mr. Legg said the first point of interest about this case was the short time which had elapsed since the perforation had taken place and the time the operation was performed; this was about three hours, and it was the most important point in the prognosis; the shorter the interval which elapses the greater the prospect of a successful result of the operation. The next point worthy of note, he considered, was the time the perforation took place in relation to the fulness or emptiness of the stomach; in this patient two hours had elapsed since his last meal, when the stomach would be moderately full and considerable extravasation of stomach contents would probably result; however, owing to the small size of the perforation very little stomach contents had escaped, and at the operation the stomach was found not to contain much food; this was shown first by its not being distended, and secondly by only a thin, yellowish, watery liquid with a small quantity of food escaping from the perforation during the necessary manipulations. The greater the quantity of stomach contents which escape, he pointed out, the greater the difficulty in effectually cleansing the peritoneal cavity, and if this is incomplete the chances of the patient recovering are very small. It is essential, he said, to prevent the peritoneum becoming soiled by shutting off the area of the operation and this is most efficiently effected by gauze packing. He next remarked on the method of cleansing the peritoneal cavity; this, he said, depends very largely on the extent of the extravasation. When it is localised to the area of the perforation, it is best to use gauze swabs or sponges only, and not to irrigate it for fear of more widely infecting the peritoneal cavity. The method employed to close the perforation is, he thought, of interest, and was the only one capable of adoption. Owing to the extent of the induration in the stomach wall and the adhesions to the liver and transverse colon, it was quite impossible to think of attempting excision of the ulcer. It is known, he said, how readily the omentum forms adhesions to other abdominal viscera; for example, to the appendix, where it often forms part of the wall of an abscess cavity and serves to prevent extravasation of the pus, and again during operations on inflamed Fallopian tubes and ovaries the omentum is often found to be adherent to them, therefore the omentum was used in this case to close the perforation. (That it did this effectually was shown by the fact that no further extravasation of the stomach contents took place. A chemical examination of the fluid exuded during the first two or three days after the operation was made and no gastric juice was found.) Other points of interest, he remarked, were the age of the patient, the situation of the ulcer, and its evident chronicity; the hardness suggested that the process was a chronic inflammatory one and not malignant. Mr. Legg said it was interesting to notice, too, that this patient had previously been treated for gall-stone colic and the diagnosis of the two conditions is not always easy—in fact, it is always well to bear in mind that the two conditions may occur in patients at about the same age, and in both there may be a history of recurrent attacks of pain in the epigastric region. At the time he had seen the patient the initial severity of the symptoms had diminished considerably and it was important, he thought, to remember that in cases of perforated gastric ulcer this sometimes occurs, and a knowledge of this fact will serve to prevent the surgeon missing the most favourable period for operation, and also to guard against making a mistaken diagnosis. In connection with this, the pulse, he pointed out, is a most important factor; in this patient, although the local symptoms had improved there was no alteration in the character of the pulse, which was rapid and small.

The after-progress of the case was satisfactory in

every way; the gauze drains were removed on the eighth day and the drainage-tube a few days later; the wound had soundly healed at the end of a month. For the first week after the operation the patient was fed entirely *per rectum* to give the stomach a complete rest, in the hope that the ulcer would heal; then feeding by mouth was commenced, and increasing quantities gradually given, until, at the end of about three weeks, he was taking ordinary diet without pain or discomfort. He left the hospital well six weeks after the operation.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 26, 1903.

THE HYGIENE OF HOP-PICKERS.

The annual migration into the hop-districts of a considerable number of the poorer section of the community is recognised as quite one of the institutions of London. For this band of workers such an excursion is looked upon as the one holiday of the year, eagerly anticipated, for, although there is plenty of hard work to be done and little or no time for actual amusement, yet they can at least enjoy the benefits of fresh air and change of scene. Anyone who has witnessed the departure from one of the South Eastern Railway termini of a "pickers' train," and has seen the excited groups of East-enders huddling into the carriages, their worldly goods stowed away in an old sack or a saucepan being lugged in with them, will realise what this outing means to them, and with what earnestness it is undertaken. Towards the end of August and the beginning of September many thousands of pickers, young and old, for each member of the family that is able to do so takes a share in the work, will be leaving the City for the hop-fields. If the weather should be propitious, the life is not altogether unpleasant, and they reap the rewards of their labour, but when the season is wet and the yield scanty, real hardships then begin. The unaccustomed exposure to the damp air during the night, the proximity to the soil, the neglect or insufficiency of sanitary arrangements, all contribute to render illness peculiarly prevalent among them. The diseases which are most commonly incident are pneumonia, especially in infants, in whom it assumes a broncho-pneumonic type, diarrhœa, and acute rheumatism. Should one of the pickers happen to develop enteric fever, the extreme danger which may thus accrue to the surrounding encampment is obvious, while the possibility of infecting a whole district or town from contamination of its water supply is one which must ever be borne in mind. The ignorance of hoppers in hygienic matters is profound, and anything like compulsion would be strongly resented by them. The most satisfactory method of imparting sanitary instruction would probably be that of camp visitation by health-visitors, medical or otherwise, who would have no difficulty in working in conjunction, at any rate to start with, with some of the many excellent missions which have been established for the spiritual and physical benefit of hop-pickers. It is encouraging to note that some of the larger factors provide temporary accommodation in the shape of shelters for those employed in their gardens, such structures being more especially designed for the use of the women and children. We doubt not that in the future it will be found quite practicable to furnish some of these as hospitals. Many of the neighbouring cottages have, indeed, served as such in times of pressure, but for the most part they are anything but fitted for the reception of sick persons. We are reminded of a celebrated picture in which a medical man in immaculate professional attire is depicted kneeling on the ground in an encampment while examining the chest of a sick child. The thought of what will be done with the little patient, and where she will be taken after the diagnosis, perhaps of pneumonia, has been pronounced cannot help striking the observer. Similarly, the question arises in the actual life of the hop-picker and his family. All praise is due to those who are endeavouring, by unselfish devotion, to make the lot of the hopper more endurable, and it is to be hoped that the way will be opened for a better medical and hygienic organisation of the hop districts than has hitherto prevailed.

SENSORY MANIFESTATIONS IN APPENDICITIS.

Disturbances of sensation as symptoms in association with diseases of the abdominal viscera, and particularly of the intestines, are notoriously fallacious and, if relied upon, misleading. Severe pain may accompany comparatively insignificant lesions, while, on the other hand, mere discomfort may be all that is complained of in presence of the gravest mischief. Tenderness in association with pain is no doubt of greater import, but the individual appreciation of what constitutes tenderness varies within such wide limits that only the experienced observer can safely gauge its degree and significance. As Mr. Mansell Moullin points out in a recent clinical lecture, the abdominal viscera

are, for the most part, insensitive to pain, their nerves not being directly connected with the sensorium. The occurrence of pain depends upon circumstances, mostly of mechanical order, which have no necessary and invariable relationship with the particular lesion. It has been remarked that while the intestine itself is singularly insensitive to manipulation, the parietal peritoneum reacts very promptly, as, for instance, when traction is applied to the mesentery. Inflammation, so long as it affects only the intestinal structures, including the visceral peritoneum, is unfelt, but the moment it involves the parietal layer pain becomes a prominent symptom. These considerations may explain how it is that in certain cases of acute inflammation of the vermiform appendix little pain or tenderness may be complained of, and the pain, when present, is probably due to the peristaltic action of the cæcum or of the appendix dragging upon the attachment of the peritoneum to the abdominal wall. Pain is especially likely to occur when the appendix is adherent or the mesentery is short or has become twisted on itself. It follows that the cessation of the pain may be due to temporary paralysis of the muscular layer of the cæcum and not, as one is apt to conclude, to subsidence of the inflammation. Absence of local pain, as Mr. Mansell Moullin points out, does not indicate anything. Tenderness, again, may not be felt so long as the inflammation is limited to the bowel, and its presence indicates that the process has extended to the parietal peritoneum or to the cellular tissue beneath it. The occurrence of pain at the much decried McBurney's point may be taken to indicate that the inflammatory process has extended to that part of the parietal peritoneum which is in closest and most immediate connection with the lymphatics that run from the inflamed organ. Inasmuch, however, as the lymphatics from other viscera may either communicate with those from the appendix or lie in their immediate neighbourhood, tenderness in this locality is not of itself positive evidence of appendicular mischief. In addition to the deep tenderness, inflammation of the appendix is often associated with a marked degree of cutaneous hyperæsthesia—a phenomenon which does not admit of ready explanation. The sudden disappearance of this superficial tenderness has, in some instances, coincided with gangrene of the appendix, and this point is one worth bearing in mind in discussing the advisability of immediate operation. It follows that in cases of suspected appendicitis, pain and tenderness, when present, are symptoms of very variable significance, and their absence, in whole or in part, conveys no assurance of freedom from serious mischief. Even less trustworthy is the precise localisation of the pain, for, as we have shown, this is dependent on circumstances and conditions only indirectly connected with the actual lesion.

THE CENTRAL MIDWIVES' BOARD AND IRISH MATERNITY HOSPITALS.

THE long-expected schedule of rules framed under Section 3 of the Midwives Act, for the regulation of the proceedings of the Central Midwives' Board, the training and registration of midwives, and the practice of midwives, has at last been issued by the Privy Council. It is an important document, which calls for full consideration by the medical profession at large, and by the authorities of the different hospitals for the training of midwives. Taken as a whole, it may, we think, be truly said that, while the principles which appear to have governed its drawing-up are good, the details by which these are to be carried out are in places inexplicable and in places wrong. The general principles appear to be five in number:—That every midwife must be properly trained; that she must pass an examination held by the Central Midwives' Board; that she must be cleanly in her person and attentive to her patients; that she must not undertake the management of cases of abnormal labour; and that she must keep careful records of all cases which she attends. These principles are, as we have said, good, but this cannot be said regarding many of the details. Will it be believed that the very first clause relating to the course of training of midwives, a clause which, presumably, is drawn up in order to ensure the proper training of midwives, has the effect of rendering any nurse who has been trained at the great Irish maternity hospitals ineligible? This may or may not be intentional; the fact remains that a woman who spends three months in acquiring a knowledge of midwifery "under supervision satisfactory to the Central Midwives' Board" will apparently be eligible for admission to the roll, while a woman who has spent six months in the greatest midwifery hospital, perhaps, in the world is ineligible. Women trained in Irish maternity hospitals have always held the highest reputation, and been most sought after for nursing appointments, and now the Central Midwives' Board considers that they are not suitable even to be examined for admission to the midwives' roll. If we recollect rightly, the promoters of the Bill, and notably Mr. Heywood Johnstone, gave, during the Committee stage of the Bill, the assurance to those interested in the Irish hospitals that nothing would be done that would interfere with the rights of Irish-trained midwives; and this is how that assurance is carried out! The provisions in the clause which shuts out nurses trained in the great Irish hospitals are two in number. In the first place, it is made obligatory that the nurse must attend and personally deliver twenty cases of labour. In the second place, she must nurse twenty cases for ten days after confinement. We do not cavil at these requirements as applied to small institutions, from many hundreds of which the Central Midwives' Board will, doubtless, receive and accept certificates. In cases where instruction is of necessity elementary, and perhaps fragmentary, increased practice must be added to supplement it. But, in large maternities, where there are proper courses of instruction, where the number of cases which can be *watched*, may be counted by hundreds and not by

tens, but where it is impossible to carry out such specific requirements as those demanded by the Board, it is absurd to make demands which are not made in the case of a medical student. It is impossible for hospitals such as the Rotunda and the Coombe, in Dublin, to give twenty cases to a nurse for personal conduction, because to do so would necessitate doubling the size of the hospital. It is equally impossible to enable a woman to nurse her patient for ten days following labour, because the patient leaves the hospital at the end of the eighth day, and would not remain longer even if the hospital authorities could keep her. The whole matter may be embodied in two questions :—Is the nurse, as trained at present in the Irish maternity hospitals, superior or inferior to the average woman who will present herself for examination after having fulfilled the requirements of the Board ? There can only be one answer given by anyone who is familiar with the method of training in Irish maternities. It is universally admitted, and it is not in any boastful spirit that we say, that she is superior. Why, then, is she excluded ? The Central Midwives' Board may as well set itself to the answering of the question before Parliament meets, for it will assuredly have to do so afterwards. In the meantime, we strongly advise the authorities of the Irish maternity hospitals to make a representation to the Privy Council, and to point out the disabilities under which they have been placed.

Notes on Current Topics.

Chronic Cyanosis.

The most common conditions in which a more or less persistent cyanosis is met with in practice, especially if it be limited to the face and extremities, are organic heart disease and those affections of the lungs accompanied by insufficient aeration of the blood. Of the former, congenital morbus cordis, and of the latter, chronic emphysema, are the most familiar examples. Cyanosis is also seen in poisoning from certain coal-tar derivatives, such as phenazone. As a symptom it is always alarming, indicating as it does a diminished oxygenation of the blood, and, consequently, of all the tissues in the body. Dr. Osler, writing in the *American Journal of the Medical Sciences*, has described another variety, namely, that associated with polycythæmia and splenomegaly. Nine cases are quoted in which the cyanosis was most marked in the face and hands, but it affected the whole body in three nstances. A high degree of polycythæmia was seen, the maximum blood-count being 12,000,000 per cm. In seven cases the spleen was enlarged, but this may probably have been due to the passive congestion in which all the organs hared to a greater or less extent. Pigmentation of the skin was observed in five of the cases. The commoner symptoms complained of comprised weakness, headache and vertigo, while attacks of nausea, vomiting and constipatiou were seen in others. There was no fever. The pulse-tension was generally increased. A comparison is drawn between some of these symptoms and those experienced by mountaineers and aeronauts, in which it is obvious that all these conditions present some points of similarity. The new symptom-triad is one of great interest, but further investigation must alone decide if it be one which is characteristic of a separate clinical entity.

The Value of Subconjunctival Injections.

The arrangement of the vascular and lymphatic circulations of the eyeball is so ordered that it would seem possible to influence them by local measures to a greater degree than if such attempts were made through the medium of the general circulation. In a paper read before the American Ophthalmological Society at Washington by Dr. Bull, of New York, the present position of subconjunctival therapeutics is set forth. The various fluids and solutions which have been injected under the conjunctiva in morbid conditions of the eye have generally been antiseptic in nature, such as a 1 per cent. solution of mercuric cyanide or corrosive sublimate, or have consisted of " normal saline," which can be either used alone, or employed in conjunction with sterilised gelatine, as has been recommended in detachment of the retina. The mechanism by which these injections act is stated to be the change in composition of the aqueous humour that is induced by the irritating action of the substances injected upon the blood-vessels. An increase in the serum albumin of the aqueous humour results, and it is found that its hæmolytic power is greater shortly after an injection. Sodium cinnamate or hetol has also been employed in a 1 per cent. sterilised aqueous solution with some success in the treatment of corneal ulcers, corneal herpes and interstitial keratitis. Dr. Bull believes that a 1 per cent. solution of corrosive sublimate is capable of exerting at times a favourable influence upon suppurative corneal affections, but he does not consider that subconjunctival injections are always superior to other modes of treatment.

Artificial Sugar and Infantile Mortality.

The need of carbohydrates which exists in the human organism at an early period of life has been fully provided for by Nature, and yet fewer practices are more commonly seen, especially among the poor, than that of supplementing the natural supply by the entirely haphazard administration to infants of almost any sweet thing that can be obtained. Whether the sugar be given as such, or else in the form of starchy foods, is immaterial, the result being only too often that a troublesome form of fermentative gastro-intestinal disorder is set up. When the infant cries with pain more sweets are given, the effect of which is to aggravate the morbid process. If the sugar thus administered should happen itself to be adulterated worse things happen. It is disquieting, therefore, to learn that there is a considerable quantity of chemically manufac-

tured and metallically dressed sugar upon the market, some of which is contaminated with chloride of tin, and that this is consumed by large numbers of infants. This artificially prepared sugar, which is imported from abroad, is freely used in many quarters in feeding-bottles, with results which are disastrous to contemplate. The causes of the increase in infantile mortality are sufficiently numerous without the addition of any toxic destructive element to such a common household commodity or the use of a dangerous substitution-product. It is to be hoped that the sale and importation of this substance will be prevented in future.

The Irritability of the Facial Muscles.

THE extreme mobility of the muscles of the face and their ready response to different psychical states are features which distinguish them from all other muscles of the body. To such an extent are they indicators of the prevailing emotion and mental habit of their possessor that by their contraction or relaxation we are enabled in some degree to estimate the character of an individual by the expression of his countenance. From the point of view also of the neurologist the facial muscles are interesting, since from the independence of their motor and sensory nerve supply, and the fact that these may both be inhibited together, the study of their muscular re-action can be prosecuted as well as in an animal experiment. The observations of Dr. Charles L. Dana, of New York (*a*), upon the effects of tapping the various motor and sensory nerves, and the tendons themselves, with a view of eliciting reflex contraction thereof, are of interest because they may be of assistance in the diagnosis of certain nervous diseases. Thus, it is found that the two chiefly normal reflexes of the facial muscles are the supra-orbital and the fronto-orbital, which are contractions of the lower lid brought about by striking the point of emergence of the supra-orbital nerve and the frontal aponeurosis, respectively. Other reflexes also exist, such as the auri-orbital, the external orbital, the frontal, and the naso-oral; but these, together with the naso-mental, the supra-orbito-nasal, and the frontal skin reflex, are more often seen in abnormal conditions, as in certain forms of paralysis. Some care is required in the method of producing the reflexes, a small rubber-tipped hammer being the best percussor. The patient's attention must be diverted from the procedure by causing him to fix his gaze upon some distant object. It is not easy to elicit the responses in obese or emaciated persons and they are invariably more active in children. Chvostek's symptom, or general facial response to a stimulus, has been observed in tetany, but Dr. Dana has also seen it in states of great psychical or toxic irritability. The abnormal reflexes are said to be more common in the psychoses, especially in paresis and in active melancholia.

(*a*) The *New York Medical Journal*, July 25th, 1903.

Special Hospital Management.

THE way in which some members of the staff of special hospitals have used, or rather, grossly abused their position has often been the matter of very severe and adverse criticism. Take the case of a gentleman who was under the care of a medical man for some time, where a consultation was suggested with a surgeon connected with a certain hospital. To save expense, however, he was taken to the hospital for free advice. There the surgeon advised an exploratory incision—the case a perfectly clear one—the patient having the choice of the hospital or a nursing home mentioned by the surgeon. Now, it is perfectly well known that the surgeon has a very large interest in this home, and to it the patient was removed. The operation was performed, without the knowledge of the practitioner who had immediately before been in attendance, and, unfortunately, his patient died in the home within three weeks of the operation. The regular medical man had his opinion previously confirmed by the consultants. Here is the case of a surgeon operating upon a patient who attends at a free hospital at what may almost be called his nursing home, and is sometimes named his. He most undoubtedly committed a gross breach of professional etiquette in failing to recognise the medical man who had charge of the case. Such a case as this, and others which could be cited, indicate that the suspicion with regard to the grave abuse of special hospital appointments—only a few, we hope—are not unfounded. *The* matter is one which seems to us to call for inquiry.

The Use of Eserine in Keratitis.

PHLYCTENULAR keratitis, a not uncommon disease during childhood, is one of the forms of corneal disease that the general medical practitioner not infrequently retains under his own care. The tendency of the great majority of cases is to get well, though this does not always happen, and as the disease progresses the risk of permanently injuring the eye by the forcible retraction of the lids increases. In this stage, and, indeed, earlier in the disease, the most general local application is a solution of atropia, in varying strengths. Its great recommendation is that it acts as an anodyne, though its anodyne effects are evanescent. It seems almost a heresy to breathe anything against so popular a remedy; but we think that the marked mydriatic effects of the alkaloid, by allowing a great increase of light into the inflamed organ, more than counterbalance its anodyne properties. In eserine the profession has an alkaloid of known worth, that by its power of contracting the pupil excludes light from the inflamed organ and produces gradually a marked diminution of pain and a decided lessening of the inflammation. We refer to this because we do not find eserine mentioned in connection with keratitis in students' hand-books.

Dust-Arresting Respirators.

The many evil effects attendant upon the inhalation of dust and metallic particles, by employés engaged in certain trades, is well known to those members of the medical profession who practise in manufacturing centres. In the past, various attempts have been made to provide a suitable respirator which will prevent the passage of such particles, but none of the devices have been marked successes. The Society of Arts is now in process of making another effort to stimulate inventors to turn their attention to this great want, and under the terms of the Benjamin Shaw trust, it will award in January, 1904, a prize of twenty pounds or a gold medal for the best dust-arresting respirator for use in dusty processes and dangerous trades. This is not the first time that the Society has made a similar attempt. So long ago as 1822, it awarded to a Mr. Abraham, of Sheffield, a gold medal for a magnetic guard to protect persons employed in dry grinding. The guard was fitted with a number of magnets, which attracted to them the fine metallic particles thrown off in the process of grinding. It is interesting to learn, and enables one to understand a little better, that curious compound, the British workman, that the main objection to the use of this protector was raised by the workmen themselves, who feared that the lessened risk attached to their employment would lower their wages. In the present instance, the Society requires an apparatus that is light, simple, and inexpensive; that will allow no air to enter the mouth except through the filtering medium; that will not permit expired air to be rebreathed; that will be effective in arresting dust particles; and that will not offer an appreciable resistance to respiration. Inventors must send in specimens of their invention not later than December 31st, 1903.

"Christian Scientists" or Criminal Lunatics?

A very sensible suggestion is made by an American medical man, writing in the *Journal of the American Medical Association*, with regard to the action that should be taken by the profession to check the present riot run by so-called "Christian Science" through America. The writer had been rendered righteously indignant by the sight of an elderly patient with a right irreducible femoral hernia, complete constipation, fæcal vomit, and all the other signs of a strangulation demonstrated and prayed over by, as he says, people calling themselves Christians, Scientists and Healers, until she died, medical aid being refused. His suggestion is that the profession at large in America should report in full every such case that comes to their knowledge, and that at the next meeting of the American Medical Association proper and decisive steps should be taken to obtain State, and, if possible, national legislation, which will insure the punishment of those directly responsible. It is quite time that some such steps were taken. It is a curious reflection that coincidently with the general appreciation of the necessity for an increase in the American population, an organisation should spring up whose direct tendency is to diminish the population. The common sense of the average American is considerable, but the hysterical tendencies of a minority are also very great, and sometimes are sufficient to lead an outsider to suppose that the common sense majority had been swamped. It is time that the latter asserted itself. Faddists and monomaniacs may be tolerated up to a certain point, but once they exhibit murderous tendencies they should be controlled in a manner identical to that by which other criminal lunatics are rendered harmless.

Rheumatism and Pseudo-Rheumatism.

There are few terms in the whole range of medicine used in a looser way than the word "rheumatism." Wherever there is pain for which no simple explanation is forthcoming, it is at once dubbed "rheumatic." It is not merely that the meaning of the word is hardly sufficiently defined and its legitimate use thereby restricted, but it is applied improperly and unnecessarily to the most varying conditions, which have nothing in common pathologically or clinically beyond the presence of the symptom of pain. In a recent paper, Dr. James Walsh, of New York, has entered a protest against this carelessness, and has enumerated several cases where a rough and ready diagnosis of rheumatism was made, with, as might be expected, very evil results in treatment. Every physician of observation could add many more examples from his own experience. In neurotic conditions, the patient is commonly treated with the usual depressant "anti-rheumatics," which are everything but serviceable. Similarly, many true organic nervous diseases, such as tabes, are at first regarded as rheumatics. On the other hand, deformities such as flat-foot and other causes disturbing the harmony of muscular work, and thereby giving rise to muscular pain are overlooked by virtue of the same "blessed word." A case similar to this is where a diagnosis of pleurisy is made in commencing phthisis, the fact being that the extra strain put upon the base of the lung is causing genuine fatigue pains in the diaphragm and lower intercostal muscles of the affected side.

Intestinal Absorption.

A very interesting series of experiments has been made by Signors Baldacci and Guidi, of Pisa, on the effect of cocaine on the power of absorption of the small intestine. They isolated a loop of gut, tied it at the extremities with ligatures, and in the middle, so as to make two chambers of equal dimensions, and injected a solution of cocaine into one chamber and an indifferent fluid into the other. After a certain interval of time they introduced into each of these intestinal chambers the same amount and quality of an absorbable material, the presence of which could be recognised, and the quality of

which could be estimated with comparative ease. Although the rate of absorption in the cocainised and uncocainised segment was slight, it was found to be constantly slower in the medicated one, and it was found that the inhibition held good for soluble substances and fatty bodies. They conclude that the absorption power of the intestine is not due to purely physical conditions, but to a specific activity on the part of the intestinal epithelium.

Fœtal and Infantile Typhoid.

THE occurrence of enteric fever during intra-uterine existence has, previous to the discovery of the typhoid bacillus, been considered to be a rare event. In a paper read before the New York Academy of Medicine (*a*) Dr. Morse has collected a sufficient number of cases in which the condition has been proved by autopsy and cultures. The question of the transmissibility of the bacillus from the maternal organism to the fœtus *viâ* the placenta is, therefore, finally settled from the clinical standpoint, although it had been demonstrated experimentally by Chantemesse, Widal, and others. The high degree of mortality in fœtal and congenital typhoid is held to be due to the septicæmic nature of the infection, and, for the same reason, the characteristic lesions of intra-uterine enteric fever are generally conspicuous by their absence. In infants under two years of age, the disease does not seem to be a mild one, but although it might be imagined that owing to their greater susceptibility to bacterial infection in general they would be more liable to contract typhoid, yet the experience of epidemics and the information furnished by statistics go to show that it is of a comparatively infrequent occurrence. The symptoms at this period of life are somewhat different to those presented in the adult, thus, the nervous manifestations are apt to be more severe, the rash more abundant, and the temperature higher and more irregular. In 32 of such cases collected by Dr. Morse, 16 died, giving a mortality of over 50 per cent., which figure is higher than the average, owing to the severe type of case selected. It is possible that if the Widal reaction were more systematically tried in cases of infantile gastro-intestinal disorders milder types of the disease might be detected, but where this has been done the results have been negative.

The Dangers of Paraffin Injections.

WE have on more than one occasion called attention to the fact that the injection of paraffin for cosmetic purposes is by no means devoid of risk, and is, therefore, not to be lightly undertaken. The warning is the more necessary since, while we are favoured with ample details of the more remarkable successful cases, comparatively little finds its way into print in respect of the drawbacks and dangers of the procedure. Only the other day a New York surgeon reported (*b*) an instance in which the injection of paraffin beneath the skin of the nose was followed by instant embolism of the central artery of the retina with total and permanent loss of vision. The accident was probably due to the passage of paraffin into a punctured vein. Pulmonary embolism has occurred on several occasions with fatal results, and even the least of such dangers, that of necrosis of the superjacent skin, is by no means a trivial accident; in fact, the damage can then only be made good by delicate and tedious plastic operations.

(*a*) *Medical News.* August 1st, 1903.
(*b*) *New York Medical Record.* July 11th, 1903.

Are Isolation Hospitals Centres of Infection?

Two great arguments have been advanced against the system of hospitals for the reception of patients suffering from infectious diseases: first, that the aggregation of persons suffering from the same complaint under the same roof tends to increase the virulence of the infection, and thus to raise the mortality; and, in the second place, that such hospitals constitute centres of infection from which it spreads to the neighbourhood. The former objection does not repose on absolutely trustworthy data, and even if it were the case, and it has not been uniformly observed, that the hospital mortality were higher than among cases treated at home, the difference is by no means great, and is susceptible of many other explanations than that of increased virulence, as the result of segregation. The prevalence of small-pox in the vicinity of aggregations of patients suffering from this disease has been clearly demonstrated during the last few years, and the principle has been recognised and acted upon of isolating these hospitals as far as possible. Similar researches have been undertaken in Paris by Dr. Farnarier, and his results tend to confirm the view that these hospitals are really centres of infection, at any rate, as regards certain infectious diseases, notably diphtheria and scarlet fever. Less pronounced, so far as measles is concerned, this tendency to radiation is apparently non-existent in whooping-cough. As it is not always possible or even desirable to transfer these institutions to the outskirts of the city, the simplest way to minimise the danger of regional infection is to adopt the plan of building numerous small pavilions surrounded by trees, so as to create a protective zone of air between them and the nearest habitations.

Hysterical Fever.

THE existence of a pyrexial condition in association with hysteria apart from any recognisable cause for the hyperthermia has been called in question, but there are a number of carefully made observations on record which seem to establish the fact of its occasional occurrence. In the course of his remarks on a case of the kind, Dr. Ughetti claims that the diagnosis may be made by noting the want of harmony between the temperature and the pulse rate and respiration. Moreover, in lieu of an increased excretion of urea, this "functional" fever is marked by a

slowing down of metabolism as manifested by a fall in the proportion of urea excreted.

The Serum Treatment of Alcoholism.

The suggestion that it may be possible to combat ethylomania by the injection of serum, for all the world as if it were a microbial disease, is one which cannot fail to awaken feelings of scepticism. Nevertheless, the theory has been promulgated in all seriousness by Drs. Sapelier and Dromard *avec preuves à l'appui*, and its publication created a certain sensation. The object aimed at is to deprive the cells of the craving for alcoholic stimulation with which they are imbued, or which has been induced by pernicious habits. Their serum is prepared from horses that have been methodically alcoholised and the blood of these animals is asserted to yield a substance which, injected into the human being, restores to the cells their normal equilibrium. But if this substance be formed in the blood of the horse it ought logically to be present in that of the human alcoholic in whom, however, judging from clinical observation, it is conspicuous by its absence. We do not despair of the discovery of a means of overcoming the craving for alcohol; indeed, sundry agents are already much vaunted for this purpose, though the results are neither as marked nor as durable as the circumstances require. As it seems to be a rule in experimental therapeutics to endeavour to widen the sphere of application of remedies which have proved of service in particular maladies, we are surprised that no one has yet written in favour of the use of anti-diphtheritic serum and thyroid extract. They would no doubt prove as efficacious as the serum of the alcoholic horse.

Crime in Ireland.

The annual report of the General Prisons Board of Ireland, which was placed on the table of the House of Commons immediately before the prorogation, contains a very satisfactory account of the decrease of crime in the country. During 1902 the sentence of penal servitude was only imposed in 57 cases, the smallest number ever so sentenced; of the convicted, the greater number were sentenced for the minimum term of three years. There has been a steady decrease in the number of criminals since 1855, in which year 518 criminals were convicted, and there were 3,427 convicts in custody; last year the total number of convicts was 270. Even allowing for the great decrease in population, from 6,500,000 in 1855, to 4,500,000, it shows a very marked falling-off in the percentage of crime. Turning from this report to that of the Inspectors of Lunacy, we find that in 1851 the total number of lunatics in the country was 9,980 in a population of 6,500,000, and in 1901 the number of lunatics had risen to 25,050. The number of lunatics was nearly quadrupled, the ratio having risen from one in 657 to one in 178 of the population. Such a condition of things upsets the Lombroso theory of the co-relation of crime and lunacy. In Ireland we find that just as the people became prosperous crime against person and property diminished, which is in accord with common experience; but how can the alarming increase of lunacy during the past fifty years be accounted for?

The Death of the Marquis of Salisbury.

The death of Lord Salisbury, at the age of 73, marks the termination of a long period of ill-health of which very little information ever reached the public. Some ten years ago he began to be troubled by a tendency to obesity, which became more and more marked; indeed, at one time it inspired some anxiety, especially as it was associated with obstinate intestinal paresis, culminating on several occasions in attacks of quasi-obstruction only relieved with difficulty. This condition, no doubt, was in great measure brought about by the arduous nature of his pursuits, political and scientific, for Lord Salisbury, as is well known, sought relaxation from the anxieties of Government in laboratory pursuits. He, consequently, led a very sedentary life, and in spite of abdominal massage and a severe regimen degeneration of the kidneys ultimately supervened, one of the several forms of Bright's disease, with concomitant circulatory disturbance. Long before Lord Salisbury definitely relinquished the reins of office it was often manifest that the burden was at times almost greater than he could bear, and his continuance at the head of the Government was prolonged only in deference to the sense of duty, which induced him to see the country through a grave crisis before taking the rest to which he aspired, and which ultimately became indispensable. The fatal dénouement was determined by gradually increasing heart failure merging into coma. The country is now the poorer by a powerful intellect and by a commanding personality, respected at home and feared abroad.

Ambulatory Psychology.

The consciousness of individuality is subject to lapses during which the subject lives a purely automatic existence, wandering about, it may be, in an aimless manner until consciousness returns or until the victim is identified and brought under treatment. This mental condition virtually amounts to a suspension of the psychical constitution, and is by no means rare. Under the empire of this abnormal mental state, persons have been known to travel long distances, without money, to awaken in a place previously unknown to them, and which they had no conscious object in visiting. A correspondent relates the case of a telegraph operator who, one Saturday afternoon, while returning to his home in Pimlico, suddenly became oblivious of his surroundings and only recovered consciousness some days later at the Wolverhampton Police Station, whither he had been taken as a homeless vagabond. His memory was a blank as to the interval, but judging from his appearance he must have walked the whole of the distance on meagre fare. It was elicited that this was not the first occasion on which he

had "lost himself," though never for so long a time. The pathology of this curious mental condition is obscure, but it usually occurs in subjects of a neurotic stock, and there is, in some instances, a history of epilepsy. The most serious aspect of this morbid state is that the subjects may, while intellectually unconscious, perform unusual and even criminal acts of which they have no recollection when they recover. By a curious coincidence several instances of the kind have of late attracted attention, and this may open the eyes of the public to the importance of certain precautions in dealing with persons thus afflicted.

Nasal Dysmenorrhœa.

THE presence of erectile tissue in the nasal fossæ, and the close connection between this structure and the genital function, lends some plausibility to the suggestion that dysmenorrhœa is sometimes directly due to intra-nasal lesions. *A priori*, the fact would not strike one as more remarkable than the intimate connection that has been shown to exist between nasal obstruction and asthma, for instance. What may be termed the genital area in the nose has been located by Dr. Fliess in the tubercle of the septum and the inferior turbinal, and the principal argument advanced in favour of the existence of a nasal form of dysmenorrhœa is based on the results of intra-nasal medication. Dr. Linder, of Munich, claims that in certain recorded cases anæsthetisation of the nares by solutions of cocaine or menthol invariably determined the disappearance of the uterine pain. Going a step further, it is stated that irritation of the nasal mucosa during laparotomy caused modifications of the uterine circulation and contraction of its muscular structures. If this be really the case a pinch of snuff ought to prove a trustworthy ecbolic, but we are far from convinced of the existence of the alleged functional relationship.

Overcrowding in the Profession.

MORE than one writer recently has taken the trouble to show by statistics (what most of us know well enough by experience) that the prospect of prosperity in the medical profession in these countries is yearly diminishing. In the last twenty years it is said that the average income of a medical man in England has fallen from a probable four hundred a year to something under three. At the same time, the mortality in the medical profession is higher than in most others, and in particular the death-rate from suicide, already enormous, is every year increasing. This is certainly a dismal enough prospect, but, if we may judge from recent articles in *Le Temps*, things are not any better in France. "We want," says that paper, "merchants, manufacturers, farmers and colonists, but not doctors. France has more doctors than she wants." The following cutting from our French contemporary repeats the case—pitiful enough, though not lacking in the ludicrous:—"A physician was accused of stealing some statuettes, an umbrella and some cosmetics at a large department store. He confessed that he took the goods to pawn them to get food to eat. He stated that he had only a single patient and that the latter was ill only at long intervals."

The Mouth in Diagnosis.

MANY interesting and instructive pages have been written on the state of the tongue as a guide to the diagnosis of visceral disease, but it may be questioned whether adequate attention is paid by the average practitioner to the state of the teeth and gums. It is a matter of common knowledge that the continued absorption of toxic products in pyorrhœa alveolaris may, in the long run, determine grave forms of anæmia, simulating the pernicious form, and Dr. Walter Carr records a case (*Lancet*, August 22nd, 1903, p. 525) in which the symptoms presented a close resemblance to typhoid fever. It cannot be doubted that numerous instances of irregular temperature and cachexia, not to be explained by any ascertainable physical signs, are due to this process of chronic intoxication by products generated in the buccal cavity. Even in such a common condition as that of dyspepsia medicinal treatment is but too often resorted to, with ephemeral relief, when the root of the mischief is to be found in dental imperfections. The hygiene of the mouth is a point which might well be included in the education of school children, since its influence on the general health is fully as important as any.

DR. G. SIMS WOODHEAD, Professor of Pathology at Cambridge University, has been elected President of the Congregational Total Abstinence Association for 1904.

Special Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

BELFAST.

THE QUESTION OF CONSUMPTION.—The proposed public provision of sheds for the open-air treatment of consumption in the Ormean Park is provoking a good deal of criticism. The system of public shelters as used in Berlin, and described in this column some weeks ago, sounds very attractive, but its adoption in such a park as the Ormean Park in Belfast, daily crowded with children playing, and surrounded by streets of workingmen's houses, is open to grave objections. As it is merely a proposal on the part of some members of the Corporation as yet, it is doubtful if it will go much further, seeing the opposition it is encountering.

THE POOR-LAW MEDICAL OFFICERS.—The Poor-law medical officers, in their endeavour to obtain better conditions of service, are not finding it all plain sailing in Ulster. An eminent member of the Irish bar, himself an Ulsterman, once stated that no such hard swearing is ever heard at the Law Courts in Ireland as is heard when Ulster farmers are giving evidence in cases involving questions of money. It is hardly to be expected, therefore, that Boards of Guardians consisting largely of these same farmers will quietly allow all the claims of the medical men, and loud and vigorous are their protests in the Press and elsewhere. They make much of the fact that these same medical men made strenuous efforts to obtain their present posts, and they evidently think it rank ingratitude that, having obtained them with their scant emoluments, they should venture to "ask for more." "It is a well-known fact," writes

one in the daily Press, that "for each medical vacancy we have quite a number of eligible applicants; it is well known that we guardians are importuned, both by letter and personally, to give each applicant our votes and influence so that by a big majority the situation may be obtained; it is well known that the population of the country has seriously decreased, and a corresponding decrease in the number of people to attend; it is well known that the employment of higher trained and paid nurses has lessened many of our medical men's duties, although at the same time increasing the ratepayers' payments. Knowing all this, I am surprised at the selfish inconsistency of your faithless correspondent," etc. It will be a hard fight before all the rights claimed are extorted from a guardian of this type.

Correspondence.

CORSETS AND CANCER.

To the Editor of The Medical Press and Circular.

Sir,—In your recent article on "Corsets and Cancer" you seem to me not to lay sufficient stress on the connection which exists between the increasing prevalence of cancer, especially of the womb, and the universal custom of corset-wearing among women. I have noted that the type of women among whom cancer, either of the breast or womb, is most prevalent are those whose means allowed them to purchase corsets designed to produce an artificially elegant contour of the figure, and which, therefore, pressing on the nipple, induce a kind of chronic mastitis as well as a continuous irritation of the mammary gland, which, reacting on the uterus, induces a menorrhagic condition.

The martyrdom which middle-aged women will submit to in order to enclose their obese bodies in a corset encourages them to undergo without murmur for months the warnings of Nature that the way is being prepared for malignant disease.

Women of the same age and type of the lower classes are ready to discard their corsets once they become uncomfortable, or, at least, to use one of harmless make, and cancer of the womb or breast is much less prevalent among them, although all the other conditions would tend to its increase. Neither is cancer at all common among women attached to religious orders who are forbidden to wear corsets.

Of course there are corsets and corsets, and as the profession has protested in vain for a quarter of a century against them it were useless to advocate their abolition, but a kind which is apparently now coming into fashion, and which, from the anatomical point of view, may be described as of the intramamillary type, must certainly be considered as preferable by the hygienist, and not so prone to give rise to that continuous congestion of the gland which eventually swells the cancer death-rate.

I am, sir, yours truly,
J. C. McWalter.

Dublin, August 17th, 1903.

QUACKS AND QUACKERY.

To the Editor of The Medical Press and Circular.

Sir,—It seems to me that your excellent leading article of to-day, August 19th, and the other editorials and correspondence which during late months have appeared in your pages, all serve to emphasise or support the suggestion I made in The Medical Press and Circular of July 15th. I suggested that the energies of the profession in respect to legislative reform should be organised and directed entirely towards education of the legislature as to the real facts of the situation. I suggested that the Government might be urged to appoint a Parliamentary Committee to inquire into the whole question of unqualified medical practice, including the manufacture and sale of quack medicines. Such an inquiry would establish the fact that whatever benefits might accrue to the profession from more complete protection, these benefits would be outweighed a thousandfold by the advantages which would be conferred upon the mass of the people. Parliament will never pass a law with the sole object of benefiting the profession; and it is not necessary such a favour should be asked of it. A Parliamentary Committee on medical practice in relation to the public is much more urgently called for than many which in late years have been appointed; and if the influence of the united profession be not powerful enough to obtain such a concession our case must, indeed, be hopeless. I write from the position of a specialist in dental surgery, a legally recognised branch of the medical profession. It is one which is especially favoured by fraudulent quacks and pursued by many unqualified chemists, whose doings in other directions are described in your article to-day—many chemists' firms, often aided by the Limited Liability Act, are engaged in dental quackery, palming themselves off as qualified practitioners and handing over their victims to unqualified assistants. In previous letters I have described the avoidable suffering and injury which are inflicted upon the public by these and similar methods of practice under false pretences, and I need not further discuss them now.

I am, sir, yours truly,
A Consulting Dental Surgeon.

August 19th, 1903.

Literature.

PROTOZOA AND DISEASE. (*a*)

Mr. Jackson Clarke's excellent little work is peculiarly opportune. It is well designed and has been admirably executed. It seeks to bring together and present in convenient form the salient points of what has been already definitely ascertained with regard to the protozoa as parasites and pathogenetic organisms. Although of much service and wide interest to biologists the volume has been principally designed for the use of medical men, and certainly the author's desire that it should form a basis for considering recent and forthcoming work on the protozoa in disease may well be accomplished.

The work opens with a clear and concise description of unicellular organisms and the structure of the cell. Then follow well-arranged, lucid and adequate sections dealing with the sarcodina, the sporozoa, and malaria parasites, the gregarinida, coccidia, and hæmosporidia, neosporidia, and serumsporidia, flagellata, and ciliata. An interesting chapter deals with the diseases of the protozoa, while the concluding one treats of methods of investigation.

The value of the work is greatly enhanced by an excellent series of ninety-one figures, to which, in most instances, are appended luminous descriptions.

Mr. Clarke proposes in a second part to collect the material regarding the part played by protozoa in pathogenic processes, and it may be hoped that he will not rest satisfied with a mere compilation, but will also publish the result of his own researches into this most perplexing and difficult, and yet most important problem.

CLINICAL PSYCHIATRY. (*b*)

Kraepelin's teaching has exercised world-wide influence. Dr. Defendorf may therefore well be congratulated on the successful way in which he has attained his desire "to make the teachings of Kraepelin in psychiatry accessible to American medical students and general practitioners, and, at the same time, to provide a full, but concise, text-book, not only for the author's own classes in psychiatry in the Medical Department of Yale University, but as well for other American teachers who follow Kraepelin's views."

(*a*) "Protozoa and Disease" By J. Jackson Clarke, M.B., author of "Surgical Pathology and Principles," &c. Part I., pp. 177. London: Bailliere, Tindall, and Cox. 1903. Price 7s. 6d.

(*b*) "Clinical Psychiatry: A Text-book for Students and Physicians," Abstracted and adapted from the sixth German edition of Kraepelin's "Lehrbuch der Psychiatrie." By A. Ross Defendorf, M.D., Lecturer in Psychiatry in Yale University. Pp. 420, with 11 plates. New York: The Macmillan Company. 1903. Price 15s. net.

We venture to think this volume will be welcomed by all English reading students. It appears to have been the author's intention to provide a complete translation of the sixth edition of Kraepelin's "Lehrbuch der Psychiatrie," but the volume in its abbreviated form certainly meets the needs of the student more satisfactorily than would have been possible if the original intention had been carried out.

The classification, terminology, and phraseology are Kraepelinian. The first section on General Symptomatology forms an admirable introduction, and deals in a luminous and attractive manner with the various disturbances of perception, mental elaboration, emotional life, volition and action. In the individual study of the different forms of mental disease much attention is devoted to the infection and intoxication psychoses. Kraepelin's work on alcoholism is generally recognised as of the greatest value and the important sections dealing with this form of toxic mental derangement are worthy of very careful study. A lengthy article appears on dementia præcox, the catatonic and paranoid forms being described with great care and much faithfulness. The presentation of the most important condition of dementia paralytica is lucid and trustworthy, and well illustrated by several interesting examples of the handwriting of paretics.

The section on Neurasthenia, the chronic nervous exhaustion, now so prevalent in this country and America, is excellent, and indeed, forms one of the most succinct and accurate descriptions to be found in any work.

The dementias dependent on organic defects are described, and the involution psychoses are concisely presented.

The general neuroses and constitutional psychopathic states are also dealt with, and defective mental development receives some notice.

Dr. Defendorf's work has been well designed and excellently executed. It should prove popular with students of psychiatry and we have no hesitation in commending it to the serious attention of all physicians interested in this branch of clinical medicine.

The volume is admirably printed and the various illustrations are good.

SERUM THERAPY. (*a*)

PROFESSOR HEWLETT'S little manual is opportune in its appearing. In a few months it will be out of date, and in a year or two we shall probably laugh at much in its pages; but at the present it is an excellent presentation of our very limited knowledge on a vast subject which still remains wrapped in obscurity. The work is a concise account of the preparation of, and the treatment of disease with, antitoxins and antisera, vaccines and various other substances obtained from bacterial cultures. Directions are given for the making and testing of the various preparations; and in order to render the volume as serviceable as possible, the author has furnished short descriptions of such preparations as the typhoid extract of Jez, cancroin, and somewhat allied substances, together with notes on blood-transfusion and saline infusion.

The book opens with a valuable study of immunity, with a clear exposition of Ehrlich's views and "side chain" theory. The general methods for the preparation of the antisera are explained, and the general principles of their employment well set forth. Much attention is given to the diphtheria antitoxin, and the various anti-microbic sera are well described. The section on tuberculins will be of considerable service.

The work has been planned to meet the needs of the scientifically-minded practitioner; but even for purposes of reference the volume will be of much value, and the carefully selected bibliographies add much to the merit of the various sections.

As already indicated, the subjects dealt with are necessarily all more or less in an elementary and transitory stage, and it is hardly fair to judge such a work as this by ordinary standards; but, considering the difficulties and limitations with which the author has had to contend, he has succeeded beyond expectations.

(*a*) "Serum Therapy, Bacterial Therapeutics, and Vaccines." By R. T. Hewlett, M.D., M.R.C.P., D.P.H. Professor of General Pathology and Bacteriology. King's College, London: Physician to the Seamen's Hospital, Greenwich, &c. Pp. 262. London: J. and A. Churchill, 1903. Price 5s. net.

DISEASES OF WARM COUNTRIES. (*a*)

PROFESSOR SCHEUBE'S work has very rightly been accorded the position of a classic, and it is well that it should at last have appeared in English dress. The translation has been satisfactorily accomplished, and Mr. Cantlie has performed the task of Editor with judgment and discretion.

The whole work is most conveniently arranged. The general infectious diseases are first considered, then those arising from intoxications, and later the affections caused by animal parasites. The organic diseases are grouped together, as are also the cutaneous and local diseases, while the concluding section is devoted to what are termed the cosmopolitan diseases in the tropics.

The study of every disease dealt with practically forms a complete monograph, and the very extensive bibliography appended to each will prove invaluable for purposes of reference. A large number of plates present excellent illustrations of many morbid conditions. Some of the photographs we note are reproduced from *The Journal of Tropical Medicine*. A series of maps admirably indicate the geographical distribution of malaria, blackwater fever, beri-beri, leprosy, filariasis, and ankylostomiasis.

The work is to be looked upon as one for reference rather than for the purposes of a student's "handbook," but every practitioner whose duties call him to the tropics should see that a copy forms part of his outfit.

It is much to be regretted that the publishers should have seen fit to disfigure the work by the insertion of advertisements concerning Scotch whiskies, tooth paste and the like; trade advertisements are disfiguring to a work of scientific claims such as this.

McCAW'S AIDS TO INFANT FEEDING. (*b*)

THE subject of infant feeding has recently received a great amount of attention, so much so that its literature has become very extensive. The need for a small manual, containing in condensed form all the essentials of the subject, is therefore apparent, and this has been opportunely supplied by the well-appointed little volume before us. It covers the entire groundwork of the subject in nine short chapters. The author has made use of all the standard works on children's diseases and infant feeding, and he has given us more than a mere compilation. He has, in fact, supplied us with a handy and thoroughly trustworthy guide, which will be of the greatest possible service to the practitioner or to the senior student, and calculated to save much valuable time in referring to larger and more wordy treatises. The author's name is a sufficient guarantee as to the accuracy of the statements he makes, but we should like to point out that, having read this book from cover to cover, we have not found anything that is incorrect. We can, therefore, unhesitatingly recommend our readers to become possessed of this excellent guide.

BUXTON: ITS WATERS, ETC. (*c*)

AMONG English health resorts, Buxton justly occupies a foremost place. It claims to be the highest town in England, and situated 1,000 feet above sea

(*a*) "The Diseases of Warm Countries: A Handbook for Medical Men." By Dr. B. Scheube, late Professor at the Medical School in Kioto (Japan). Translated from the German by Pauline Falcke. Edited by James Cantlie, M.A., M.B., F.R.C.S., D.P.H., Surgeon Seamen's Hospital Society, &c. Second Revised Edition. Pp. 594, with plates and maps. London: John Bale, Sons, and Danielsson, Limited. 1903.

(*b*) "Aids to the Feeding and Hygiene of Infants and Children." By John McCaw, M.D., L.R.C.P., Senior Physician to the Belfast Hospital for Sick Children. Fscap. 8vo., pp. 120, cloth, 2s. 6d. London: Bailliere, Tindall, and Cox. 1903.

(*c*) "Buxton: Its Waters, Baths, and Accessory Methods of Treatment." By Wm. Armstrong, M.R.C.S., J.P., and J. E. Harburn L.R.C.P., L.R.C.S.E. Pp. 71. Bristol: John Wright and Co. Price 1s. net, cloth; 6d. net paper.

level, in the north-west corner of Derbyshire, in the tract of hill country called the High Peak, famous for its pure bracing air and invigorating climatic conditions. It is, however, to its thermal waters that Buxton owes its chief distinction. In the present *brochure* the physiological action and therapeutic effects of the waters and baths are discussed and the means of application described. Indications and contra-indications are usefully summarised, and the synopsis of treatment is suggestive. A chapter is devoted to a consideration of accessories and adjuncts to spa treatment. Without being exhaustive the little work is interesting and practical, and should prove of service to those intending to send cases to Buxton. It is well arranged, clear in presentation, and well printed.

Obituary.

FRANCIS COOK, M.D.Ed., M.R.C.P.Lond.

The death is announced at an advanced age of Dr. Francis Cook, one of the senior practitioners of Cheltenham. Dr. Cook, who was educated at Edinburgh and Paris, was University Gold Medallist at Edinburgh in 1835, receiving his M.D. degree in 1836, and in the same year he was admitted a licentiate of the Royal College of Surgeons, Edinburgh. In 1869 he became a member of the Royal College of Physicians, London. He was a member of the Royal Medical and Hunterian Societies of Edinburgh, and was consulting physician to the Cheltenham General Hospital. Dr. Cook was the author of "A Treatise on Consumption," and contributed to the medical papers on the state of the military hospitals in Belgium, Prussia, and Italy.

The body of Dr. Joseph Muir Corbett, who was acting as surgeon to the American Line steamer "Astoria," has been found in the North River, New York. Nothing is known as to how the unfortunate gentleman met with his death. He was a graduate of the University of Glasgow, and at one time practised at Sanquhar, N.B., where for two years he acted as medical officer to the Royal Household at Balmoral.

Medical News.

Queen's College, Cork.

The recently issued annual report of the Queen's College, Cork, gives a concise account of the present condition of the college, and calls attention to its most important needs. The report states as follows:—The number of students attending the college during the session was 186 matriculated and 4 non-matriculated. The number of new students was 58. Of these 49 came from the Royal University of Ireland, 5 from other colleges and universities, and 4 were non-matriculated. The number of first year medical students registered with the Medical Council shows that Queen's College, Cork, occupies, with Trinity College, Dublin, the second place as regards numbers. This increase in the numbers in Cork is the more remarkable, because there has been at the same time a diminution in the total number of such students in all Ireland. During the session the work that has been done in the college has been solid, and the conduct of the students generally has been satisfactory. Towards the close of the session—on June 6th—the ordinary Visitation held every three years took place. Lord Justice Holmes presided at it. He stated to the Visitors some of the more pressing needs of the College, and gave an account of the work done since the last Visitation three years ago. The condition of the College was fully investigated, and a satisfactory state of things was disclosed. The statements made by Professor Corby and Professor Ashley Cummins concerning the facilities which Cork offers for clinical teaching merit the careful consideration of all interested in the spread of scientific medical education in Ireland. It was his duty to point out to the Visitors the urgent necessity which exists for the foundation and endowment of a Chair of Pathology. This important science is at present taught by Dr. Moore, who devotes his whole time to it, and is a most conscientious and capable teacher. Dr. Moore, however, receives no salary. The remarks which he addressed to the Visitors received their emphatic concurrence. The need to which Sir Rowland Blennerhassett calls attention is a most pressing one. It is impossible for scientific medicine to be properly taught at the present day, if the essential subject of pathology is neglected. No matter how competent the teacher may be who voluntarily offers to teach a subject, it cannot be regarded as else than neglected when there is no proper equipment for teaching, and no salary attached to the post of teacher.

The Royal (Dick) Veterinary College, Edinburgh.

The eighty-first Session of this College will open on October 6th, and on the following day, the inaugura address will be delivered by Dr. M'Kendrick, F.R.S. Professor of Physiology in Glasgow University. At one time a Professor in the Dick College, Professor M'Kendrick has taken a deep interest in Veterinary education, and is one of the trustees on the estate of the late Miss Mary Dick, from which the college is to derive a substantial addition to its funds and equipment. Particular interest will therefore attach to the address to be delivered by Professor M'Kendrick. This fine old college, which has so long maintained a leading position, and has sent out many eminent veterinarians, some of whom have subsequently entered the medical profession, would seem to have before it a career of still greater distinction and usefulness, for in addition to the benefit that accrues to it from Miss Dick's estate—over £20,000—it is also to be strengthened by a gift of £15,000 from Mr. A. I. MacCallum, of Edinburgh, an old and well-known student of the College. With these handsome additions to the property it already possesses, the Royal (Dick) College will become the most handsomely endowed, and most fully equipped Veterinary College in any English speaking country, and this too without any subscriptions from Parliament or other public source.

Disappearance of Miss Hickman, M.D.

Painful interest has been excited by the disappearance of Miss Sophie Hickman, who had undertaken to act as *locum tenens* at the Royal Free Hospital for one of the lady resident doctors. She left the hospital after the morning's work at noon and as she failed to put in an appearance, her family were communicated with. Visits to all the relatives and friends of the lady in London have failed to clear up the mystery, and no trace of her has been found. Her family have communicated with Scotland Yard, the officials of which are now also actively engaged in the search. The greatest sympathy is felt for the lady's family in this period of suspense.

Society of Apothecaries of London.

The following candidates passed during August in:—

Surgery.—H. H. Clarke (Sections I. and II.), A. N. Collier (Section II.), M. B. Dawson (Section II.), F. Hansen, J. M. King (Sections I. and II.), N. O. Roberts, (Section I.), A. C. Stark (Sections I. and II.).

Medicine.—A. H. Falkner (Section I.), F. Hansen (Section I.), A. C. Stark (Sections I. and II.).

Forensic Medicine.—R. H. Cooper, A. H. Falkner, F. Hansen, S. Northwood, A. C. Stark.

Midwifery.—H. H. Clarke, H. R. Grellet, F. Hansen, K. R. Jay, P. A. Pettavel, A. C. Stark.

The L.S.A. diploma was granted to the following candidates, entitling them to practise Medicine Surgery, and Midwifery:—H. H. Clarke, A. N. Collier, J. M. King, and A. C. Stark.

Small-pox is diminishing at Cambridge. During the past seven days only four fresh cases have been reported.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

G. S. A.—The symptoms you mention are indicative of arrested mental development with a lack of the moral sense. The only thing to be done at present seems to be to keep the child under medical observation, due provision being made for her education and training within the limit of her intellectual powers. She should under no circumstances be left to herself or permitted to indulge her proneness to retrospection.

DOUBTFUL.

An exchange reports that a man in South Dakota was operated upon for appendicitis, when it was found that he had been swallowing whole grains of wheat, which had sprouted in the bowels, and the Hessian fly was at work on the wheat.

DR. H. N. G. (Folkestone).—We will bear your request in mind, and will communicate with you should an opportunity present itself.

P. DE C.—Instances have been reported in which several cases of actinomycosis have occurred in the same family under circumstances which appear to point to infection. As, however, it is difficult to eliminate the possibility of a common source of contamination, and as our knowledge of the natural history of the disease is still imperfect, it would not be wise to dogmatise on the subject. We hope to publish a case of "family actinomycosis" in an early issue.

THE ANTIDOTE.

Nurse (excitedly)—Oh, doctor, I have just given the patient a teaspoonful of ink by mistake. What shall I do?

Doctor (calmly)—Give him a blotter to eat right away.

DR. BARBAUD (Algiers).—We understand that the negotiations have been broken off, but this does not imply that the scheme will fall through. We will refer the matter to our local correspondent, who may be in a position to give fuller information as to the present position.

M. S. R.—We have made inquiries, but gather that no such instrument has been devised. You might, therefore, place yourself in communication with a manufacturer, who will doubtless be pleased to advise on the practicability of your ideas.

Appointments.

ELLISON, E. H., M.D. Durh., Certifying Surgeon under the Factory Act for the Syston District of the County of Leicester.

EMERSON, H. B., M.R.C.S., L.R.C.P. Lond., Certifying Surgeon under the Factory Act for the Pershore District of the County of Worcester.

EMINSON, L., L.F.P.S.G., L.S.A., Certifying Surgeon under the Factory Act for the Lavenham District of the County of Suffolk.

FOX, JOHN ALFRED, L.R.C.P. Lond., L.R.C.P., L.R.C.S. Edin., L.S.A. Lond., Medical Officer for the No. 3 District, by the Penzance Board of Guardians.

MACCORMAC, HENRY, M.B., Ch.B. Edin., House Physician at the City of London Hospital for Diseases of the Chest.

MACPHERSON, LAWRIE J., M.D. Glasg., Chairman of the Bench of Magistrates for the Weymouth Division of the County of Dorset.

MUNRO, HUGH LENNOX, M.B., Ch.B. Edin., House Surgeon, Royal Infirmary, Lancaster.

OSBORNE, A., M.R.C.S., L.R.C.P. Lond., Certifying Surgeon under the Factory Act for the Ilfracombe District of the County of Devon.

Vacancies.

Staffordshire General Infirmary, Stafford.—House Surgeon. Salary £120 per annum, with board, lodging, and washing. Applications to the Secretary, Richard Battle, 7, Meyrick Road, Stafford.

Liverpool Infirmary for Children.—House Surgeon. Salary £100 per annum, with board and lodging. Applications to the Hon Secretary.

Birmingham and Midland Eye Hospital.—Resident Surgical Officer. Salary £100 per annum, with board and attendance. Applications to the Chairman of the Medical Board.

Bury Infirmary.—Junior House Surgeon. Salary £90, with board, residence, and attendance. Applications to the Hon. Secretary, Dispensary, Knowsley Street, Bury, Lancashire.

The Cambridge, &c., Asylum.—Second Assistant Medical Officer. Salary £120 per annum, with board, lodging, and attendance. Applications to T. Musgrave Francis, Clerk to the Visitors, 18, Emmanuel Street, Cambridge.

Staffordshire General Infirmary, Stafford.—Assistant House Surgeon. Salary £80 per annum, with board, lodging, and washing. Applications to the House Surgeon.

Barnwood House Hospital for the Insane, Gloucester.—Junior Assistant Medical Officer. Salary £150 a year, with board and residence. Applications to the Medical Superintendent.

East London Hospital for Children and Dispensary for Women, Shadwell, E.—Medical Officer. Salary £100 per annum. Applications to Thomas Hayes, Secretary.

Croydon Union.—Resident Assistant Medical Superintendent and Dispenser. Salary £130 per annum, with furnished apartments, rations, and washing. Applications to Harry List, Clerk to the Guardians, Union Offices, Mayday Road, Thornton Heath.

Kent and Canterbury Hospital.—House Physician. Salary £90 a year, with board and lodging. Applications to the Secretary.

Hull City and County Lunatic Asylum.—Second Assistant Medical Officer. Salary £150 per annum, with board, apartments, washing, and attendance. Applications to the Chairman of the Asylum Committee, care of the Town Clerk, Town Hall, Hull.

The Hartlepools Hospital.—House Surgeon. Salary £100 per annum, with board, washing, and lodging. Applications to Robert M. Edger, Assistant Secretary, 9, Albion Terrace Hartlepool.

Devon County Asylum, Exminster.—Third Assistant Medical Officer. Salary £125 per annum, with board, lodging, washing, and attendance. Applications to the Medical Superintendent.

Parish of Barra.—Medical Officer and Public Vaccinator. Salary £119 per annum. Applications to Thomas Wilson, Solicitor, Lochmaddy, Clerk.

Ballyshannon Union.—Medical Officer. Salary £100 per annum; also to act as Medical Officer of Health, at a salary of £20 per annum. Immediate application to be made to J. B. Chisney, Clerk of Union. (See advt.)

Ballinasloe Union.—Medical Officer. Salary £120 per annum, together with Registration and Vaccination Fees; also to act as Medical Officer of Health at a salary of £15 per annum. Applications to R. J. Gill, Clerk of Union. (See advt.)

Clifden Union.—Medical Officer. Salary £165 per annum and £10 per year as Medical Officer of Health; with usual Registration and Vaccination Fees. Applications to F. King, Clerk of Union. (See advt.)

Locum Tenens, to take charge of Dispensary District and Private Practice. Terms, six guineas per week. Applications to Dr. MacDermott, Ballyhaderin, Co. Roscommon. (See advt.)

Births.

PEARSE.—On August 21st, at 28, St. George's Terrace, Trowbridge, the wife of James Pearse, M.D., of a son.

HODGSON.—On August 18th, at Westcliff-on-Sea, the wife of Victor J. Hodgson, M.R.C.S., L.R.C.P., D.P.H. Camb., of a son (stillborn).

Marriages.

FERNIE—WRIGHT.—On August 20th, at Holy Trinity Church, Southport, Edward Fernie, M.D., of Stone, Staffs., to Elizabeth Hopwood (Lillie), daughter of the late William Wright, of Prestwich and Manchester, and Mrs. Wright, of 1, Belgrave Road, Southport.

IBBOTSON—CHAPMAN.—On August 20th, at Holy Innocents' Church, South Norwood, William Ibbotson, M.R.C.S., L.R.C.P., son of Horatio Walter Ibbotson, Esq., of Sheffield, to Dora Constance Mary Chapman, youngest daughter of Thomas William Chapman, Esq., of South Norwood.

WILLIAMSON—MACKICHAN.—On August 20th, at the United Free Church, Bombay, John Rutter Williamson, M.D., of Miraj, Bombay Presidency, sixth son of D. Williamson, Esq., J.P., C.C., Surrey, to Edith Eliza, elder daughter of Rev. Dr. Mackichan, LL.D., M.A., Principal of Wilson College, Bombay, and Vice-Chancellor of the University of Bombay.

OPERATIONS.—METROPOLITAN HOSPITALS.

WEDNESDAY.—St. Bartholomew's (1.30 p.m.), University College (2 p.m.), Royal Free (2 p.m.), Middlesex (1.30 p.m.), Charing Cross (3 p.m.), St. Thomas's (2 p.m.), London (2 p.m.), King's College (2 p.m.), St. George's (Ophthalmic, 1 p.m.), St. Mary's (2 p.m.), National Orthopædic (10 a.m.), St. Peter's (2 p.m.), Samaritan (9.30 a.m. and 2.30 p.m.), Gt. Ormond Street (9.30 a.m.), Gt. Northern Central (2.30 p.m.), Westminster (2 p.m.), Metropolitan (2.30 p.m.), London Throat (9.30 a.m.), Cancer (2 p.m.), Throat, Golden Square (9.30 a.m.), Guy's (1.30 p.m.).

THURSDAY.—St. Bartholomew's (1.30 p.m.), St. Thomas's (3.30 p.m.), University College (2 p.m), Charing Cross (3 p.m.), St. George's (1 p.m.), London (2 p.m.), King's College (2 p.m.), Middlesex (1.30 p.m.), St. Mary's (2.30 p.m.), Soho Square (2 p.m.), North-West London (2 p.m.), Chelsea (2 p.m.), Great Northern Central (Gynæcological, 2.30 p.m.), Metropolitan (2.30 p.m.), London Throat (9.30 a.m.), St. Mark's (2 p.m.), Samaritan (9.30 a.m. and 2.30 p.m.), Throat, Golden Square (9.30 a.m.), Guy's (1.30 p.m.).

FRIDAY.—London (2 p.m.), St. Bartholomew's (1.30 p.m.), St. Thomas's (3.30 p.m.), Guy's (1.30 p.m.), Middlesex (1.30 p.m.), Charing Cross (3 p.m.), St. George's (1 p.m.), King's College (2 p.m.), St. Mary's (2 p.m.), Ophthalmic (10 a.m.), Cancer (2 p.m.), Chelsea (2 p.m.), Great Northern Central (2.30 p.m.), West London (2.30 p.m.), London Throat (9.30 a.m.), Samaritan (9.30 a.m. and 2.30 p.m.), Throat, Golden Square (9.30 a.m.), City Orthopædic (2.30 p.m.), Soho Square (2 p.m.).

SATURDAY.—Royal Free (9 a.m.), London (2 p.m.), Middlesex (1.30 p.m.), St. Thomas's (2 p.m.), University College (9.15 a.m.), Charing Cross (2 p.m.), St. George's (1 p.m.), St. Mary's (1 p.m.), Throat, Golden Square (9.30 a.m.), Guy's (1.30 p.m.).

MONDAY.—London (2 p.m.), St. Bartholomew's (1.30 p.m.), St. Thomas's (3.30 p.m.), St. George's (2 p.m.), St. Mary's (2.30 p.m.), Middlesex (1.30 p.m.), Westminster (2 p.m.), Chelsea (2 p.m.), Samaritan (Gynæcological, by Physicians, 2 p.m.), Soho Square (2 p.m.), Royal Orthopædic (2 p.m.), City Orthopædic (4 p.m.), Great Northern Central (2.30 p.m.), West London (2.30 p.m.), London Throat (9.30 a.m.), Royal Free (2 p.m.), Guy's (1.30 p.m.).

TUESDAY.—London (2 p.m.), St. Bartholomew's (1.30 p.m.), St. Thomas's (3.30 p.m.), Guy's (1.30 p.m.), Middlesex (1.30 p.m.), Westminster (2 p.m.), West London (2.30 p.m.), University College (2 p.m.), St. George's (1 p.m.), St. Mary's (1 p.m.), St. Mark's (3.30 p.m.), Cancer (2 p.m.), Metropolitan (2.30 p.m.), London Throat (9.30 a.m.), Royal Ear (3 p.m.), Samaritan (9.30 a.m. and 2.30 p.m.), Throat, Golden Square (9.30 a.m.), Soho Square (2 p.m.)

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVII. WEDNESDAY, SEPTEMBER 2, 1903. No. 10.

Original Communications.

THE UPPER RESPIRATORY TRACT AS A SOURCE OF SYSTEMATIC INFECTION. (a)

By F. DE HAVILLAND HALL, M.D., F.R.C.P.,
Physician to the Westminster Hospital, &c.

IT was pointed out that in no branch of medicine had greater advance been made than in the knowledge of the methods by which diseases were propagated, and that it was only since the discovery that many, if not most, constitutional affections depended on the presence of bacteria that attention had been directed to the upper respiratory tract as a source of infection. Dr. Hall alluded to a paper on five cases of typhoid fever read by Dr. Watson Williams at the meeting of the British Medical Association in 1894, in which he adduced evidence to support the view that the respiratory tract was the source of primary infection in one of the cases. Dr. Hall had had one hospital case in which the disease appeared to have started in the larynx. Though typhoid fever is almost invariably propagated by means of the stools and urine, there is sufficient evidence to show that the Eberth-Gaffky bacillus may find its way into the system through the respiratory tract. This is the more likely to be the case if the vitality of the laryngeal mucous membrane is lowered owing to previous inflammatory mischief. These cases confirm Budd's view that under certain conditions typhoid fever was infectious, and they should lead to the expectoration being disinfected.

Though definite evidence is wanting on the subject, clinical experience points conclusively to the poison of measles and whooping-cough being received *vid* the respiratory tract. In influenza Dr. Hall has seen many cases in which the trouble has appeared to start in the naso-pharyngeal space, and he expressed the opinion that adenoid vegetations and enlargement of the faucial tonsils rendered the individual more liable to contract influenza and many other infectious diseases. In diphtheria there can be no doubt that, in the great majority of cases, the Klebs-Loeffler bacillus implants itself in the tonsil, and probably enters its substance through some abrasion of the epithelium. At the onset the disease is a purely local one, the secondary symptom being due to the absorption of toxic materials secreted by the bacilli during their growth. Dr. Hall mentioned a case of diphtheria in which he was uncertain about the diagnosis until, on making a rhinoscopic examination, he found the characteristic deposit in the naso-pharynx. This localisation is more frequent than is generally recognised, and it is probable that some of the cases usually regarded as primary nasal diphtheria really commence in the naso-pharynx, and that the nose is affected by extension. In the primary laryngeal form clinical evidence is in favour of the view that the Klebs-Loeffler bacilli enter the system through the laryngeal mucous membrane. Usually, however, the larynx is affected by extension from the pharynx. That the nose plays an important *rôle* in the diffusion of diphtheria is certain. During an epidemic children suffering from nasal discharge mixed with blood, and especially if they have enlarged cervical glands, should be isolated and the secretion examined bacteriologically. Diphtheria is doubtless occasionally spread by a case of nasal diphtheria which has been overlooked, or by the persistence of the Klebs-Loeffler bacillus in the nasal secretion of a patient who has had diphtheria, but who has been considered convalescent and free from infection. It has also been shown that the nasal and oral secretions of apparently healthy persons who have been in contact with diphtheritic patients may present the specific bacillus. Dr. Hall mentioned two cases in which, after the application of the galvano-cautery to the nasal mucosa, scarlet fever has attacked the individual, and he was of opinion that the germ entered the system through the wound caused by the galvano-cautery. Lacunar tonsillitis is another disease which has resulted from intra-nasal cauterisation. The conclusions to be drawn from these cases is the advisability of abstaining from operative procedures on the nasal mucous membrane in persons liable to be exposed to septic and infectious diseases.

The intimate connection between the throat and acute rheumatism was insisted on, as shown by the frequency with which tonsillitis precedes or accompanies an attack of acute rheumatism. Clinically, acute rheumatism may be regarded as an infectious disease which runs the course of an attenuated pyæmia, the infection entering the system in a large number of the cases through Waldeyer's pharyngeal ring, especially the faucial tonsils. The inflammatory reaction in the tonsils, to which the name of lacunar tonsillitis is given, may be regarded as the evidence of the local action of the micro-organism causing the disease. Another view

(a) Abstract of Paper read before Section of Laryngology and Otology at the Swansea meeting of the British Medical Association

is possible—*viz.*, not to regard the tonsillitis as in any way due to rheumatism, but as affording a mode of entrance into the system of the germs which give rise to rheumatism. Dr. Hall then read the notes of two cases to show that septic and pyæmic processes may be the result of infection through the upper respiratory tract. In both these cases great benefit resulted from the prompt use of antistreptococcic serum subcutaneously. The important part played by chronic nasal affections in the production of facial erysipelas was insisted on, and it was suggested that not only erysipelas, but also other conditions, such as angina Ludovici, phlegmon of the pharnyx and larynx, may result from infection through the upper respiratory tract.

The occasional occurrence of primary nasal tuberculosis, and even the rarer occurrence of primary laryngeal tuberculosis, point to the possibility of systemic tuberculous infection *vid* the upper respiratory tract. One of the most important advances which has been made of late years in regard to the diffusion of tuberculosis is the recognition of latent tuberculosis of the tonsils.

Until quite recently it was generally held that the tonsils were but rarely affected with tuberculosis, and then only superficially as the result of extension from pharyngeal tuberculosis, but Dr. Hugh Walsham has shown that out of thirty-four consecutive post-mortem cases the tonsils were found to be more or less tuberculous in twenty. The discovery of the liability of the tonsils to tuberculous infection has thrown quite a new light on the subject of tuberculous disease of the cervical glands, and emphasises the importance of removing enlarged and honeycombed tonsils. The tonsils probably become infected by tubercle bacilli in children, who crawl about and get their hands covered with dust and dirt, and then infect themselves by sucking their fingers. Some bacilli may gain access to the tonsils in swallowing tuberculous milk, or, in respiration, the air containing the bacilli may deposit them on the surface of the tonsils. Not only are the faucial tonsils the seat of primary infection by the tubercle bacillus, but also the pharyngeal tonsil may be the part first affected. The recognition of the tuberculous nature of some adenoid vegetations and the possibility of the system becoming infected through them should constitute an additional reason for the prompt and complete removal of these growths.

THE CLASSIFICATION OF INSANITY. (*a*)

By CHAS. MERCIER, M.B., M.R.C.P., F.R.C.S.,
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AFTER drawing attention to the great multitude of existing classifications, and the fact that not one was generally accepted, and pointing out how essential a satisfactory classification was to systematic thought upon the subject, the speaker proposed a classification based upon the duration of the period over which the case was contemplated. If we regarded the case as it existed at one time, without considering its previous or subsequent stages, without regard to its causation or result, we arrived at what we called the form of the insanity; while if we took account of the whole progress of the malady, its causes, its progress through successive stages, and its termination, we then ascertained what he called the variety of the insanity, which thus corresponded in measure with what is ordinarily termed a disease, while the form of the insanity stood on a level with such states as dropsy, convulsion, and dyspnœa, as a symptom merely. Taking mania and melancholia as common instances of forms, the speaker showed that they not only appeared again and again in different varieties, but that they might alternate, and often co-existed in the same case. When so co-existing they did not form a combination of two insanities, as pneumonia occurring in Bright's disease constituted two independent maladies, but a single insanity.

Forms of insanity were either single states, or were antithetic couples, and stress was laid on the importance of comparing mental states with mental states, and modes of conduct with modes of conduct. Mania and melancholia, for instance, which were so constantly compared and considered antithetic to each other, were, in fact, not comparable with one another, the one being a mode of conduct, the other a state of mind. The true antitheses were mania and stupor, depression and exaltation. In addition to these, other antithetic couples were, obsession and facility, suspicion and over-trustfulness. The single forms of insanity were delusion, confusion, moral perversion, and weak-mindedness, the latter term being understood to include degradation of conduct as well as of mind, and to be equivalent to the Jacksonian term "reduction." That is to say, it meant the deficiency of certain higher modes of both mind and conduct, usually accompanied by overaction of lower modes of both, permitted by the defect of the higher faculties. This, it was pointed out, was the common form of all insanity, and was exhibited in greater or less degree by every case.

Varieties of insanity took rank with diseases as forms of insanity took rank with symptoms. The former come into view when we contemplate insanity not as it exists from moment to moment and from hour to hour, but when we regard its whole history from beginning to end, combining the history with an assigned cause and tracing it to a definite termination. The type of variety of insanity is general paralysis, and many other definite varieties are recognised, such as the insanity of alcohol, of epilepsy, of the times of life, of reproduction, &c.

Intermediate between forms and varieties stands acute insanity, which is a variety in respect that it may exhibit a combination or succession of two or more forms, while it may be regarded as a form in that it may exist in several other varieties: the apparent anomaly is explained by the duration of time over which the contemplation of the malady extends; while forms strictly so-called are identifiable in a view which extends over minutes, and varieties strictly so-called are not discriminable except by contemplating a course extending over weeks, or months, or years. Acute insanity is to be recognised by a course extending over hours or days. Six types of acute insanity were distinguished: maniacal, melancholic, suicidal, sexual, resistive and stuporose, marked by the prominence of one or other of these characteristics; but the inclusion of all these types under a single head was

(*a*) Abstract of Paper read at the Psychological Section of the British Medical Association at Swansea, August 1st, 1903.

justified not only by the general similarity of the course, but by the presence in all cases of many common features, including tendency to suicide, to excitement, to sexual irregularities, to refusal of food, to faulty and destructive habits, and to impulsive outbreaks.

The speaker claimed for this mode of classification that it was natural, in that it corresponded with the actual facts; that it was easily applied in practice; and that where its divisions are not clearly distinguished it faithfully reproduces the similar want of distinction that exists in the thing classified.

HISTORICAL SURVEY OF THE STUDY OF ACUTE CEREBRO-SPINAL MENINGITIS. (a)

By CECIL WALL, M.A., M.D.Oxon., M.R.C.S.

IN the earliest medical literature no evidence can be found to suggest that inflammation of the coverings of the brain was looked upon as a disease; that the disease then existed may be inferred from descriptions of conditions which, in all probability, represented the secondary effects.

The year 1768 marked the dawn of a new era in the study of cerebral disease. Robert Whytt, of Edinburgh, recorded his memorable observations upon acute hydrocephalus; most, if not all, of his cases were due to tuberculous meningitis, but he thought that the determination of the fluid to the ventricles was primary and the cause of the disease. His description of the clinical characteristics of the condition and their division into the three stages form the boundary between chaos and order in the history of intra-cranial inflammatory disease. In conformity with the conception that the effusion was primary and all-important, he employed the title "acute hydrocephalus," a term which continued in general use until 1825, when Senn urged the propriety of substituting the word meningitis.

The work of Whytt was soon followed by that of other investigators. Quin, of Dublin, in 1780 is to be credited with the suggestion that the effusion in the ventricles was secondary, but he went no further than to suggest this as a cause a morbid state of the blood in the cerebral vessels. In the same year Edward Ford suggested, as possible causes of the dropsy, inflammation of the pia mater, or a tuberculous induration of the brain or cerebellum. In 1789 Isaac Rand presented a report to the Massachusetts Medical Society on "Hydrocephalus Internus," in which he states that "it is probable that the effusion of water into the ventricles of the brain is the effect of inflammation of the meninges." He quotes Whytt, and credits Quin with the recognition of the secondary nature of hydrocephalus, but does not seem to have been familiar with the work of Ford.

Thus at the end of the eighteenth century it seems to have been generally recognised that acute internal hydrocephalus was secondary to some antecedent meningeal or vascular disturbance. At the commencement of the nineteenth century inflammatory conditions of the cerebral meninges came to be recognised as associated with certain symptoms.

Herpin, in 1803, a surgeon with the army of the Rhine, introduced the term meningitis to express inflammation of the meninges. The cases that he describes were secondary to fracture of the skull, and consequently unimportant from the point of view of this research. His analysis of symptoms, however, and their contrast with those of what he termed encephalitis, which apparently followed concussion without fracture of the skull, formed a useful basis for those who subsequently investigated the primary form of the disease.

Herpin's seems to have been the first attempt to associate definite symptoms with inflammation of the meninges apart from hydrocephalus. In 1806 there occurred at Geneva an epidemic of a disease with which the physicians of the time were not familiar; it was described by Vieusseux under the title "fièvre cérébrale maligne non-contagieuse." This disease occurred in several members of the same household, but apparently was not communicable by personal contact. It affected chiefly children and young adults, nine-tenths of the cases being under thirty years of age, and was not particularly dangerous. The onset was sudden, with headache, vomiting, and delirium, and it might prove fatal in twenty-four hours. In the cases that were not fatal the recovery was rapid and complete, the longest duration being fourteen days. Unfortunately the report of the post-mortem appearances is unsatisfactory, and in the allusions made to the autopsies there is nothing to suggest that purulent inflammation of the meninges was ever found.

It has, however, been usually accepted that this is the first account of what is now known as epidemic cerebro-spinal meningitis. Mathey gives an account of one autopsy which he conducted for Vieusseux, and describes a gelatinous condition of the meninges which may possibly be taken to indicate the presence of meningitis. In the same year (1806) Danielson and Mann described an outbreak of a similar disease which occurred in Medfield, Massachusetts, giving the symptoms of the disease and the result of five autopsies. In 1809 a committee, consisting of Drs. Jackson, Warren, and Welch, presented a report concerning this epidemic. They concluded that, though it was termed "spotted fever," yet "the petechiæ were secondary and not essential to the disease"; it was a fever of which the "greatest stress fell on the membranes, especially on those within the cranium." They suggested that this inflammation was commonly erysipelatous in nature. The Geneva and the Medfield epidemics drew attention to a disease previously unrecognised, and, though there can be no certainty that it was the same as that now known to be caused by the diplococcus intracellularis, yet the investigations that followed laid the foundation for our subsequent knowledge of the subject.

In 1814, Biett, in a Paris thesis on acute idiopathic phrensy, complained that the term was commonly, though wrongfully, applied to inflammation of the arachnoid. Apparently he was the first who recognised idiopathic meningitis as a separate disease, and realised that acute hydrocephalus may follow inflammation of the arachnoid.

In 1815, Golis, in a treatise on acute hydrocephalus, defined dropsy of the head and brain as "a collection of serous, lymphatic, or puriform fluid, or a mixture of these, in the cavities of the cranium or in those of the brain." This he said might be:—(1) External—that is, either between the scalp and pericranium, or between the pericranium and cranium. (2) Internal—that is, (*a*) between cranium and dura mater; (*b*) between dura mater and pia mater; (*c*) between pia mater and brain; (*d*) in the cavities of the brain. (3) Combined, external and internal.

From the description he gives of the cases it seems clear that he dealt with cases not only of tuberculous meningitis and of idiopathic meningitis, but also with cases of secondary meningitis, due to fracture of the skull, and possibly also to middle-ear disease. In one case in which death resulted from convulsions during an attack of whooping-cough, the record of the autopsy scarcely seems to justify his diagnosis of acute hydrocephalus, seeing that apparently there was no meningitis and no excess of fluid in the cerebral ventricles. He distinguished two groups of cases which could be recognised by the mode of onset. In the first group the symptoms developed gradually, and apparently closely corresponded to those of what is now recognised as tuberculous meningitis. The second group resembled in the symptoms and mode of onset the posterior, basic meningitis of recent years; the disease, he says

(*a*) Abstracted from a Paper read before the Royal Medical and Chirurgical Society, April, 1903.

commenced suddenly with headache, vomiting, fever, and retraction of the head, and remarks that the prognosis in this form is better than in the first group; the duration he gives as between thirteen and twenty-one days, and recognises four stages corresponding to the pathological conditions of convulsions and paralysis. In 1809 he had apparently to deal with an epidemic of acute cerebral meningitis among the children of Vienna.

Golis, therefore, though he apparently did not clearly differentiate between primary and secondary meningitis, was able to recognise in his practice cases which corresponded to these groups, and, by drawing a distinction between external hydrocephalus, which in some cases at least was associated with secondary meningitis, and internal hydrocephalus, made an important advance in the study of meningeal disease. Moreover, in the matter of internal hydrocephalus he foreshadowed, from clinical experience, a distinction between tuberculous and other forms of acute meningitis which bacteriological research has since been able to confirm.

Two years later, Coindet, writing about hydrocephalus, includes as causes many other conditions besides meningitis. He gives an account of a case of acute tuberculosis of the lungs, associated with tuberculous meningitis, in a child, æt. 30 months, but also describes cases of tumours of the brain and pons varolii, of meningitis associated with otorrhœa, and of acute scarlatinal nephritis with uræmic convulsions, as instances of acute hydrocephalus, and he points out that the condition tends to occur in epidemics.

With regard to the cause of the ventricular effusion, he expresses a strong belief that it is due to inflammation of the lining membrane of the ventricles.

Considering these statements, it seems necessary to suppose that he must have observed cases of acute meningitis not due to the Bacillus tuberculosis; moreover, his deductions seem closely in accord with those reached in the present research. In agreement with Coindet's views, Senn, in 1825, suggested the use of the term "meningitis" in reference to "acute hydrocephalus," and so began a new chapter in the history of meningitis.

During the next twenty years research was directed toward the separation of different varieties of meningitis. In 1827 Guersant recognised a granular form of meningitis, but was not certain that the granules were really tubercles. Papavoine, in 1830, speaks of tuberculous arachnitis and meningitis, but Gerhard, in 1834, was the first to satisfy his contemporaries, by an exhaustive research, that the granules were identical with tubercles. Guersant, in 1839, in an article on meningitis in a Dictionary of Medicine, makes a distinction between tuberculous meningitis and the non-tuberculous or simple form; the latter, he says, is not uncommon among the newly-born, and he quotes Albert (1830) to show that it may possibly occur with an epidemic distribution; neither his work, however, nor Albert's, was based on any extensive investigation of the post-mortem appearances.

In a text-book of diseases of children, published in 1843 by Rilliet and Barthez, is to be found the first accurate description of simple non-tuberculous meningitis, the account of the morbid anatomy being based upon the examination of six cases. They recognised three anatomical forms of meningitis:—(1) Inflammation of the pia mater with tuberculous granulations in the meninges. (2) Inflammation of the pia mater without any tuberculous granulations in the meninges, but with general miliary tuberculosis of other organs. (3) Inflammation of the pia mater without any tuberculous granulations in any organ of the body. The first two groups represent well-known varieties of tuberculous meningitis; the third group, they said, was characterised by pus upon the convexity of the brain, and also at the base, especially near the large vessels, with a slight amount of turbid fluid in the ventricles. In the one case in which the cord was examined there was purulent spinal meningitis.

They further endeavoured to differentiate between idiopathic meningitis and that form which was secondary to an antecedent pneumonia or typhoid or other disease. Of the idiopathic variety the symptoms were headache occurring early and a disturbance of the mental processes, often resulting in delirium occurring before the third day; vomiting generally occurred at the onset, and sometimes continued until death. The trunk and limbs were rigid and convulsions were common; strabismus was frequently noted, and the patients were often blind. Constipation was only present in two out of the six cases. The duration ranged between one and a half and nine days.

The diagnosis generally had to be made from tuberculous meningitis, and in a table of the chief distinguishing features it is shown that in simple meningitis the onset is more sudden, the headache more intense, the course is more rapid, and the duration much shorter. The pulse is commonly rapid throughout, and does not conform to Whytt's stages.

They held that meningitis in children was, in the vast majority of cases, associated with the tuberculous diathesis, but that a simple form occurred, especially among the newly-born. They believed that sometimes epidemics of simple meningitis arose, agreeing in this point with Guersant, and also quoting Albert. There can be but little doubt that they foreshadowed the work of many subsequent investigators, and arrived at conclusions that have been, after many years, amply confirmed.

Concerning the mechanism by which the effusion in acute hydrocephalus is determined, they put forward a mechanical theory. After discussing the various views that had been previously urged, they point out that if the effusion is due to venous obstruction this must be situated in the course of the veins of Galen, or of the straight sinus, since these are the only veins that drain the ventricles. They say that in some instances they found such obstruction, but that in others no lesion was found in or near these channels, and in consequence suggest that possibly compression occurs as a result of pressure transmitted from below through the cerebellar substance. (*a*)

In 1844, Gillkrest, an English Army surgeon, published an account of an epidemic of meningitis which occurred in that year at Gibraltar. This epidemic was not confined to children, but chiefly affected those between two and eighteen years of age. The onset was sudden, with headache, strabismus, deafness, blindness, &c., and either death occurred on the fifth or sixth days or marasmus supervened, which might end in death at a later period of the disease, or in recovery after a protracted convalescence. He drew attention to the head retraction and opisthotonos, which was common, and which does not seem to have been noticed by previous authors. He was unable to obtain leave for post-mortem examination upon any children; in the adults he found lymph upon the vertex of the brain, and "the most unequivocal marks of inflammation at the base of the brain."

The next important contribution to the study of meningeal disease was made by Hilton in his lectures on "Rest and Pain," where he suggested his famous mechanical theory for the production of internal hydrocephalus. He supposed that owing to a congenital condition, or to previous inflammation in that region, the foramen of Magendie became blocked, so that the draining of the cerebro-spinal fluid from the ventricles was prevented. The probability of the explanation has been discussed elsewhere; it was so specious, and emanated from so high an authority, that it has loomed largely, perhaps too largely, in the writings of subsequent investigators.

Later, in 1865, Burdon Sanderson presented a report to the Privy Council concerning an epidemic of cerebro-spinal meningitis then prevalent in the region of the lower Vistula. This report, containing an accurate account both of the clinical characters and of the morbid anatomy of the disease, with an investigation of its epidemiology, forms the first trustworthy standard to which reference can be made in determining the identity of other outbreaks to which a similar name has been

(*a*) Bastian, in 1867, again put forward the view that the effusion may be the result of thrombosis of the veins of Galen.

applied. He established an important point in that he showed that "no facts were met with in the course of the inquiry which afforded ground for believing that epidemic meningitis was capable of being communicated by personal intercourse." In times when bacteriology could not be invoked to determine the etiology of a disease, evidence of transmission by contagion was an important point for investigation; meningitis, it is now admitted, may be due to infection by several different organisms, and it is quite probable that the mode of infection may be different with different varieties. Sanderson showed that one variety of meningitis at least could be epidemic, though not spread easily by contagion; granting similarity in clinical characters and in morbid appearances, evidence concerning the mode of spread must weigh heavily in forming a judgment concerning the nature of two independent outbreaks.

Webber, writing in 1866, in reviewing all the past literature concerning epidemic meningitis, concludes that "it is only epidemic typhus, wherein, from some cause, the cerebro-spinal system is the principal seat of the attack."

The clinical characters of the cases recorded by Sanderson do not suggest any relation to typhus, and the absence of evidence of spread by contagion seems to render such a relationship highly improbable.

Murchison admitted that meningitis might be a complication of typhus; it seems a natural deduction that some of Webber's cases, at least, may have been diagnosed erroneously, and that they did not belong to the same group as Sanderson's cases, but were due to some other infection, possibly that of typhus.

Since this time, however, epidemic cerebro-spinal meningitis has been recognised as a distinct and independent disease characterised by a definite group of symptoms. It was from cases belonging to this type that Weichselbaum, in 1887, isolated the organism which bears his name, and which is supposed to be the infecting agent.

In 1878, Gee and Barlow published a paper concerning the cervical opisthotonos of infants, but although they suggested its possible relationship with epidemic meningitis, they were unable to find evidence of transmission by contagion, and did not consider that the disease occurred with sufficient frequency to deserve the title of epidemic. In all, they investigated twenty-five cases, the oldest of whom was aged nineteen months; the onset, they said, might be sudden or gradual, and the retraction of the head, which suggested the name, was associated with rigidity of the limbs and sometimes with epileptiform convulsions. Sometimes enlargement of the head occurred. At the autopsies basic meningitis was found without any evidence of tuberculous infection; in two cases spinal meningitis was present, in one there was internal hydrocephalus, and in five a small effusion into the ventricles.

These cases seem closely allied to the condition described by Rilliet and Barthez as simple meningitis; retraction of the head, however, had not been previously noticed as a prominent feature of the disease, except by Gillkrest in the epidemic at Gibraltar. These cases have more recently been included under the heading of "posterior basic meningitis."

With the development of methods of bacteriological research a new epoch in the study of meningeal disease was inaugurated.

In 1882, Koch, by his discovery of the tubercle bacillus, rendered it possible to be certain concerning the etiology of tuberculous meningitis. During the next few years numerous authors described organisms which they considered to be the causal agents of epidemic meningitis, but it was not until 1887 that an accurate description with cultural reactions was given by Weichselbaum of an organism isolated from the cerebro-spinal fluid of certain cases of cerebro-spinal meningitis. Weichselbaum dealt with eight cases, and they occurred during the years 1885, 1886, and 1887.

From two cases he isolated the pneumococcus; from the remaining six he obtained an organism to which he applied the name Diplococcus intracellularis meningitidis, or, briefly, meningococcus.

The cases with which Weichselbaum dealt were sporadic, and from the brief clinical report they seem to have conformed to the type investigated by Sanderson on the lower Vistula, and not to the type described in some epidemics where the hæmorrhagic tendency and enlargement of the spleen are so suggestive of a septicæmic condition.

About this time (*i.e.*, 1886 and 1887) Netter and Foa and Uffereduzzi isolated the pneumococcus from cases diagnosed as epidemic cerebro-spinal meningitis.

Both the pneumococcus and the meningococcus have been frequently isolated by other observers since that time; it is unquestionable that both organisms may give rise to cerebro-spinal meningitis, and it is generally admitted now that they are distinct. It has not, however, been finally settled whether the epidemic form of the disease is always due to infection by the same organism. Differences in the clinical manifestations suggest that all epidemics do not claim the same infective agent.

In 1891 Wynter showed that in cases of tuberculous meningitis the ventricles could be drained by opening the spinal theca in the lumbar region, thus casting doubt upon the truth of Hilton's mechanical theory of the production of hydrocephalus. In the same year Quincke described the process of lumbar puncture, which has since proved to be of such great value in determining the nature of the bacterial infection.

In 1893 Merton demonstrated that hydrocephalus might exist without closure of the foramen of Magendie, and thus supported Wynter's objection to Hilton's theory.

In 1897 Dr. Walter Carr published a long and accurate description of the posterior basic meningitis of infants, entering fully into the clinical aspect and morbid appearances, and discussing at length the pathological conditions which gave rise to the various symptoms. This is the first important paper that deals with this subject since the publication of Gee and Barlow's cases; unfortunately, it lacks bacteriological confirmation. This was supplied in the following year by Barlow, Lees, and Still in their article in Allbutt's "System of Medicine," in which, in addition to an accurate clinical account of the condition, is recorded Still's observation that an organism closely resembling, if not identical with, Weichselbaum's meningococcus was the infecting agent.

Thus bacteriological evidence was supplied showing the probability of the relationship of posterior basic meningitis to epidemic meningitis, a relationship which on clinical grounds had been surmised by previous authors.

In the same year (1898) appeared the report of Councilman, Mallory, and Wright, concerning a number of cases of cerebro-spinal meningitis, from many of which they had isolated an organism which, in its morphological and cultural reactions, they considered to be identical with Weichselbaum's diplococcus. The frequency of occurrence of the disease so far transcended the normal that the adjective "epidemic" seemed justifiable. There was no evidence of spread by contagion, and the clinical accounts of the cases show that they were similar to those described by Sanderson, and to those from which Weichselbaum isolated his meningococcus. In this paper 111 cases were reported, and in 39 of these the infecting organism was isolated and cultivated; in most of the other cases the bacteriological diagnosis was based upon the finding of intra-cellular diplococci resembling the meningococcus by microscopic examination of the cerebro-spinal fluid, the nasal secretion, or aural discharge. In the remainder the diagnosis was based upon the clinical characteristics. Since this time, in America and Germany at least, the specificity of the organism has been deemed established.

In 1899, Netter, whose familiarity with the disease is well known, and whose researches have been spread over so long a period, published a long and important article in the "Twentieth Century Practice of Medicine," dealing with the disease from all aspects—clinical, pathological, epidemiological, and historical. He claims that in certain epidemics, at least, the pneumococcus is the infecting agent, and seems not

quite convinced that the meningococcus is not an attenuated form of the pneumococcus. He does not attempt to draw any clinical distinction between cases infected by the pneumococcus and those due to the meningococcus.

Netter's weighty opinion has carried with him the French and Italian schools of thought, it being generally held in those countries that the pneumococcus is the organism of epidemic cerebro-spinal meningitis.

It seems scarcely possible to settle this point until an epidemic of a disease whose symptoms resemble those of malignant fever occurs and is submitted to systematic bacteriological investigation. In 1899 Osler delivered the Cavendish Lecture on cerebro-spinal meningitis; he believed that the meningococcus was the specific organism of epidemic meningitis, but was fully aware of the possibility of infection by the pneumococcus.

In 1901 Thursfield published some cases which confirmed Still's observation that posterior basic meningitis could be produced by an organism resembling the meningococcus; and a few months later Hunter and Nuthall recorded the bacteriology of the cases related in this paper.

In 1902 Hanshalter published a case of chronic hydrocephalus which, from microscopical examination, he concluded was the result of infection of the meninges by the pneumococcus.

In the present paper, basing the diagnosis upon the bacteriological examinations made by Hunter and recorded by him in the *Lancet*, an attempt has been made to analyse the conditions produced when this organism attacks the meninges. For this purpose, as has been explained, the cases selected are those only in which a complete bacteriological examination was possible.

Infection of the meninges by the diplococcus has thus been shown to produce symptoms suggesting identity with the disease described by Gillkrest, Sanderson, Weichselbaum, Councilman, and many others as epidemic cerebro-spinal fever, and also with the disease hitherto supposed to be limited to childhood, and described by Guersant, Rilliet and Barthez, Gee and Barlow, Carr, Still, Barlow, and Lees and Thursfield, as simple meningitis, cervical opisthotonos, or posterior basic meningitis. Finally, it has been shown that infection by this organism may be one of the causes of chronic hydrocephalus.

Paris Clinical Lectures.

THE DIAGNOSIS OF A TUBERCULOUS ORIGIN IN ACUTE PLEURISY.

By PROFESSOR DIEULAFOY,

Physician to the Paris Hospitals.

(*Concluded from page* 214.)

Is this sero-diagnosis of tuberculosis applicable to the diagnosis of tuberculous pleurisy? This aspect of the question has been specially studied by M. Courmont, who found that it was possible to obtain a positive sero-reaction by mixing either blood serum or the pleural liquid of a pleuritic subject with the culture of Koch's bacillus (a mixture of 1 in 20, 1 in 10, 1 in 5).

The agglutinating power of the blood is not always equal to that of the pleural fluid; it may be more or less superior, and it may rise apart from the pleural fluid. The positive sero-reaction is rarer when the pleurisy is associated with lesions of a serous nature; it is more frequent in cases of curable mild tuberculous pleurisy. Moreover, adds M. Courmont, the pleural sero-reaction may be absent at the commencement of the pleurisy and only become positive at the end of a certain time, generally towards the period of recovery. This author obtained with pleural liquid a positive sero-reaction in 23 cases out of 31 (74 per cent.); with blood serum 18 cases out of 22 (82 per cent.).

It was thought that Ehrlich's diazo-reaction could furnish useful information relating to the pathogenic diagnosis of tuberculous pleurisies (Clément). A positive reaction was observed in cases of tuberculous pleurisy (Georgiewski). The question has been studied by my interne, M. Lœper, and by M. Oppenheim. But this method of procedure furnishes untrustworthy results and cannot yet be made use of to solve the problem before us.

A new means of investigation has just arisen; this is cyto-diagnosis, or the diagnosis based on the quality of the cellular elements found in the pleuritic fluid, and in the effusions of serous membranes in general. To the attack of the pathogenic agents, whatever they may be, certain cellular elements respond by an active and defensive reaction; but it is not always the same cells which react *vis-à-vis* the various provoking agents; there is, indeed, a kind of cellular selection.

Thus the polynuclear neutrophiles or microphages of M. Metchnikoff attack such microbes as the streptococcus or pneumococcus. The large mononuclears or microphages have a more powerful action; they readily digest the large cellular elements such as the red capsules and polynuclears. It was natural to suppose that such and such a cellular element served as a control and reflected the nature of the provoking pathogenic agent. From this idea sprung the cyto-diagnosis. It was in 1900 that under the title of cyto-diagnosis, MM. Widal and Rovart published their splendid work of precise deductions and new discoveries. At that time, the ingenious and fruitful method which they had just brought to light was everywhere the order of the day, and we immediately made profitable use of it in the clinics of the Hôtel Dieu.

If, in a patient suffering from pleurisy, we wish to ascertain what cellular elements are contained in the liquid of this pleurisy, we obtain aseptically, by means of a sterilised syringe, a few grammes of pleural fluid, which is then placed in a test tube; it is centrifugated and a clot sinks to the bottom of the tube. It is then decanted in such a manner that there only remains a small quantity of liquid, which serves to form a turbid emulsion with the rubbed-down cellular clot. A single drop of this emulsion is placed on a glass slide, by means of a platinum wire, and we make stained preparations.

When preparations of the pleural fluid are examined under the microscope, we may see cellular elements of various aspects; red globules, polynuclear leucocytes, big mononuclear cells, lymphocytes, endothelial cells isolated or grouped in endothelial plates. But these elements do not exist indifferently in all pleurisies the same pleurisy does not contain at the same time and quantity polynuclears, lymphocytes, and endothelial cells; when we withdraw the red corpuscles, which exist in the majority of pleural effusions in a more or less large quantity, such a pleural fluid contains hardly anything but lymphocytes; the polynuclears and endothelial cells are either absent or in a very small minority; lastly, another pleural liquid may reveal hardly anything but endothelial cells and plates; the lymphocytes and polynuclears are either absent or in a very small minority. This preponderance, which is at times exclusive to such and such a cellular element in the liquid of the pleural effusion, constitutes the cellular formula of the liquid, and paves the way to the cyto-diagnosis. From this point of view, MM. Widal and Ravant admitted the existence of three varieties of pleurisy, each of which has a different cyto-diagnosis. One of these varieties concerns the liquids of patients suffering from cardiac disease, Bright's disease, cancer, and the effusions due to neighbouring irritation or compression. Here we have no infectious agents, and therefore there is no cellular reaction, but only the mechanical phenomena of transudation and desquamation: it is a kind of congestive œdema. To use an old expression, we are more concerned, here, with a transudation than with an exudation—it is by transudation that a liquid drags the endothelial cells of the serum

into the pleural liquid. Again, have these so-called mechanical pleural effusions a cellular formula which is peculiar to them? Usually the liquid contains neither lymphocytes nor polynuclears (at any rate during the first period); it contains, almost exclusively, the big endothelial cells resulting on the desquamation of the serum.

These more or less large and numerous endothelial plates characterise the so-called mechanical pleurisies. MM. Widal and Rovart observed them in twelve cases of pleurisy of this sort; the post-mortem of three patients attacked by these pleurisies, and also the negative results of the intra-peritoneal inoculations into guinea-pigs with the liquid of seven other pleurisies of the same nature, prove that in similar circumstances it cannot be put down to tuberculosis. Not only are these endothelial collections characteristic of mechanical pleurisies, but their presence in a pleural liquid permits us to exclude the hypothesis of pleural tuberculosis; they are not found in the liquid of tuberculous pleurisies, doubtless because the pleural tuberculous neo-membrane hinders desquamation in threads of the endo thelium of the membrane. We noticed this in our hospital; the liquid of our tuberculous pleurisies, which was very rich in lymphocytes, did not contain any endothelial plates.

This knowledge may be very useful in clinics, as I will now show you. A patient suffering from pleurisy who spits blood is naturally suspected to have tuberculosis. But hæmoptysis is not uncommon in a person suffering from cardiac disease. Should there occur a pleural effusion in the cardiac subject, therefore, the cyto-diagnosis will show that the liquid, which contains endothelial plates, is that of a mechanical effusion and not of tuberculous pleurisy, which is very different in respect of prognosis.

I had occasion, quite recently, in regard to two patients in the St. Christopher Ward, to discuss hæmoptysis occurring in persons suffering from Bright's disease. This disease predisposed to hæmorrhage and the patient may bleed from the bronchi just as well as from the nose. I told you that this hæmoptysis could appear at an epoch when the nephritis had not yet been masked by the major phenomena. If a pleural effusion were to occur in such a patient whom you knew to have had hæmoptysis, tuberculous pleurisy would be the first idea that occurs to you. Practise cyto-diagnosis, when you will find the endothelial plates, and you are enlightened as to the nature of the pleurisy; it is a mechanical effusion, and has nothing in common with the tuberculous pleurisy of a person suffering from Bright's disease. I mentioned to you that the mechanical pleurisies containing endothelial plates do not usually contain lymphocytes; this is true during the first phase of the pleurisy; but, later on, the lymphocytes may appear; moreover, the presence of the plates suffices to constitute the diagnosis.

In the second variety of pleurisy, the pleural liquid has quite a different formula, and concerns acute infective pleurisies; the pathogenic agents, the streptococcus, pneumococcus, the typhoid bacillus, &c., after provoking the active defensive cellular reactions, can no longer exist in the liquid, but the results of this struggle, the phagocytes, or phagocytes and polynuclear leucocytes, are met with in abundance. There also exist big mononuclear cells, which sometimes are big leucocytes, and at other times are derived from the serum membrane, as is shown by the presence of a few endothelial cells isolated or absolutely normal. Summing up, the polynuclear and mononuclear elements characterise infective acute pleurisy; the lymphocytes, when there are any, are of secondary importance, and it is exceptional to observe any endothelial multinucleated cells.

In connection with these pleurisies MM. Widal and Ravant give the following: "In three out of eight typhoid pleurisies the relative abundance of the large polynuclear leucocytes characterised the formula of the effusion. In the cases of streptococcic sero-fibrinous pleurisy there were only polynuclear neutrophiles with deprived nuclei. The liquid of pneumococcic sero-fibrinous pleurisy is characterised by the presence of red corpuscles and a few lymphocytes, but especially by the abundance of polynuclears and by the existence of a more or less large number of big mononuclear cells, of which a few true macrophages envelop the polynuclear cells in their protoplasm." These large elements are sometimes large, mononuclear leucocytes, at other times endothelial cells derived from the serous membrane.

In a patient in St. Christopher Ward, attacked by pleurisy, which became foul a few days later, there were only polynuclear leucocytes in the effusion; the aerobic and anaerobic cultures of the liquid revealed variable microbic contents.

Let us pass on to the third variety of pleurisy, the most important of all, that which corresponds the most to frankly acute pleurisy *a frigore*. On microscopical examination of the preparations made with this fluid, it will be seen that its cellular formula is characterised "by the almost exclusive presence of very confluent lymphocytes and mixed, in comparatively large numbers, with red corpuscles. Sometimes, at the same time as the lymphocytes, which, at first sight, appear to be the only leucocytic elements of the preparation, there may be observed here and there a uninuclear element." Polynuclear cells when they do exist are not numerous; they are perhaps the result of a secondary infection. As to the endothelial plates they must be of very rare occurrence, since in seventeen cases MM. Widal and Ravant failed to discover them.

The following observation, which was given to me by M. Widal, is a striking example of this cellular formula. A young man, æt. 21, was attacked on April 19th last, whilst travelling, with symptoms of a pleurisy *a frigore*; repeated trembling, a pain in the right side, and a cough without expectoration. On April 27th, on the ninth day of the malady, he presented all the symptoms of a classic right pleurisy. On April 29th, thoracentesis was done and two litres of yellow liquid were withdrawn. This liquid had a typical lymphocytic formula, indicative of pleuro-tuberculosis. On the following day, the general condition was good, but the temperature was high, 39°-40° C. On May 2nd, four days after the puncture, at 5 a.m., the patient sat up in bed, became dyspnœic, and died in a few moments. At the post-mortem the left lung was found to be surrounded by adhesions, the left branch of the pulmonary artery was occluded by a blood-clot, no tubercles; the right lung was slightly œdematous; it did not contain any tubercle; the pleura on that side contained about 1,500 grammes of sero-fibrinous fluid, the two layers were adherent at the apex, behind and to the diaphragm; the effusion is thus collected in the antero-lateral region of the great pleural cavity. The most minute examination of the two pleuræ with the naked eye failed to reveal any tuberculous granulations. A large blood-clot extended from the right ventricle to the left branch of the pulmonary artery; there, perhaps, you have the reason for the sudden death. Kidneys were normal. Numerous histological sections of the pleura enabled us, however, to everywhere note tuberculous tissue; a considerable number of giant-cells are seen in the fibrous layer of the inflamed membrane. This interesting observation embodies the whole question. Here we have a frankly acute pleurisy which would formerly have been regarded as an idiopathic pleurisy, while in reality it was tuberculous (primary pleuro-tuberculosis). On cytoscopic examination of the liquid being made we only find lymphocytes in any quantity, and red corpuscles, and it is therefore diagnosed as tuberculous pleurisy. Later on, the histological examination of the pleura, and the tuberculosis which has developed in guinea-pigs inoculated with the pleural liquid, confirms the results of the cyto-diagnosis. Not only is this method applicable to pleural effusions; it has been applied to effusions of other serous membranes, the peritoneum, pericardium, cerebro-spinal liquid, and in a large number of cases it established the tuberculous nature of the complaint.

The result of this long discussion is, that we are in possession of numerous methods of discovering the tuberculous nature of an acute pleurisy; inoculation of the pleural serum in guinea-pigs, injections of tuberculin, the culture of the liquid in glycerinated gelose

blood, sero-diagnosis, cyto-diagnosis, are all methods which have been successfully employed and recommended. Of them all, the method I prefer is cyto-diagnosis, because it is simple, easy, gives prompt results and is absolutely innocuous. The future will show whether it also has any drawbacks.

To sum up, in all patients suffering from pleurisy you should have recourse to cyto-diagnosis. If you cannot do it yourself, send the liquid to a laboratory. For this purpose, place a few cubic centimetres of the pleural liquid you have just withdrawn in a small test tube. A coagulum usually forms which comprises all the elements contained in the liquid. When the histological examination is about to be made it is only necessary to shake it up, taking care to decant the fibrinous material and then centrifugating until a slight deposit has formed at the bottom of the tube.

Any liquid of acute pleurisy (even though the patient is vigorous and free from obvious taint) in which you observe an abundance of lymphocytes with red corpuscles, and the absence of endothelial plates, is the liquid of a tuberculous pleurisy. The cytoscopical examination of the pleural effusion is quite as necessary as the bacteriological examination of the expectorations in cases of doubtful pulmonary tuberculosis. In all these pleurisies cyto-diagnosis is necessary; any examination of a pleurisy in which cyto-diagnosis is not practised will be henceforth an incomplete examination.

However sure you may be of your clinical diagnosis, it is not sufficient; you may be taken by surprise. A certain pleurisy which you may have considered to be tuberculous because it occurred in connection with obvious pulmonary tuberculosis may not be tuberculous; another pleurisy which you may think to be merely influenzal because it occurs during the course of convalescence from that disease may turn out to be tuberculous pleurisy which has developed consequent upon the influenza. Certain sero-fibrinous pleurisies of traumatic origin, which we should be inclined to ascribe solely to traumatism, are in reality tuberculous pleurisies, the traumatism having favoured the appearance of the, until then latent, bacillosis.

You will note that in this discussion I have duly dealt with acute tuberculous pleurisy; it is especially to this variety that the method of investigation described above applies. It may, however, apply to tuberculous pleurisies of several months' standing.

In the case of a man in St. Christopher Ward who is suffering from a pleurisy which has been diagnosed by several physicians long since, an aspiratory puncture gave issue to a litre of yellow liquid; the presence of lymphocytes and red corpuscles revealed the tuberculous nature of this pleurisy, and sero-diagnosis gave a similar result.

But the formula may be quite different if it be a case of tuberculous pleurisy of old standing, and especially of tuberculous hydropneumothorax, or of pleurisy developed in connection with extensive tuberculous lesions of the lung. Under similar circumstances it is not lymphocytosis which predominates, but old deformed polynuclear cells, with segmented nuclei; sometimes also elements made up of vesiculated protoplasms and even amorphous masses which appear to be derived from the endothelium. In this category of pleurisies we must look to clinical observation to form the diagnosis. In doubtful cases, we might have recourse to cultures, inoculations and sero-diagnosis, but experience has shown that sero-diagnosis and inoculations give less exact results when the lesions are of ancient date than when they are recent.

Can we, then, decide whether a frankly acute sero-fibrinous pleurisy is or is not tuberculous? I maintain that we can, and it is, I think, cyto-diagnosis which furnishes the most trustworthy information, because it is not subject to the drawback of the other methods. We find that the majority of cases of pleurisy answering to the description of the so-called frankly pleurisy *a frigore* are in reality cases of tuberculous pleurisy, cyto-diagnosis branding them and pleural lymphocytosis revealing their orign.

We shall then note that there are infective agents capable of causing frank acute pleurisy which have nothing to do with tuberculosis. This group of acute pleurisies has no connection with tuberculosis; bacteriology had classed these pleurisies according to their pathogenic agents; cyto-diagnosis embodies them in the same cellular formula; they are pleurisies with polynuclear and mononuclear cells.

Let us now discuss another aspect of the question. If the so-called *a frigore* acute pleurisy be tuberculous, how can we explain its frequent enough disappearance without leaving the slightest trace? This curability is, in fact, the chief argument raised against the suggestion. Our reply would be that the fact of an attack of pleurisy being recovered from does not necessarily imply that it was not tuberculous. Tuberculous pleurisy is sometimes due to localised tuberculosis of the pleura (primary pleuro-tuberculosis); the pleura only is attacked, the lung being intact and the rest of the organism healthy. The serous membrane being well armed for defence, it is not surprising that the attack of pleurisy should subside without the infection being transmitted elsewhere. Moreover, this curability is not peculiar to tuberculosis of the pleura, for other serous membranes possess the same defensive property.

Tuberculosis of the articular synovial membranes, from simple arthritis to tuberculous pseudo-rheumatism, is frequently recovered from, and the same remark applies to tuberculosis of the pericardium. We no longer enumerate the instances of recovery from peritoneal tuberculosis, especially in the ascitic form. The cases of ascites, formerly grouped under the title of essential or *a frigore* ascites, are unquestionably cases of attenuated readily curable tuberculous peritonitis. Some yield to medical treatment without surgical intervention; others, after mere puncture with or without consecutive injections; others, again, after simple laparotomy.

This tendency to recovery is also observed in simultaneous tuberculosis of the pleura and peritoneum (pleuro-peritoneal tuberculosis). It is evident, then, that tuberculous pleurisy is susceptible of cure; indeed, it is sometimes remarkably benignant. M. Péron, who has studied this question from an anatomical and experimental point of view, arrived at the same conclusion: "In tuberculous sero-fibrinous pleurisy, which presents the clinical aspect of a so-called frank acute tuberculosis, the bacillary infection is at its minimum, while the reactions of the organism are well marked."

The curability of tuberculous pleurisy suggests to me certain reflections. From that now distant date when I first introduced the operation of aspirating fluids, I have practised, or had practised, in my various hospital clinics, a very large number of thoracenteses by aspiration; for some years my house physicians have published a detailed account of our cases of pleurisy treated by this method. Thanks to these documents I am enabled to affirm that all pleural tuberculous effusions, whether the pleurisy was primary or secondary, are amenable to treatment by aspiration. I will go even further and assert that with carefully prepared aspiration a cure is almost the rule, especially in primary tuberculous pleurisy.

But when we speak of the cure of tuberculous pleurisy we are not really thinking exclusively of the pleura. The question we ask ourselves is whether the pleurisy once cured will at some later period attack the lungs? Is the patient predisposed to tuberculosis? This is the question in a nutshell, and it is somewhat difficult to find an answer. You will have deduced from what precedes that a definitive cure occurs, especially in cases of primary pleuro-tuberculosis of purely pleural localisation, the lung remaining intact. But how are we to prove that the lung is not involved in an individual suffering from primary pleuro-tuberculosis? We know that acute pleurisy is often accompanied by inflammatory manifestations in the lung. A very small focus of tuberculosis may exist in the lung in a latent condition without revealing itself by the slightest symptom, and this unknown focus may at any moment give rise to a tuberculous "explosion." This fact

explains how it is that we meet with rapidly mortal cases of miliary pulmonary tuberculosis which appear to be of primary origin although in reality they are consecutive (the post-mortem proves it) to a small tuberculous focus which, until then, had run a latent course.

The same reasoning holds good for tuberculous pleurisy. A healthy individual is attacked by frank acute pleurisy; cyto-diagnosis (pleural lymphocytosis) shows his pleurisy to be tuberculous. Everything pleads in favour of primary and local pleuro-tuberculosis; the most minute examination fails to reveal the slightest pulmonary lesion. Yet this primary pleuro-tuberculosis may very possibly be consecutive to a minute pulmonary focus which has infected the pleura and which has up till then run a latent course.

All that precedes tends to prove that the genuine primary pleuro-tuberculosis not associated with any pre-existing lesion of the lung, as well as the pleuro-tuberculosis consecutive thereto, are latent foci of infection, and may both assume the appearances of so-called frank *a frigore* pleurisy. In many cases it is impossible clinically to distinguish them, since cyto-diagnosis places them under the same cellular formula.

But these two varieties of tuberculous pleurisy are not comparable in regard to prognosis, for the one is by no means as serious as the other. In primary tuberculous pleurisy, it is possible for the pleural lesion to heal without the infection becoming generalised. But if the lung is already involved, however small the lesion may be, the outlook for the future is less secure, for we then have to deal with a double tuberculosis, that of the lung and that of the pleura. The prognosis in acute tuberculous pleurisy is, as may be seen, somewhat uncertain.

Although the outlook in acute pleuro-tuberculosis is not unfavourable in its initial phase, do not repose too great a confidence in its relative benignity. With regard to this, acute pleuro-tuberculosis is generally a pleurisy associated with copious effusion. Perhaps this effusion is a method of defence; perhaps the lung, pressed back and compressed by the effusion, has less tendency to be invaded by pleural tuberculosis. I cannot affirm this for certain. If this hypothesis be true, common sense would lead us to deprecate too early recourse to thoracentesis. But, on the other hand, we know what grave results follow the presence of a large quantity of liquid in the pleura. Sudden death may result from it and many are the theories invoked to explain its occurrence.

In a communication to the Academy of Medicine on the treatment of pleurisy, I insisted on the frequency of this appalling accident; I easily collected forty examples of it, and yet we do not know the whole of these catastrophes, since the majority of them are not published. In analysing these observations we find that they are singularly alike in their details—at each moment one sees that the patient who died suddenly was attacked by an effusion followed by merely insignificant dyspnœa, so insignificant, in fact, that in many cases thoracentesis was not resorted to.

Do not forget that dyspnœa is an untrustworthy and even deceitful guide with regard to the necessity for thoracentesis. It is solely the amount of the effusion that should guide us. No sudden death is due to an effusion of less than 1,500 grammes (or, at any rate, but in very rare exceptions), whilst the patient may succumb suddenly with a more copious effusion. It is therefore necessary for you to know how to ascertain the approximate quantity of the effusion. This is easy owing to the information furnished by percussion, auscultation, and by the displacement of the adjacent organs, notably of the heart in a left-sided pleurisy. Radiographic exploration furnishes us with far less precise information.

Another question of not less importance. You are aware that in a case of acute tuberculous pleurisy the pleural liquid may reform rapidly and in great quantity after thoracentesis. I noted that this rapid and persistent reproduction of the liquid was much less frequent in acute infectious non-tuberculous pleurisy. On several occasions in patients suffering from acute tuberculous pleurisy, I have had occasion to withdraw in two or three sittings two or three litres of serofibrinous liquid. The effusion was for the moment checked, the symptoms of effusion were replaced by friction sounds, and the patient thought himself cured; but without any rise of temperature, dyspnœa, or pain the pleural liquid insidiously reformed to such a degree that in a few days it reached a litre and a half, two litres and even more.

Beware, therefore, of acute tuberculous pleurisy; it is a malady replete with surprises for the unwary practitioner. Its course is insidious, and the irregularity of its appearance is not the least interesting aspect of its history. Accustom yourselves to ascertain the quantity of effused liquid, and practise thoracentesis if it appears to you to be required. Continue to watch your patient, even if the acute stage seems to have come to an end; examine him every day and do not forget that the effusion you have evacuated may reform rapidly and pave the way to sudden death, unless, warned by experience, you have warded off this contingency.

So much for the active phase of acute tuberculous pleurisy. The treatment, however, does not stop there. The pleuritic subject is convalescent, but beneath the appearances of health the tuberculous lesion of the pleura is latent. Every person convalescing from acute tuberculous pleurisy ought to remain under treatment for a long time, even when he considers himself cured. The tuberculous infection dogs his footsteps. It is especially to his hygiene that you must attend. Your patient must avoid any cause of overwork and loss of strength. His nourishment must be substantial and varied; you must choose those aliments and drinks which excite the appetite. For a residence choose in preference high altitudes, and the patient must accustom himself to an open-air life. All exercises are permissible, on condition that he never pursues them to fatigue.

With regard to the tonic and strengthening treatments, you will prescribe cod-liver oil, in increasing doses, from 40 to 200 grammes per day, if it is well tolerated; for people who cannot take cod-liver oil, advise fatty aliments, cream, bread and butter. Certain hors-d'œuvre, oysters, caviare, sardines in oil, fish, and smoked meat ought to form part of their alimentation. You may have recourse to raw meat and meat juices, which have proved very useful in the treatment of tuberculosis. The good effects of this *régime* do not depend on the phenomenon of superalimentation pure and simple, but on the particular anti-tuberculous quality of the food.

Give the patient before each meal, in a small glass of wine or water, 30 drops of a preparation composed of equal parts of tinctures of kola, coca, and bark. Give injections of cacodylate of soda in doses of ·05 centigrammes every fifteen days for several months. The efficacy of this treatment has been proved. Induce your patient to attend to himself carefully and avoid all exposure.

The Out-Patient Departments.

TOTTENHAM HOSPITAL.

Cases from the Dermatological Clinic, under the Care of G. NORMAN MEACHEN, M.D., M.R.C.P.Lond. and Edin.

I. *Lichen Planus Hypertrophicus.*—A married woman, æt. 68, came for an eruption which had troubled her on and off for the space of two years, it never having completely disappeared during that period. The itching was at times intolerable. She had not had any previous illnesses, nor had she suffered from any mental shock.

On inspection, there was a copious, dark red eruption present upon the legs, thighs, and back, consisting of small papules and patches. Those upon the thighs were small and acuminate, while others upon the trunk were flat-topped and somewhat shiny. There were several irregular, warty patches of a brownish-red colour upon the extensor surfaces of the legs. There was no rash on the shoulders or wrists. The mucous

membrane of the mouth was not affected. She complained of feeling "out of sorts," and the bowels were constipated.

Dr. Meachen remarked that it might be possible for a superficial observer to mistake the condition upon the legs for psoriasis, but that the patches had neither the colour, the scaliness, nor the distribution characteristic of that disease. Moreover, if the inner sides of the knees were carefully examined in this case, several of the shiny, striated, flat-topped papules, pathognomonic of lichen planus, could be seen, and these were never found in psoriasis.

Pruritus, also, though occasionally complained of in the latter affection, was usually far more intense in lichen planus. The warty irregularity of some of the patches might, perhaps, suggest to some the verrucose variety of lupus, but such a diagnosis was rendered quite impossible by the length of history, and the absence of lupus nodules in or near the patches.

The patient was ordered a creolin bath, to be taken every night, and an ointment of creolin (℥v., ad. ℥j.), zinc oxide, and lead acetate. She was given an aperient mixture of iron three times a day.

II. *Purpura Scorbutica.*—The patient, a pale young woman, æt. 24, a waitress, came for "spots on the legs," which she had noticed for three weeks, and which were preceded by aching pains.

On inspection, there were numerous purpuric patches, somewhat ill-defined, of varying sizes, situated upon both legs, flexor and extensor surfaces alike, and a few smaller ones upon the thighs and forearms. Two or three flaccid bullæ, containing hæmorrhagic serum, were seen above both ankles, and the surrounding parts were tender to the touch. The patient's breath was very foul, and on examining the mouth blood was seen to be freely oozing from a hollow upper molar tooth and also from the adjacent part of the gums, which were slightly enlarged, especially behind the upper central incisors. Mastication was painful. There were no hæmorrhages from other mucous membranes, except that the catamenia were too profuse. There was no history of hæmophilia. On further inquiry from the patient, the fact was elicited that for the past eight months, during which she had been a resident waitress in a City hotel, she had subsisted upon a diet conspicuous by its lack of fresh meat and vegetables. The meat was stewed up again and again, while the potatoes and greens were "mixed together and fried in fat." She lived chiefly upon tea, ale, and stale bread and butter.

In pointing out the rarity of scurvy in modern, well-fed communities on land, Dr. Meachen said that such could only be the diagnosis in this case, though, at first sight, a severe form of purpura simplex in an anæmic subject might appear to suggest itself. As against this were (1) the ill-defined "shading-off" character of the purpuric spots; (2) their almost entire localisation to the lower extremities, especially to the region about the ankles; (3) the tenderness of the skin and tendency to the formation of bullæ; and (4) the clear history of the deprivation of fresh food.

The necessity for an alteration in the diet was fully explained to the patient, who was instructed to take fresh lemon-juice, grapes, and, above all, fresh milk, and soft, easily masticated food. She was given an astringent antiseptic gargle of tannic acid, myrrh, and boracic acid, and the mist. ferri aperiens. Owing to her inability to obtain the proper treatment at home, she was ultimately admitted to the hospital, where she made satisfactory progress.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—X.

[BY OUR OWN MEDICAL COMMISSIONER.]

THE WESTMORLAND CONSUMPTION SANATORIUM.

MANY excellent sanatoria now exist in Great Britain and Ireland where the well-to-do consumptive may obtain the best and enjoy the most suitable conditions making for recovery; but for those of meagre means the available accommodation is deplorably inadequate. For the benefit of the individual it is most desirable that efficient treatment be provided during the initial stage of the disease, but for the safety of the State and the speedy stamping out of pulmonary tuberculosis it is essential that due care be taken of the advanced cases. At the present time no adequate provision is available for the vast majority of the hopelessly phthisical belonging to the necessitous poor. This is a calamity for the sufferer and a peril to the public. The sooner this reproach is removed the better for one and all. Philanthropic agency is altogether insufficient to meet the case, and the coming of State assistance is long delayed. Meanwhile all efforts to alleviate the miseries and dangers necessarily associated with the present situation must be granted a sympathetic consideration, and such practical assistance as shall aid in a sure progress towards a solution which shall be in accordance with sound common sense and based on strict scientific principles.

The Westmorland Consumption Sanatorium is an institution deserving particular attention, since it is in the nature of an experiment, and merits such respectful study as should be accorded to every worthy pioneer effort.

The sanatorium is an example of what may be accomplished by wise private enterprise and the awakening of an intelligent public spirit. Its establishment is in great measure the outcome of the wise and energetic action of Dr. Rushton Parker and Dr. Paget Tomlinson. Westmorland is not a wealthy or populous county, but in the founding of this institution for the treatment of the phthisical it has set an example which it may be hoped will be speedily followed by other counties and municipalities. Although the institution is unpretentious and in some respects lacking in such elements as increased financial support might well supply, the sanatorium is a particularly interesting example of what may be speedily accomplished by a wisely directed combine of public bodies. The Earl of Derby is President of the sanatorium, and on the General Committee are no less than twenty-two representatives of such bodies and places as the County Council, Kendal Corporation, Windermere, Bowness, Ambleside, Grasmere, Arnside, Milnthorpe, Kirkby Lonsdale, and various boards of guardians and other associations. We are glad to find that the Executive Committee contains the names of two medical men, but we consider it a serious defect that there is no regular visiting staff, although a particularly efficient and experienced medical superintendent resides at the sanatorium. We are strongly of opinion that it is desirable for all public institutions of this character to be directed by a well-selected visiting staff, although it must always be remembered that the main success must depend on the persistent detailed and disciplined direction of the resident officer, who should consequently be granted considerable powers and left unhampered by all unnecessary restrictions.

The Westmorland Consumption Sanatorium is situated in the extreme south-west corner of Westmorland, at Meathorp, about a mile from Morecambe Bay, two miles from Grange-over-Sands, and eleven miles from Kendal. It is best reached by travelling *viâ* Carnforth to Grange, from whence a conveyance can be obtained for the sanatorium.

The institution was built in 1891 as a convalescent home for sixteen patients, but was taken over for its present purpose, and after an expenditure of £1,200 for such additions as dining-hall and eight day shelters, each accommodating two patients, was opened in March, 1900. It has been since further enlarged by the erection of seven sleeping shelters. There is now accommodation for twenty-four patients, eight in each of the two wards, and two in each of the four permanently used shelters, besides apartments for the resident medical officer, the matron, three nurses, and four maids. We consider that by the judicious expenditure of a comparatively small sum the present accommodation might be considerably improved and

much extended. It may be hoped local spirit will be stirred to maintain in a high state of efficiency what is a credit and distinction to the County of Westmorland.

Of the twenty-four beds at present available, twenty-one have been acquired by various councils and other public bodies subscribing £60 a year, and to which only residents in the county are nominated. Such patients pay 25s. a week. The average cost of maintenance is about 36s. a week per patient. Such beds as are not filled by Westmorland patients are available for suitable cases from districts outside the county at a uniform charge of two guineas a week.

The average length of stay of cases in the early stage of the disease is twelve weeks, moderately advanced cases eighteen weeks, and of cases in the quite advanced stage twenty-four weeks. It seems a mistake to admit hopeless cases in association with those who may be relatively "cured," and the Committee recognising this have, we understand, taken action with a view to devising some practical plan for dealing with persons in the county suffering from consumption in too advanced a stage to experience permanent benefit in the sanatorium.

The results hitherto obtained are certainly encouraging. The majority of the cases admitted in an early stage, and enjoying the benefits of a three months' residence in the sanatorium, are able to return to some years of useful work.

The sanatorium is well placed, but in some respects the site is hardly ideal, and greater protection from winds would be an advantage. The ground connected with the institution is limited, but the country in the immediate neighbourhood offers plentiful facilities for exercise.

The shelters are all of simple construction, and evidently strict economy has been studied in their preparation, but they are effectual and patients seem to do well in them.

The matron is a trained nurse, and the resident medical officer and some of the nurses, we understand, have been the subjects of pulmonary tuberculosis and are thus specially well equipped to meet the particular needs of those under their care.

Treatment is conducted in strict accordance with modern hygienic methods. Except under exceptional circumstances, the rooms are not heated. The dietary is simple, good, varied, and abundant.

It would be well if greater facilities could be provided for the scientific investigation of cases, and we certainly think it would be well if, instead of the axillary temperature being registered, charts were kept according to the oral records.

The details required by the medical certificate, which has to be submitted before a patient is admitted, appear to be too meagre to afford much directing value in the selection of cases.

The third annual report, issued at the commencement of the present year, contains much of considerable interest regarding the condition of the cases on admission and the results of treatment. The statement of accounts shows the sanatorium is conducted on lines directed by experience, discretion, and strict economy.

Westmorland may well be proud of its effort to provide for the consumptive poor, for it has indicated a path which other counties may well follow.

MANAGEMENT OF THE WOUNDED IN NAVAL WARFARE.—I.

Some useful information as to wounds and the care of the wounded in a naval war may be gleaned from a work published in Japan in the English language, on "The Surgical and Medical History of the Naval War between Japan and China during 1894-95." Much has been written about the wounds received in wars on land; indeed, the "Medical and Surgical History of the American Civil War" is full of interest and information. Of naval warfare we possess no medical history. The lessons of Trafalgar and Lissa, and the war between Chili

and Peru, have been lost to us, and there has been no previous experience of the treatment of the wounded on ships since the modern revolution in naval warfare.

Surgery in the Ship.

The surgery of a ship ought to be conveniently placed for collecting the wounded from the various parts of the ship, and also in places least liable to be disturbed by hostile shells. In the men-of-war of former days, as in the time of Nelson, there was a wide hatch extending vertically from the upper deck to the bottom, and below the water-line, which was admirably adapted, being in the centre of the ship, for a spacious surgery. Nowadays this part is occupied by the engine-room, coal bunks, &c., leaving no room for the wounded. This difficulty is experienced now in every ship. The surgery must be placed at the fore and aft of the ship, and consequently two are necessary, for it would be inconvenient to convey the wounded from one end of the snip to the other, especially so when the water-tight doors were closed, necessitating a very roundabout communication between the fore and aft of the ship. But, as in almost all ships there was no room for a surgery at the fore or aft below the water-line, therefore places like the lower deck were chosen, which is above the water-line, and not quite free from the intrusion of hostile shells; so it was the general scheme that two surgeries, one at each end, should be established. But some ships, lacking room, had to be content with only one surgery. The *Hiyei* is an instance of this kind, and in this ship the surgery, which was established in the wardroom at the rear of the lower deck, was hit by an enormous shell, which killed all the surgeons and others who happened to be there, or at least inflicted serious wounds, and also destroyed nearly the whole of the surgical instruments, &c. In another vessel two surgeries were established, one on the upper deck of the fore part, and another on the waist of the lower deck. Both were destroyed by shells, and the explosion of ammunition; and at this time the chief surgeon of the fleet were seriously injured, and some of the wounded persons then receiving treatment were killed. This caused also a great loss of surgical instruments.

We see, therefore, that any part that is above the water-line is not free from the danger of being struck by shells, and is, of course, unfitted for a surgery; but in the absence of room below the line, there is no alternative but to be content with what is obtainable. In order, therefore, to facilitate the conveyance of the wounded and avoid a wholesale catastrophe like that experienced on the *Hiyei*, it is prudent to have two surgeries. But this division has also its disadvantage, for dividing the surgeons, nurses, and surgical implements that are anyhow limited in number and quantity in every ship, it affords much inconvenience in treating many wounded men at the same time. In battles, sometimes fifty or sixty are wounded at a time and in one place. Supposing this should occur in the fore part of a ship, the wounded will naturally be brought to the surgery in that quarter, and the surgery is suddenly crowded and short-handed, although only urgent measures of relief are taken during the fight, yet even then it is impossible to pay proper attention to all the wounded. At the same time, the medical attendants in the other surgery may have nothing to do, and yet they are not able to help each other, which is a hindrance to successful treatment. The fact that many wounds afterwards suppurated was probably greatly due to the impossibility of giving anything more than temporary relief at the first. This separating of the surgeries may be unavoidable, but it is necessarily attended with great drawbacks. If a single surgery could be placed in the middle of the ship where persons wounded at various parts could conveniently be collected, and at a place below the water-line least exposed to the danger from shells, it might then be called a suitable one.

Conveyance of the Wounded.

Apparatus for the conveyance of the wounded can no more be uniform in size and construction than ships can. Various kinds had been provided for use on board, one like an easy-chair, net hammock, Macdonald's or Gihon's stretchers, &c., and the men had been drilled beforehand in their use. But during the actual engagement it was found that stretchers of all kinds were cumbrous and troublesome, and of very little use for the speedy conveyance of a large number of wounded to the surgeries during the noise and confusion of the battle. Hands alone were therefore employed on board the ships, and the stretchers were laid aside. Conveyance by hands alone is prompt and convenient, even if there be many wounded persons at one time, for every man who is uninjured can generally be useful for carrying wounded men; and so during the actual battle the Japanese were obliged to resort to this method. But even then a seriously wounded person requires the assistance of three or four men to get him up or down stairs, and there is always a great deal of confusion in the removal; also, in the conveyance of patients who have sustained fracture or extensive burns, this method certainly aggravates the injury, and from this point of view carrying on stretchers is by far the better.

Treatment of the Wounded.

At first only urgent and temporary measures of relief were taken, such as to wash the insides of the wounds, to disinfect the surrounding skin, to extract foreign bodies when they could be easily seen and removed, to staunch hæmorrhage, by compression or torsion, and in case of a fracture to apply splints. This is inevitable during battle, when little individual care can be given to the patients. When the battle was over, proper treatment was accorded in the order of the urgency of the respective wounds. At the time of the second treatment the wounds were again disinfected within and around, any foreign body that was recognised by exploration was removed, splints that were found not to have been properly applied were renewed, and so forth. The principal antiseptics used in ships for irrigation of wounds and other similar purposes was a solution of carbolic acid, 2·5 to 3 per cent., sometimes supplemented by a sprinkling of iodoform. To wounds in the eyes, chest, and abdomen a solution of boracic acid was chiefly used. For dressing materials, corrosive sublimate gauze, carbolic acid gauze, or absorbent cotton wool were employed, with linseed oil paper and bandage applied over them. The splints used were all made of wood. For gypsum bandage, which is very inconvenient for use on ships during action, wooden splints proved an efficacious substitute. In spite of the great attention paid on each ship to the washing of wounds with antiseptic solution, the process was not enough to prevent the wounds from suppuration, and it is therefore plain that stronger measures should be taken with shell wounds. Shell wounds are extremely disposed to suppuration, and the conditions on board ships during action were likely to soil wounds; and, besides, the surgeries were all in unsuitable locations. With shell wounds sustained in parts covered with clothes, a soiled piece of cloth is very frequently found remaining within, and there were not a few cases in which these foreign substances were taken out in the hospital, to which the patients were admitted many days after injury. On account of the loss of vital function, the wound surface cannot resist even a few micro-organisms, if once admitted. The surrounding tissues should therefore be strictly disinfected, care

being taken at the same time that the disinfection should cover a larger area than that which is protected by dressing materials. The inside of the wound cannot be expected to be perfectly cleansed during the confusion of fighting, so if the quantity required be not as large as to cause poisoning, a solid antiseptic like iodoform may conveniently be sprinkled into the wound.

France.

[FROM OUR OWN CORRESPONDENT.]

Paris, August 30th, 1903.

Danger of Hair Dyes.

Dr. Lamargne has drawn attention to the danger of capillary tinctures and more especially of the vegetable kind. These products, composed from paraphenylene, dianime and oxygen water, largely employed on account of the fine colour they produced, were exceedingly toxic, and caused accidents not only to the skin, but to the mucous membranes and the internal organs, such as itching and swelling of the eyelids, injection of the conjunctiva, itching of the nose, frequent sneezing, sensation of dryness and constriction in the throat, albuminuria.

Impetigo.

Prof. Jacobsen recommends for this troublesome malady the painting, once, of the surface with a solution of nitrate of silver (1—10). When the caustic touches the epidermis the patient experiences a sharp burning sensation for a few minutes. The following day the lesion is dry and black, naturally; the aspect of the surface has completely changed. While before the application it was swelled, uneven, and divided in many places by ulceration and crevasses, it is now more uniform, the congestion has disappeared, and a tendency to heal has begun.

The improvement continues the following days, and in a short time the black colour disappears and underneath is found an epidermis of neo-formation, smooth and without the slightest infraction. This method of treating impetigo insures the complete cure of an affection which, although not very grave in itself, yet could have a bad influence on the development of the children.

Oïdium Albicans.

The usual remedy for apthous stomatitis is a mixture of borate of soda and glycerine or honey, but M. Merletti considers that swabbing out rapidly the mouth with oxygenated water followed immediately by a similar operation with a 5 per cent. solution of borax, gives better results under the influence of the combined treatment. An abundant froth is produced by the decomposition of the oxygenated water. The oxygen destroys the parasite and exercises a salutary influence on the inflamed mucous membrane. According to the author, this mixed treatment repeated only three times in the twenty-four hours cures rapidly the graver forms of confluent aphthæ.

Ingrowing Nail.

According to Dr. Blanc, the most rapid treatment of lateral onyxis is that of applications of finely powdered nitrate of lead. Eight days are generally sufficient to effect a cure, and the treatment has not only the advantage of being painless, cheap, and easily applied by any intelligent person, but also of allowing the patient to continue his occupation. Before the first application a prolonged foot-bath should be taken, then by the aid of a flat spatula a thin layer of cotton is slipped between the nail and the fungoid growth to protect the healthy part of the nail. After powdering the parts, a wet compress is applied. The dressing should be renewed every day.

Germany.

[FROM OUR OWN CORRESPONDENT.]

Berlin, August 29th, 1903.

At the German Surgical Congress, Hr. Sonnenburg read a paper on the

Significance of Leucocytosis in Perityphlitis.

In his examination of the blood changes in perityphlitis he had recognised that the increase or diminution in the number of white blood corpuscles was an aid in prognosis. The leucocytosis test was a complement of the temperature test. Not enough use was made of the test at present.

Hr. Federmann had, during the last few months, made the test under Sonnenburg's guidance in 150 cases of acute disease. All the cases were operated on, and the diagnosis was confirmed in all. The examinations had the object of leading to a determination as to whether an operation should be performed at once, or whether it should be done later under more favourable conditions. The participation of the peritoneum was of importance. Twenty-five were cases of simple appendicitis, with catarrhal inflammation, the sero-fibrinous form. Here the diagnosis was easy; for the first few days the leucocytosis was from 20,000 to 30,000, which in the course of four or five days returned to the normal. In the purulent form, the circumscribed and the advancing must be distinguished. Of the first class 70 cases were examined, they were cases of primary suppuration, here also for the first few days there was a leucocytosis of 20,000 to 30,000, which in the first five days fell to 15,000 to 18,000. In the advancing form there was increase and a fall when the advance came to a standstill. Thus the leucocytosis gave a picture of the anatomical conditions. The gangrenous form had a typical leucocytosis curve—steep ascendancy, continuing higher, and then a descending limit. The graver the case the quicker fell the leucocytosis, the higher the curve rose the better the prognosis as regarded operation. The proper estimation of the value of leucocytosis could only be arrived at by consideration of the whole assemblage of symptoms, pulse, temperature and local condition.

Hr. Körte, Berlin, inclined more than formerly to early operations. This might be partly due to the fact that of late he had not more than seven cases, but the change was based on the observation that a number of cases that for external reasons were not operated on took on a grave and unfortunate course. In early operations in quite acute cases he had many times seen pus in the abdominal cavity within 12 to 14 hours after the commencement of the illness; of these early operated on cases not one had died. But many of the acute cases were cured by waiting also. In general a determination before the third day was uncertain. He operated early in every grave case.

Hr. Sprengel, Brunswick, pointed out that 1,000 people died every day from perityphlitis in the German empire. It was their duty therefore with all their might to keep down this dreadful mortality. His colleague, the physician, now sent all cases of appendicitis into the surgical wards where they were operated on at once. In this way he had carried out 36 early operations with only one death from later septic pericarditis. The average mortality of each operation was at most 3 per cent. Perforation of the appendix was not different from perforation of other portions of the intestines, and must be treated in the same way. If the bowel was still collapsed the prognosis was favourable, if the bowel was distended fatal intestinal paralysis was to be dreaded. If no distinct improvement had taken

place in the first 24 hours an operation should be performed. The possibility of a rupture forming should not deter from operation, we must only try to avoid one. The counting of the blood corpuscles was only a way made use of by the physician of keeping the surgeon from operating. It left one in the lurch in bad cases and did no good.

Hr. Sonnenburg was of an opposite view as regarded the counting of the leucocytes. Since 1890 he had treated 677 cases of perityphlitis, of which 573 were operated on and 104 treated expectantly. His earlier view, to operate on every case at once, he had modified from his later experiences in so far that where the symptoms were not pressing, he now waited for twice 24 hours.

Hr. Kümmell, Hamburg, operated at once when the symptoms were serious, but he warned them against acting on a scheme. Why operate when the clinical symptoms were mild? The clinical symptoms were often a certain guide to the character of the disease. He had operated on many patients in the intermediary stages with a mortality of 0·75 per cent. Operation was always a serious procedure, and for this reason the surgeon should never follow a scheme but, should individualise.

Hr. Riedal, Jena, had brought things so far that the physicians of Jena and neighbourhood who saw a case of perityphlitis in the morning sent it into hospital at mid-day, where it was at once operated on. The result was that now scarcely anyone ever died of the disease, whilst formerly the misery of conservative treatment led many to death. An operation should be performed within the first ten hours, as, in cases not clinically serious apparently, rupture might already have taken place—as was shown not infrequently at operations. Not only early operation was necessary but the very earliest possible—"die allerfrüheste Fruh-operation." In regard to the counting of leucocytes he totally differed from Sonnenburg and Federmann.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, August 29th, 1903.

PATHOLOGY AND TREATMENT OF ASTHMA.

SIHLE has defined asthma as a neurosis in the region of the respiratory and circulatory apparatus, requiring four factors for its production, *viz.*: (1) A hypotonia in the nonstriated muscles of the bronchi; (2) a similar condition in the vessels of circulation through the lung, including the heart itself; (3) a nervous process which acts on the bronchial secretion; (4) and, lastly, a fluxional hyperæmia of the entire mucous membrane.

Against the fourth cause we are helpless in our treatment, although the first three can be promptly relieved by drugs ready to hand. In a typical case the following will be found to act effectually:—

℞, Infus. folia digitalis 1·0, 150·0 grammes.
Heroini muriati, 0·6 „
Kalii iodidi, 5·0 „
Sig.—One tablespoonful every four hours.

It should be added here that this mixture rapidly undergoes changes, and if kept any time the digitalis should be prescribed alone and not in combination with the other two components. Half an hour after the first dose the patient will find relief.

HETOL.

This drug is still on the increase as an antidote for tuberculosis. So many of these injections have been placed on the market lately that our faith is well-nigh shaken—one becomes a sceptic in every remedy put before us, no matter what its merits are. Hetol is now put up in sealed tubes containing one injection with varying strengths of solutions, as 1 per cent., 2 per cent., and 5 per cent. It is not an expensive article like tuberculin, and is calculated to cure within 100 days after 36 injections, the cost of which will not exceed six shillings.

For benefit in society practice and charitable institutions nothing can compete with it.

STREPTOTHRIX PYÆMIA.

Horst records a case of streptothrix pyæmia in man which came under his own observation which died and revealed an undeniable condition of streptothrix.

The patient was æt. 33 years, and clinically during life had all the symptoms of tuberculous meningitis.

The post-mortem revealed multiple metastatic abscesses in the brain, apparently due to original lymphatic glandular destruction in the bronchi, as there was chronic tuberculosis of the lung, with bronchial and mesenteric destruction of the glands, as well as tuberculosis of the bowel. The cause of the tuberculous symptoms seems to have been due to a streptothrix which was obtained by cultures and biological transmission to animals. The invasion of the streptothrix appears to have commenced in the bronchus, whence it invaded the lymphatic glands and finally produced pus. From these centres the fungus passed into the hematic circulation, producing embolism in the brain, which was the ultimate cause of death.

GUMMA IN THE FEMALE URETHRA.

Lebenbach has collected evidence in 28 cases in Neuman's clinic to prove that the various diseases represented under ulcus chronicum sive elephantiasticum, ulcus rodens, elephantiasis ulcerosa, and lupus sive esthiomenas vulvæ are one and the same process, as all commence by ulceration and pass through the same characteristics as exhibited in the skin and internal organs, forming a hyperplasia in the fibrous tissue and inclining to recur in the same place or attack neighbouring tissue, all of which will yield in some measure to anti-syphilitic remedies.

Hungary.

[FROM OUR OWN CORRESPONDENT.]

BUDAPEST, August 29th, 1903.

AT the recent meeting of the Hungarian Neurological Society, Professor Moravcsik related a few interesting cases of mental disease.

1. *Sclerosis Multiplex with Insanity.*—A hawker æt. 40, was admitted to hospital with nystagmus, manifest tremor, faulty articulation, right-sided paralysis of the external muscle of the eye, increased patellar reflex, and spastic gait. Two days after admission he became very irritable, did not sleep at night, and had hallucinations, abusing his fellow-patients and spitting on them. He was therefore transferred to the observation ward, where he became quieter, but definite mental weakness remained.

2. *Paralysis Agitans with Mental Weakness.*—A smith, æt. 46, who previously was quite healthy bodily as well as mentally, noticed a year ago, after lifting a heavy load of iron rods, that his right hand trembled, and this later involved the right leg and the head. Coincidently with the paralysis agitans, symptoms of weak-mindedness made their appearance. His facial expression become peculiarly rigid, and the right upper limb showed some rigidity on passive movements. Both hands, but especially the right, were the seat of oscillatory trembling, which considerably increased

under mental influences. The attitude of the body was rigid, the movements were in some measure limited, difficult, and slow. The trunk was not bent, and neither antero- nor retropulsion was present. The curve of the tremor taken up with the Marey polygraph showed the type described by Charcot and Marie.

3. *Acute Hysterical Insanity.*—A. K., æt. 19, daughter of a lawyer, of neurotic heredity, her mother and sisters being hysterical. Three years ago, the emotion caused by the outbreak of a large fire in the neighbourhood rendered her unconscious, collapsed, and this was followed by delirium. She was in the habit of attending spiritualistic *séances*, and on such occasions she had several times fallen into a state of hysterical catalepsy. On May 16th, 1903, on the receipt of a letter from her betrothed, she was upset, had a feeling of oppression in the præcordia, and then consciousness became dulled. She walked irritatedly up and down the room, spoke unintelligibly, sprang from her bed, screamed, and did not recognise her friends. She refused food, and developed obstinate insomnia. On May 20th, she was placed in the observatory wards of the St. Rochus Hospital, where she became quieter on the administration of bromides. On May 21st, in the morning, she regained consciousness, and felt as if a veil had been torn from her eyes. She failed to remember anything that had happened since the perusal of the letter in question, and wondered how she had got into the hospital. From this time she behaved quite reasonably. On examination, she was found to exhibit the stigmata of degeneration. Her forehead was low, narrow above, the pupils were unequal, but promptly reacted to light. Her tongue and hands were tremulous, the reflexes were increased. The field of vision was concentrically narrowed, the acoustic nerves were hyperæsthetic. There was hyperosmia and well-marked dermographia. Touching the forehead with the finger left a circumscribed red spot. The left ovary was tender; irritable temper.

4. Demonstrating several cases of male and female paralysis progressiva, the speaker pointed out that experience showed this pathological form to be readily propagated among women. But it must be admitted that the symptoms in women are not as striking as in men. He called attention to the fact that the megalomaniac form is often followed by the depressive form, and *vice versâ*.

5. The speaker drew attention to the fact that paralytic patients often inflicted injury on themselves, partly as the result of erroneous ideas, partly in order to alleviate their pains. This at first sight might seem paradoxical, though it was a matter of fact. He exhibited a man who, besides his hypochondriacal fancies, had disagreeable feelings in his tongue, and complained that his tongue was going to fall out of his mouth. On this account he had repeatedly bitten his tongue. The speaker related a further case, wherein a paralytic patient slit up his scrotum with the finger nail, and tore out one testicle without having manifested the slightest sign of pain.

The Operating Theatres.

KING'S COLLEGE HOSPITAL.

COLOTOMY FOR ULCERATIVE COLITIS AND SUBSEQUENT CLOSURE OF THE OPENING.—Mr. PEYTON BEALE operated on a man, æt. about 45, whose history was as follows:—He had been in the hospital for five weeks, having been admitted complaining of intense pain in the region of the ascending and transverse colon, together with diarrhœa and the passage of large quantities of blood *per rectum* at intervals. He had lost so much blood that he was beginning to suffer from the loss, and was quite unable to work. The pain was most intense in the region of the hepatic flexure, and was aggravated on taking a deep breath, giving rise to a suspicion that the liver might be adherent to the colon. Soon after admission, Mr. Beale performed inguinal colotomy on the right side, the cæcum being withdrawn from the wound and a longitudinal opening made in it three days afterwards. On passing the finger along the ascending colon a large ragged ulcer was felt near the hepatic flexure. The ulcer was about two inches in diameter, having a very indurated edge, and was firmly adherent to the liver. It felt as if it extended through all the coats of the colon, so that no attempt was made to separate the latter from the liver. After the colotomy had been done the whole of the colon was thoroughly washed out with a mild astringent lotion of tannic acid. After three or four weeks the ulcer could no longer be felt, having completely healed up. All pain was absent, and it was deemed advisable to close the colotomy wound. This was done as follows:—The mesenteric stitch was first cut and removed and the finger was carefully introduced between the cæcum and the edges of the abdominal wound until the bowel was quite free. Pieces of gauze were then tied round the bowel in a single knot above and below the opening, a few adhesions between the outside of the hepatic flexure and the liver marking the site of the old ulcer were broken down, and the edges of the colon were approximated, so that the line of union was at right angles to the long axis of the bowel. It was explained that the original colotomy opening in the cæcum was made parallel to the long axis of the bowel and the opening was now closed at right angles to it, the object, of course, being to prevent cicatricial contraction. The cæcum was now dropped back, and the abdominal wall closed in three layers, *viz.*, peritoneum, muscles, and skin. Mr. Beale said that he considered the mesenteric stitch to be far superior to the older method of stitching the bowel closely to the edges of the abdominal wound, since it allowed the bowel to be so very easily freed from the abdominal walls if it was subsequently thought desirable to close the opening and drop it back. He believed it was always better to make a longitudinal incision in the presenting wall of the gut at first, because if it was afterwards desired to close it and drop it back the closing could be much more satisfactorily performed than when the bowel had been completely divided. Moreover, it could be closed as indicated above, that is to say, by approximating the edges of the bowel so that the line of suture was at right angles to its long axis, thus preventing subsequent cicatricial contraction and consequent stenosis. He thought that whenever a surgeon performed colotomy at the present day, one of the first things to be considered was the possibility of closing the bowel subsequently and dropping it back into the abdomen.

A week after the closing of the colotomy wound the abdominal opening was healed, the patient's bowels were acting normally, and he was free from pain.

TOTTENHAM HOSPITAL.

ABDOMINAL HYSTERECTOMY.—Dr. ARTHUR GILES operated on a single woman, æt. 43; the patient had been attending the Out-patient Department under Dr. Chappel for some time on account of her general health, and had only latterly mentioned an abdominal pain which was constant; this led Dr. Chappel to examine her, when he found a large hard tumour rising to the umbilicus, which he diagnosed as a multiple fibromyoma of the uterus. On admission this diagnosis

was confirmed. Vaginal examination showed that the pelvis was almost filled up with the growth and hysterectomy was decided upon. A long median incision was made and the tumour exposed. It was found to have pushed up the bladder and to have stripped up the peritoneum of the left broad ligament, forming a close adhesion to the sigmoid. It was found very difficult to reach the cervix because it was pushed down low by a large myoma which occupied the lower anterior part of the uterus, extending deep into the pelvis and dissecting up under the bladder. During the enucleation of this tumour the bladder was opened, though this was not discovered till at a later stage of the operation. The mass on the left side was closely incorporated with a cystic ovary, and both were adherent to the sigmoid. When the adhesions had been separated, the site of the adhesion on the sigmoid appeared to be the seat of a malignant growth which seemed to partially encroach on the lumen of the bowel. When the multiple tumours had been removed and the peritoneal margins were about to be united over the stump of the cervix, the opening in the bladder was seen, and it was closed with a double row of Lembert's sutures. The remainder of the operation presented no special features and the wound was closed by the usual three layer method. Dr. Giles said that the case presented several features of interest. The indication for the operation was pain due to pressure. In view of the way the tumour filled the pelvis it was rather surprising that pressure had not shown itself also in the direction of obstruction, but there was not more constipation than is frequently found in women, and the bladder was only affected to the extent of causing some frequency of micturition. The technical difficulties of the operation were considerable owing chiefly to the way in which the anterior mass was wedged down in the pelvis and the firm fixation to the sigmoid on the left side. It was difficult to say whether the myoma, the diseased left appendages or the sigmoid growth was chiefly responsible for these adhesions. The occurrence of malignant disease of the bowel as a complication of uterine myoma was not frequent; he had met with it in one other case in which, however, it was not discovered at the time of operation (hysterectomy), but the patient developed intestinal obstruction six weeks later; it was thought that this might be due to adhesions connected with the operation, but on opening the abdomen the uterine stump was healthy and free and a large irremovable growth was found in the sigmoid; a colotomy was therefore done, but the patient died within thirty-six hours. In the present case the sigmoid growth was probably, but not certainly, malignant, but in any case he considered that it would be unwise to prolong so severe an operation as the one the patient had just undergone by further procedures on the bowel; it would be better, he thought, to watch the patient and be prepared to do a second operation on the first sign of intestinal obstruction. The bladder injury illustrated, he said, the importance of complete emptying of this viscus before operation; owing to this having been done properly in this case no leakage of urine occurred and the patient might be expected to recover without any symptoms referable to the accident.

The patient left the hospital three weeks after operation, having made a quite uneventful recovery, without any symptoms of intestinal obstruction, nor had any such symptoms occurred three months afterwards.

Royal Army Medical Corps (Volunteers).

Lieut.-Colonel J. E. Squire, M.D. (London Corps), has been granted the honorary rank of Colonel.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 2, 1903.

OUT-PATIENT DEPARTMENTS FOR INFECTIOUS HOSPITALS.

As an object-lesson in preventive medicine the work of the Metropolitan Asylums Board stands forth pre-eminently before the eyes of the public. This body might, with equal justice and propriety, assume the title of "The Metropolitan Board of Preventive Medicine," including, as it does, the supervision and control not only of the insane and those suffering from infectious diseases but also the care of the feeble-minded and of children afflicted with ringworm and ophthalmia. The annual report, which has recently been issued, for 1902 shows evidences of keen activity and enterprise in every department. During the year there were 14,503 cases of scarlet fever, 7,961 of small-pox, 6,520 of diphtheria, and 1,420 of enteric fever admitted into the Board's hospitals. The death-rates for these diseases were 3·4 for scarlet fever, 16·6 in the case of small-pox, 11·0 for diphtheria, and 15·5 for typhoid. The last figure may appear to be somewhat high when compared with the mortality met with in enteric fever in general hospital or private practice. With the latter there is every reason why the death-rate should be the lowest; the cases come under observation earlier, and consequently the diagnosis is suspected or made sooner; moreover, rest can be enforced from the very beginning of the complaint, and the patient can be nursed *in situ*—*i.e.*, in his own house. We do not refer, of course, to the very poor, who endeavour to keep about to the last and in whom the diagnosis is made at a much later stage. The excitement of a long carriage-journey to a fever hospital is most detrimental to a typhoid fever patient, even when undertaken with all facility in the best and most smoothly-running

horse-ambulance. Similarly, the mortality from the same diseases averages from 9 to 12 per cent. in general hospitals, and in some American and continental institutions it has fallen even as low as 7·0 per cent. This can be explained by the fact that patients attend the ordinary medical or casualty departments of the hospitals perhaps with nothing more than a high temperature and a suspicious history. They are immediately admitted into the wards, when possible, and the presence of the disease is confirmed a day or two later, but they have no long distance to travel. The establishment of out-patients' departments in connection with the infectious hospitals would go far to obviate this more than apparent disadvantage, while it would also tend to relieve the congestion of the general hospitals and, at the same time, assist in minimising the risks of infection which are constantly run by the latter institutions. It might be urged that such a departure would presume or encourage additional or special medical knowledge among the general public which would not always, perhaps, be desirable, and that cases would certainly find their way to the infectious hospitals which should have gone to general ones. These objections are not of sufficient weight when placed side by side with the advantages which would be gained by the patients themselves and the public at large were such annexes to be constructed. Not only would enteric patients benefit by this procedure, but those suffering from other infectious diseases also. The child gasping with laryngeal diphtheria could then be taken by its mother directly to the fever hospital, instead of going to a general hospital only to be refused admission, and having to wait hours before the arrival of the ambulance. Small-pox suspects or contacts could be directed to attend at these departments, if necessary, during their period of enforced or voluntary quarantine. We beg to submit the suggestion for the consideration of the Metropolitan Asylums Board in the hope that such an experiment might prove practicable and also that it might help to increase the popularity and the utility of the work of that body as the custodian of the public weal.

THE OUTLOOK OF THE PHTHISICAL.

IN endeavouring to establish the value of any method of treating pulmonary tuberculosis, we are fain to have recourse to statistics if we wish to demonstrate a prolongation of life. The ordinary statistics, based on the returns of special institutions or compiled from the returns of life insurance companies, are open to the objection that in calculations based on the average duration of life from the onset of the symptoms to death no account is taken of the patients actually living at the date at which the investigation terminated. Dr. Stadler, of the Marburg Polyclinic, has adopted a more rational plan which appears better calculated to afford a fair estimate of the average duration of life in such subjects and incidentally of their degree of incapacity for work. Taking 670 cases of phthisis in the first and second stages, whose prospect of life calculated in the usual way would be 3·2 years, he establishes the percentage of survivors to the total number of patients year by year for nine years, as well as the percentage of deaths during the same period of time. On this plan every patient who is living at the end of eight years is reckoned as living during each of the preceding years since the onset of the disease. He found that about two-thirds of the patients are still alive at the expiration of four years, and it is not until the seventh year that the number of deaths rises approximately to that of the living. He infers that in regard to the particular class of patients (peasants and working men) treated at this institution the prospect of life is about seven years. With regard to the capacity for work of these sufferers, he calculates that, roughly speaking, half of them are able to perform work of some sort as late as the fifth year, that is to say, they are not incapacitated for work to such a degree as to be reckoned invalids under the terms of the German law of insurance against "invalidity." Incidentally, Dr. Stadler remarked that the prospect of life, *i.e.*, the average period of survival, is longer in females than in males, six years in the latter and seven in the former. This is only what one would expect in view of the greater opportunity enjoyed by women of taking care of themselves, as compared with men who continue to work until disabled by the malady. The longest periods of survival were noted in subjects between fourteen and seventeen years of age, the shortest between forty and sixty-nine, the average in the latter group being only five years. Occupation appeared to exert a marked influence on the duration of survival. Home workers averaged seven years, while subjects who worked in the open, or who were exposed to dust, only averaged six years. Exposure and dust appeared equally prejudicial to the sufferers, in so far as the progress of the disease is concerned. Dr. Stadler's next step was to apply his statistical method to the inmates of a neighbouring sanatorium, but it was impracticable to continue his observations beyond the fourth year. He found, however, that during the first three years of sanatorium treatment the mortality was one-fifth below the average of out-patients, but the benefit was only temporary, since in the fourth year the proportion of deaths among the inmates was already higher than outside. In respect of their capacity for work, the proportion of patients in the fourth year still able to follow their occupation was 25 per cent. higher in those treated in the sanatorium than in outsiders. The general conclusion to be deduced from these carefully thought out statistics is that the sanatorium treatment has for effect to prolong life and the ability to work by from a fifth to a quarter. It would be interesting to apply this method to the inmates of our own sanatoria, for we believe that the results would work out more favourably than is the case in Marburg. Moreover, calculations of this kind can only apply to the special

classes of patients under observation, so that, however interesting they may be, their practical utility is open to question.

POPULAR VIEWS OF VIVISECTION.

THE *Daily News*, suffering doubtless from the annual dearth of matter that characterises the autumnal holiday season, has started the discussion of vivisection in its correspondence columns. The subject is one that lends itself readily to popular treatment. It is easy to draw detailed pictures of experiments upon lower animals in such a way as to shock every humane reader, and to run the whole gamut of his better emotions. The moral aspect of vivisection, however, will have to be determined upon grounds of reason as apart from those of sentiment and mere emotion. From the sentimental standpoint presumably, anti-vivisectionists admire pigeons, larks, salmon, deer, lambs, calves, and all harmless and beautiful creatures of the Creation generally. Sentimental admiration and kindness, however, have so far given way to reason as to permit them to slay and kill any or all of the animals mentioned for the sake of food. Nay, more, the killing and slaying, whether performed in the slaughter-house or out in the open by way of sport, is often conducted under circumstances that inflict a vast amount of unnecessary pain upon their unhappy victims. Then, again, these sentimental objectors to vivisection do not hesitate to use decorations for their bodies obtained from living lower animals at the cost of pain and at times under circumstances of revolting cruelty. Your true anti-vivisectionist, however, declines to discuss the right assumed by mankind over the lives and the bodies of lower animals for purposes of food, sport, convenience, or personal decoration. His mind is so concentrated upon the mote in the vivisectionist's eye that he fails to recognise the beam that obscures his own vision. The *Daily News*, following the classic methods of modern journalism, opened the anti-vivisection correspondence with a shot from a big gun, to wit, Mr. William Watson, the poet. Of all persons in the world a poet is, perhaps, the least suited for the calm discussion of a somewhat tangled ethical question of this kind. The amiable and gifted gentleman who set the ball rolling in the present instance has proved no exception to that general rule. He has, indeed, made an eloquent exposition of the sentimental side of the matter, but of sound argument there is a scant allowance indeed; when one takes into consideration the sweeping nature of his conclusions. The pith of Mr. Watson's contention is that man has no right to inflict unnecessary pain upon lower animals for experimental purposes. Why should he draw the line at scientific experiment? The infliction of unnecessary pain, he says, is indefensible in the case of scientific investigation, although conducted with a view to the safety and protection of mankind. Why, then, is the infliction of unnecessary pain to be condoned when inflicted upon lower animals for the sake of subsistence, of vanity, of recreation, or of utility and convenience. The point thus raised is of such a crucial nature as to demand, in our opinion, a clear and adequate settlement before the discussion can go further. The old question of fact has already cropped up in the course of the discussion, namely, whether any benefits have actually accrued to mankind through the knowledge derived from experimental investigations. The whole progress of scientific surgery and medicine ultimately depends on that of physiology, which at every turn depends on facts derived from experiment. In this indirect way, and also directly, both physicians and surgeons at times resort to vivisection, in order to test, to found, or to modify their theories and conclusions. To take an instance, it is desired to know the exact origin of fluid effused in pleurisy. By inoculating a guinea-pig it may be definitely ascertained whether the malady is or is not of tuberculous origin. The information thus gained by a simple vivisection experiment may quite conceivably be of supreme importance to a number of human beings. Of what value are many guinea-pigs to one man? In the course of his lifetime the anti-vivisector does not hesitate to eat droves of oxen and shoals of fish; why then, should he boil over with rage and indignation when a few lower animals are sacrificed under legal safeguards in a laboratory with a view to his ultimate bodily benefit? It seems to us that the anti-vivisectionist fails to view his general relationship to the lower animal world with the same spectacles that he assumes in order to inspect the special conditions that exist between the scientific investigator and the lower animals.

Notes on Current Topics.

Vivisection and Theology.

IN these days when the benefits which science would confer are received with ingratitude by many, and the methods by which these benefits have been obtained are maligned and misinterpreted by more, it is quite refreshing to learn that there still remain a few who do not cherish the belief that experimental medicine consists in violating every known doctrine of Christian theology. In a recent paper in the *Humane Review*, the Right Rev. Mgr. J. S. Vaughan appears as a true champion of scientific vivisection. Well-worn and homely as his arguments are, they serve so admirably as a popular exponent of the aims of experimental medicine and the necessity for its practice, that we would fain quote them here as illustrating the best position a medical man can take up when challenged upon the matter. "Here is, let us say, an ordinary good-natured and able physician," writes Mgr. Vaughan, "whom we will call Dr. X. His whole aim and object is to diminish pain and to allay suffering. It is not in his power to destroy it, therefore he directs his efforts to alleviate it. He knows that men are by far the most sensitive

of sufferers. He knows that they are subject to certain painful diseases. He has good reason to think that a certain treatment would bring great relief, and perhaps even produce a cure. But his reasoning may be defective, and he cannot ascertain with any degree of certainty whether his opinion be well - founded unless and until he can test his theories by actual experiment. That is to say, he must actually apply the remedies. It is essential that he should make the experiment on a living organisation of some kind. But upon whom? Well, there are but two classes of creatures to choose from. We must make it either upon a human being or else upon a beast; either, let us say, upon a sick child, or upon a rabbit. The anti-vivisectionist objects to all experiments on animals, and in effect, answers, 'The experiment must be made on the sick child, not on the rabbit!' And this is why we call the anti-vivisectionist cruel. We, on the contrary, hold that the experiment should be made on the rabbit or other beast, and not upon the unfortunate sick child. Yet, on that account, we are called cruel. Our reason for maintaining this view is, first, because the beast is less sensitive to pain. Secondly, because its loss of life, should the experiment prove abortive, is of far less consequence. Thirdly, because the child is our very own flesh and blood, and a member of our great human family, and has immeasurably greater claims upon our pity. Fourthly, because God has given men dominion over the beasts of the field." For these and other reasons, the necessities for the use and practice of vivisection with all mercy and tenderness are considered to be fully justified by this reverend champion. *Experimentum fit in corpore vili!*

The Treatment of Baldness.

Most of us who have at any time frequented the larger hair-cutting establishments in the Metropolis are acquainted, by sight at any rate, with the imposing gentleman in a frock coat, who wears moustaches half a yard long and a crop of hair on his head which would not shame the most unsuccessful of literary men. He is spoken of by the assistants in reverent tone as the "hair specialist," and if we are unfortunate enough to be getting a "little thin on the top, sir," his advice is sought. He recommends the application of a certain wash, the price of one bottle being a guinea. This appalling person is, to a great extent, the natural result of the indifference and carelessness of legitimate physicians as regards the treatment of baldness. It is a fact that medical men seem hardly to grasp, that baldness is a disease, and that, before old age at any rate, it is curable. At the same time it may be freely admitted that the treatment is certain to be prolonged, and will require the greatest of patience both in the physician and the sufferer. The lines indicated in most cases, if not all cases, are cleanliness, antisepsis, and stimulation. Dr. Bernheim, of Philadelphia, (*a*), who has treated a great many cases with success, recommends scrubbing with tar soap for several minutes to remove all dust and dandruff, thorough rubbing with a spirituous solution of mercuric chloride, and finally the application of a stimulant antiseptic hair oil (for instance, oil containing salicylic acid).

(*a*) *American Medicine*, July 4th.

Gastric Cough.

It was by Willis that the appropriate name of "stomach-cough" was applied to the reflex determined by irritation of some portion of the area supplied by the pneumogastric nerve. Since the time of that distinguished observer many authorities have written upon the subject and speculated as to its causation. The gastric mucous membrane is generally supposed to be in a state of hyper-excitability in order that various stimulating agents, usually ingesta, may give rise to the cough. The swallowing of ice may, in predisposed individuals, be sufficient, while, as Dr. Louis Revol, of Lyon, points out, in the *Gazette des Hôpitaux*, the symptom is often seen in gastric ulcer, and also in some cases of cancer of the stomach. There are many theories regarding the origin of the gastric cough, some observers holding that it is produced by causes acting outside the stomach, as, for instance, an abnormal flow of secretion from the nasal fossæ; while others believe that it is due entirely to intragastric excitation. A morbid condition of the mucous membrane appears necessary for the production of the cough, and the usual stimulus is the presence of food in the stomach, acting upon the terminal nerve-filaments of the vagus. Its most important characteristics and those which are of assistance in arriving at a differential diagnosis are its dryness, the absence of expectoration, its inutility with regard to relieving the respiratory passages of any morbid product, and its spasmodicity. Care must be taken not to confound it with a variety of caugh due to pyrosis, in which acid liquid from the stomach mounts up the œsophagus and reaches the inter-arytenoid space, which is essentially a "cough-producing area," according to Pechkranz. In such there will be other symptoms of acid dyspepsia. Laryngeal cough has a more raucous or strident quality. The chief therapeutic indication is to diminish the sensibility of the gastric mucous membrane with cocaine or morphia, and to lower the excitability of the nerve centres by the administration of the bromides.

Empyema and Sinusitis of the Antrum.

Under the term empyema of the antrum two very different conditions are usually included—namely, chronic sinusitis and true empyema. Although both are characterised by the presence of pus in the antrum they are fundamentally different in regard to prognosis and treatment. In sinusitis the pus is secreted by the walls of the cavity, the mucous membrane lining which has undergone proliferation with the formation of vegetations which more or less fill it. In empyema, on the other hand, the pus is from some extraneous source the antral walls being quite healthy, and this even although the accumulation of pus has been

allowed to remain for some time. It is obvious that while empyema is a lesion which is amenable to mere evacuation of the purulent contents and removal of the cause of suppuration, chronic sinusitis can only be cured by a radical operation. Under these circumstances it is highly important to make the differential diagnosis between the two morbid states. One ready means of arriving at a conclusion is that suggested by Mahu, who withdraws the pus by means of a trocar thrust into the sinus through the lower nasal fossa, and takes advantage of the opportunity to ascertain the capacity of the cavity by measuring the quantity of fluid that can be injected, having previously washed out the cavity. Whereas in chronic sinusitis the capacity may be reduced to a fraction of a cubic centimetre, in simple empyema the antrum will hold about 4 cc. Moreover, after evacuation of the pus, if recourse be had to transillumination the translucency is normal in empyema but remains manifestly obscure in chronic sinusitis, owing to the thickening of the walls. By this comparatively simple procedure it is, therefore, possible to indicate with scientific precision the nature of the lesion and the appropriate treatment.

Infection by Nematodes.

IT is now three months since a case of general infection with a nematode associated with hypertrophic gingivitis was reported in the *Lancet* (*a*) by Mr. J. Dencer Whittles, Lecturer in Dental Histology and Pathology in the University of Birmingham. Mr. Whittles has pursued the subject still further, more especially in the direction of blood examination, with the results which he has embodied in the *Midland Medical Journal*. His investigations, upon which much care and labour have been bestowed, are of great importance, indicating as they do the prevalence of an epidemic of nematode infection in Birmingham, the extent of which it is impossible, at present, to estimate. The blood of three different shop-assistants, who were in the habit of handling vegetables and fruit, was examined and found to contain the parasite. Several samples of milk were also proved to be infected. Clinically, the symptoms bear a close resemblance to scabies, but without the cuniculi and the distribution of the latter infection. The presence of the nematode in the blood gives rise to severe itching of the skin which is generally experienced first upon the shoulders and flexor aspects of the arms. A papular eruption of a pruriginous character then manifests itself. The parasite was found in the blood in these cases. The question arises as to whether the malady is of the same nature as that seen on the West Coast of Africa which bears the name of "craw-craw," and in which Suregon O'Neil discovered a filarial worm. Owing to the transparency of the parasite some patience is required in order to avoid overlooking it, but in films stained with methylene blue it can be recognised quite easily. From the public health aspect it is of the greatest importance that the investigation into the source of the epidemic should be vigorously pursued, and, as Mr. Whittles suggests, that blood examinations be made in any suspicious case.

(*a*) *Lancet*, May 23rd, 1903.

Plague Disinfection.

THE method of disinfection which has been proposed to be applied to Chinatown, San Francisco, in order to destroy the plague, is nothing if not thorough. In the graphic words of Dr. Hutchinson's report to the Oregon Board of Health, "sterilisation by dry heat at 400° is the only cure for its filthy condition." After a description of the actual conditions which are present through the whole of the Chinese quarter, not only in San Francisco but in every Chinese colony on the West Coast of America, he comes to the conclusion that it is absolutely impossible to think of cleansing such dens by any other means than total destruction by fire. It is not only the ideal, but the only practical and safe course." Ideal it may be, but it is we fear, hardly practicable. To go no further, housing must first be provided for the inhabitants of the condemned quarter—no easy task, when it is remembered how these people flock together. And even if suitable dwellings could be provided, would they not in a few years be in quite as insanitary a condition as those that had been destroyed? We remember heraing that in a certain Indian sea-port some years ago such an experiment actually occurred. By accident the principal suburb, to which plague was confined, was burnt to the ground, not without jubilation among the sanitary authorities. For some months there was no plague, but this condition did not last, and within two years the place was as bad as ever.

Mental Disorders and Nasal Polypi.

A CONNECTION, more or less direct, has many times been proved to exist between nasal polypi, the presence of which may be entirely latent or unsuspected, and various forms of neuroses, including spasmodic asthma and hay-fever. These ailments have been repeatedly cured by the removal of the growths. Their association with mental disorders has not been prominent, nor, indeed, has it been widely recognised. Eleberg, of New York, in 1863, drew attention to the relation between affections of the nasal mucous membrane and mental conditions, and the subject has been dealt with more recently by Renault and Natier. A case, illustrating the immediate beneficial effect of the removal of nasal polypi in melancholia, described by Dr. Royet (*a*) may here be quoted. The patient was a man, aged 38, with a good family history, who for three years had suffered from feelings of coldness in the left ear and paroyxsmal headaches, which gradually increased to such an extent that he felt himself quite unequal to performing his duties as a porter, and ultimately a condition of melancholia with suicidal tendency and auditory hallucinations developed itself. A physical examination revealed nothing abnormal in the important systems, but there were numerous mucous polypi in the nasal fossæ of both sides.

(*a*) *Le Progrès Med.*, August 15th, 1903.

These were removed by the cold wire and their bases touched with the galvano-cautery at several sittings. After the first, the patient expressed himself as feeling much brighter and he had a calm sleep. In the course of a few days his ideas became quite rational, his headaches disappearing at the same time. Dr. Royet draws an analogy between the effect of the polypi in aggravating or producing the mental disorder and the heavy, stuffy feelings, in some cases even accompanied by considerable depression of spirits, associated with an ordinary "cold in the head." Truly we might say with Celsus, "*Si in nares destillat, tenuis per has pituita profluit, caput leviter dolet, gravitas ejus sentitur.*"

Fatal Sea-Sickness.

NOTWITHSTANDING the almost universal nature of the malady, it is notorious that even when it assumes a grave form, death from sea-sickness is, happily, very rare. The untrustworthiness of the many remedies which have been vaunted as preventives, and the failure of one remedy to give relief in a given case when it has proved successful in another, are owing to the varying pathology of the affection in different individuals. The same theory of the production of *mal-de-mer* will not hold good for everyone. In one it may be an aggravated form of vertigo of cerebral origin, in another it may be due to the sudden falling of the abdominal viscera, owing to insufficient support afforded by the abdominal muscles, while in a third it may be caused by the irregular contractions of the diaphragm, which, by pressing upon the stomach, induces that organ to discharge its contents. A few instances in which fatal result has occurred have been lately reported in the Press; in one of these death was produced by cardiac failure when the organ was fatty, and in another it was due to the rupture of a blood-vessel. These are probably the two most common ways by which sea-sickness may be the primary cause of death. The strain upon the heart and vascular system consequent upon the repeated act of vomiting may be directly answerable for the fatal issue in conditions of atheroma or fibroid or fatty degeneration of the heart. When the illness is prolonged death may occur from exhaustion, owing to the long-continued strain.

The Fear of Eating.

MANY individuals who are martyrs to their digestive organs literally starve themselves simply because they are afraid to take this or that article of food, knowing from experience that by so doing they will only suffer agonies of pain. Others abstain from fear of possible bad after-effects from partaking of an untried dish or even of accustomed food should this be served or cooked in a manner contrary to their usual habits. This condition, which is only too common, is described by Professor Max Einhorn, of New York, as "sitophobia," or the fear of eating, and in the *American Journal of the Medical Sciences* he points out that even when no pain is felt, but merely vague sensations of general discomfort, such people still abstain from eating, and thus ultimately arrive at a state of relative or actual inanition. Sometimes this sitophobia, like most other "phobias," is of cerebral origin. The treatment of inanition from this cause is very difficult, but it must be undertaken energetically, as the general nutrition of many dyspeptics is much below par, owing to their having subsisted, perhaps for a considerable period, upon far less food than the normal physiological quantity. Professor Einhorn applies the term "subnutrition" to such a state, and points out that the first thing to accomplish is to combat the sitophobia, should this exist. Persistent efforts must be made in order to encourage the patient to take food, even though it should cause him pain. After a short time it will generally be found that the pain will disappear *pari passu* with the improved nutrition.

The Finsen Light Cure.

THE Cootehill Board of Guardians at their meeting on the 14th ult. made the excellent suggestion that there should be established in Dublin or some other convenient centre an institution for the treatment of cancer and such growths by the Finsen light, to which patients could be sent from every union in the country, the expenses to be borne by a rate in aid, levied over the whole country. By this scheme the funds of no private charity would be entrenched on. There is the same principle in the claim on the public by a carcinomatous patient as by one suffering from typhoid, and by collecting the carcinomatous, epitheliomatous and lupous cases into a metropolitan or provincial institution, the expenses incidental to treatment would not be so very heavy. The establishment of such Finsen hospitals would materially assist in the clinical study of the disease, and enable the members of the profession to more accurately estimate the value of the treatment. It would be in harmony with the spirit of the Medical Charities Act, and would demonstrate to the people that every aid scientific progress can afford is at their service. It would also induce patients to come forward in the earlier stages of the disease, when there is more hope of improvement. We congratulate the Board on taking the initiative on this subject.

Is Hernia an Accident?

WE have received a number of communications bearing on the recent decision of the Court of Appeal declaring that hernia may be an "accident" in the sense accorded to the term under the Workmen's Compensation Act. It is urged, for instance, that although the occurrence of a hernia infers a pre-existing weakness of the abdominal parietes, the defect is only relative and not absolute, in the sense that had there been no undue muscular effort the rupture would not have occurred. A man's bones may be weaker than the normal, yet a fracture would count as an accident. Or, again, a man who has once dislocated his shoulder remains liable thereto on comparatively slight violence, yet we presume he could

claim compensation every time it occurred. Nevertheless, the decision opens wide the door to a number of delicate problems. A sudden strain may determine cerebral or pulmonary hæmorrhage in a man with diseased arteries, but it would, we venture to suggest, be absurd to describe such an occurrence as an accident in the ordinary sense of the word. But if not, where are we to draw the line? The decision materially modifies the responsibilities of the employer, and will inevitably pave the way to much troublesome litigation.

The Missing Lady Doctor.

NOTWITHSTANDING disgracefully sensational reports of the movements and alleged discovery of Miss Hickman, who so mysteriously disappeared from the Royal Free Hospital upwards of a fortnight ago, no trace of her whereabouts has so far been lighted upon, and we are still reduced to conjecture. Judging from the hysterical letters that have appeared in the Press at intervals during the past few days there is a neurotic element in the family history which lends colour to the plausible suggestion that she may be suffering from the curious mental condition known as "automatic wandering," instances of which are not rare in medical literature. Several cases of the kind are related by Dr. W. S. Colman in the current issue of the *Lancet*. The principal argument against this hypothesis is the length of time that has elapsed since her disappearance, a circumstance which, indeed, almost precludes an aberration of this description.

Arsenic in Sweets.

ARSENIC crops up in the most unexpected places, and it has no sooner been exorcised from one medium than it is discovered elsewhere. Wall papers, preserved vegetables, beer, and now sweets. Mr. Otto Hehner, public analyst, has detected "notable quantities" of arsenic in sweets purchased in the Isle of Wight in the oxide of iron coating, which gives them a misleading appearance of chocolate. It is reassuring to learn that the substance is not present in sufficient quantity to justify the apprehension of arsenical poisoning, unless in the hands of an unusually voracious consumer of sweetmeats, but the circumstance suggests caution in basing medico-legal conclusions on the presence of minute quantities of the poison in the bodies of persons who have died with symptoms which appear to point to arsenical intoxication.

Latent Gonorrhœa.

THE diagnosis of acute gonorrhœa is, as a rule, easy enough, but it is necessary to bear in mind that in a certain proportion of infections, especially in those who have had previous attacks, the classic symptoms may be ill-marked or even completely absent, a class of cases to which the term "latent" or "torpid" gonorrhœa has been applied. There may be little or no discharge, even the matutinal drop being conspicuous by its absence, and the patient experiences no burning on micturition; in fact, the only objective sign may be congestion and swelling of the margin of the meatus. The existence of gonorrhœa may escape notice until attention is called thereto by the occurrence of epididymitis, bubo or a sudden attack of prostatic trouble. Centrifugation of the urine, however, enables the bacteriological diagnosis to be made, and should be resorted to whenever the diagnosis is doubtful, not only in the interest of the patient, but also in that of the community.

The Psychology of Tuberculosis.

IT is not an exaggeration to say that each disease has its psychology as well as its physiognomy, and in this connection some interesting observations have been made on subjects actually, or who subsequently became, tuberculous. All practitioners are familiar with the buoyant and sanguine character of the phthisical patient in the antepenultimate stage of his malady, but apart from that pathetic feature there has been remarked in such subjects a greater or less degree of impairment of the sense of responsibility, their moral being is depreciated in tone, not only in respect of sexual indulgence—though this is a matter of notoriety—but also in regard to such elementary moral principles as truth and honour. Speaking generally, it may be said that the tuberculous subject is less moral and more emotional than the normal. It would, however, be absurd to pretend that mental disturbance in some degree is the necessary and constant appanage of phthisis, for one's daily experience from start to finish is convincing of the contrary. The discrepancy is probably to be explained on the assumption that the distressing mental characteristics just referred to present themselves only in persons who, in addition to being phthisical, come of a neurotic stock. In these the irritating effects of the presence of tuberculous toxins in the blood may determine emotional vagaries. It must be remembered, too, that in a certain proportion of cases of phthisis the vulnerability of constitution is derived from parental alcoholism or syphilis, which, it is well known, are apt to entail instability of the nervous system. There is still another class in whom the tuberculous process is not limited to the lungs, but invades the meninges or even the cerebral parenchyma itself, the mental symptoms being directly caused by the physical effect of such deposits.

The Surgical Treatment of Puerperal Pyæmia.

PUERPERAL pyæmia is such a serious and indeed well-nigh hopeless condition, once it has obtained a hold, that one is justified in trying any means, however dangerous in themselves, to rescue the sufferer from her otherwise inevitable fate. So far, the seropathic treatment, though promising, fails to arrest the process in the great majority of cases, either because it is not resorted to until too late a period or because its effects are limited to particular pyogenic organisms, so that in mixed infections, to which group cases of puerperal infection usually belong, the serum does not fulfil the entire

therapeutical ground. Certain surgeons, among them Trendelenberg, have adopted the plan of cutting down upon and ligaturing the thrombosed ovarian vein. Michels reports one such case followed by recovery, but in four out of five of Trendelenberg's cases a fatal result ensued. Under these circumstances the operative treatment of this infection is hardly likely to become general, indeed, in view of the state of a patient whose blood has become the culture medium for the selethal germs, no surgical procedure is likely to prove of much service. Our hopes are rather in the development of the seropathic treatment, which, after all, is as yet only in its infancy.

A Novel Malingering Device.

THE artifices resorted to by soldiers and others who wish to evade their responsibilities testify to much ill-employed ingenuity, and in countries where military service is compulsory no slight degree of perspicacity is required of the medical examiners to determine the validity of the lesion, and more particularly its spontaneity. A Russian military surgeon relates a case which recently came under observation in which a young man claimed exemption on account of a hydrocele. The scrotum was much distended and on the right side there was a scab, beneath which could be felt an abscess the size of a pigeon's egg. On palpating the swollen scrotum distinct crepitation was heard, which gradually subsided in the course of a few hours and at the same time the scrotum returned to its normal size. It transpired that the scrotal distension had been brought about by blowing air beneath the skin through a goose quill, the aperture being closed by a sort of putty. This device is worthy of figuring in the malingerers' museum, since it opens up a new vista of possibilities in this direction.

A Curious Case of Arsenical Poisoning.

A MAN was recently admitted to Professor Janovski's clinic at Prague for cutaneous tuberculosis complicated by tuberculous manifestations of the bones and lymphatic glands. He had been taking arsenic in doses of a fiftieth of a grain three times a day without inconvenience. On this occasion he was given a subcutaneous injection of a fiftieth of a grain of arsenious acid, the dose being subsequently increased in such wise that in nine days he had received in all fifteen milligrammes, about a quarter of a grain, of the drug. Thereupon the sites of the punctures became the seat of extensive subcutaneous extravasations of blood and the rest of the body was covered with petechiæ. The treatment having been suspended, the blood underwent absorption and things returned to normal in the course of a few days. The author attributes this unusual manifestation to idiosyncrasy on the part of the patient towards arsenic administered hypodermically.

CAPTAIN C. E. P. FOWLER, R.A.M.C., has been appointed Assistant-Professor of Military Hygiene at the Royal Army Medical College.

DR. ROBERT KOCH, who is pursuing his researches on "sleeping sickness" in Buluwayo, has decided to carry on the work until early next year.

MISS MARY C. LOWELL, of Boston, rejoices in the probably unique distinction of having acquired degrees which entitle her to practise both law and medicine.

MR. J. P. BYRNE, L.R.C.S.I., House Surgeon, Dewsbury Infirmary, has been appointed House Surgeon to the Provincial Hospital at Port Elizabeth, South Africa.

MR. R. FOX SYMONS, M.R.C.S., L.R.C.P., D.P.H., Acting Medical Officer of Health for the Transvaal, has been appointed Inspector-General of Health of the Transvaal.

MADAME GAUSSEL has been appointed *Chef de Clinique* of the Obstetrical and Gynæcological Department of the University of Montpellier, this being, we believe, the first occasion on which this coveted post has devolved upon a woman.

Special Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

GLASGOW.

NURSING HOMES IN GLASGOW.—As a result, in some measure at least, of an article which was published in THE MEDICAL PRESS AND CIRCULAR a few weeks ago on the subject of nursing homes, and which should cause some members of the medical profession who are largely interested in these homes to pause and consider their position, a letter appeared in the *Glasgow Herald* recently, advocating the establishment of a nursing home or homes for a class of people who are not in a position financially to avail themselves of any of the existing homes, of which there are quite a number, where the charges range as a rule from £3 3s. to £8 8s. per week. The letter evoked a remarkable amount of sympathy, and cordial approval of the scheme suggested, as was evinced by the large number of letters which appeared in the *Herald* for a week or so following, as well as letters received privately from ladies and gentlemen belonging to the laity, and also from various members of the medical profession. At the Royal Western, and Victoria Infirmaries, as is shown from the reports issued weekly, there are probably from six to seven hundred patients awaiting admission. The report of the Samaritan Hospital shows from eighty to ninety women waiting for admission. This is quite a serious state of matters, and how it is to be remedied is a problem which is causing the managers of the different hospitals considerable anxiety. It will be some years before the reconstruction and enlargement of the Royal Infirmary is completed. An extension of the Samaritan Hospital is to take place soon, and for which a bazaar will be held in the winter under Royal and other distinguished patronage, and in behalf of which numerous American and Gipsy teas, &c., have been held at the residences of leading citizens, all of which will result in a great financial success for this comparatively young but useful hospital. All this said, the question remains, what is to be done by way of relieving the very urgent pressure which is at present taxing the accommodation in our hospitals to their utmost? It is thought that nursing homes in various districts of the city for those whose means are limited, such as clerks, shopmen, and shopwomen, dressmakers, and such-like, where the charges would range from £1 1s. to £2 2s. per week, would in some small measure help to solve the problem. There are a class of people, again, who have no claim to become inmates of the hospitals, being neither rich nor poor, for whom these homes would be in times of sickness very suitable, and, of course, there are a great many with limited incomes

who from a spirit of independence would rather pay a moderate charge in a nursing home than enter any of our hospitals, and for these people who like to pay their way as they go along every possible facility should be provided for them getting into homes at such rates as we have indicated. As a result of the correspondence which has already appeared, it seems that some of the existing homes provide in certain cases limited accommodation at a guinea to two guineas per week, but such cases we fear are very few in number. A small home for women was opened a few months ago by one or two lady doctors, where we understand the charges are from 7s. 6d. to £2 2s. per week, but it is a small affair at present, having only a few beds. We are glad to state that a nobleman, who is well known for his many generous acts of head and heart, has promised the scheme his support. It will at no distant date take practical form, if not on a comprehensive scale with district nursing homes, at least on a smaller one, as a beginning. A large house, admirably situated, will be furnished and fully equipped as a nursing home for the class of people we have referred to. We may further say that there are ladies and gentlemen willing to give their services in various capacities in connection with the project without remuneration of any kind, from the position of matron to that of nurse, and in other ways. It is very pleasing to record that the scheme, whether carried out on a large or small scale, has "caught on" in a way that is most gratifying, and indicates very emphatically that the want is a much-felt one. From the amount of professional support tendered, its success, we may venture to predict, is assured.

BELFAST.

LOCAL GOVERNMENT BOARD INQUIRY AT LISBURN.—A sworn inquiry has been opened at Lisburn by Dr. Clibborn, the Local Government Board inspector, relative to certain charges of neglect made by Dr. Jefferson against Nurse Hopkins, midwife. There has been considerable friction in the dispensary work for some time past, but so far as the evidence has disclosed, there was nothing which might not have been smoothed down by a little mutual forbearance. The inquiry is still proceeding.

LURGAN UNION INFIRMARY.—A special report was read at the last meeting of the Lurgan Board of Guardians on the increased expenditure on the infirmary. It appears that the consumption of a number of things has steadily risen for the past five years, and the normal expenditure is now exceeded by 44 per cent. in soap, 38 per cent. in beef, 29 per cent. in sweet milk, 175 per cent. in eggs, and 289 per cent. in whisky. It seems that a great deal of the increase has taken place in the infirmary, over which the master has no control. The medical officers, who are only there for a few hours each day, cannot be held responsible, and a strong case seems to have been made out for the appointment of a responsible superintendent nurse.

CONSUMPTION IN BELFAST—THE PROPOSED SHELTERS.—The opposition to the proposed shelters for consumptives in the Ormeau Park continues to grow in strength. A public meeting of the inhabitants near the park was held on Friday evening, the 28th ult., to protest against the scheme. The proceedings were, as the newspapers mildly put it, most inharmonious. Dr. Charles Kevin presided, and a letter was read from Professor Lindsay, stating that he saw grave objections to this no doubt well-meant scheme, both from the point of view of the public and of the consumptives themselves. The Ormeau Park was too low and damp to suit such patients. A letter from Dr. Walton Browne also expressed strong disapproval of the scheme. Dr. Stoney moved a resolution pledging the meeting to oppose the scheme. So far medical opinion was unanimously opposed to it, but unfortunately for the profession, an amendment was proposed by Dr. Davison and seconded by Dr. Rusk (both local practitioners) to the effect that the meeting was in favour of such shelters, not only in the Ormeau Park, but in every park in Belfast. Dr. Davison met with great opposition from the meeting, and the amendment was lost, the original motion being carried by a large majority, but before the meeting closed the excitement became so great that several policemen had to be called in to keep order.

The whole question is, no doubt, one on which opinions may well differ; but it is certainly a matter for regret that medical men should display their differences at a public meeting, exposing themselves to very free personal remarks from the back benches—which remarks were greeted with loud laughter by the audience.

Literature.

MAX EINHORN'S DISEASES OF THE STOMACH. (a)

THIS treatise opens with a short chapter on the anatomy and physiology of the stomach. Then follows a chapter of 100 pages devoted to methods of examination. First of all we have the interrogation of the patient, then the physical examination, including œsophagoscopy, gastroscopy, and transillumination of the stomach, and then finally the examination of the gastric functions and contents. The third chapter treats of dietetics, and here the author points out that patients suffering from gastric disturbances require just as large amounts of food as in health and the same kinds of food stuffs, the only differences being in their selection, form, and special preparation. In treating the diseased condition one may either give the organ perfect rest, or strengthen it by adaptation of the diet. He makes it a rule to forbid nothing save what is absolutely harmful in any given case, nor would he change the number of meals nor yet the hours of feeding, except there should be some very special indication for so doing. The author wisely states that fat, so commonly considered obnoxious in dyspeptic conditions, is quite permissible, as its digestion does not take place in the stomach, but in the small intestine. Again, bread and other food stuffs rich in carbohydrates are often forbidden lest fermentative processes should be thereby set up, but the cases in which there is any considerable amount of fermentation going on in the stomach are rare. Carbohydrates, in the form of sugar, really lessen the acidity of the stomach, and are therefore advantageous in cases of hyperchlorhydria. In all cases attended with hyperacidity, the amount of albuminous food should be increased, and the quantity of beverages greatly limited. In dilatation and gastroptosis, small and frequent meals, with little liquid nourishment, are indicated.

Chapter IV. deals with the local treatment of the stomach by lavage, douching, and spraying. The gastric spray is employed wherever it is necessary to apply toxic or irritating agents to the gastric mucous membrane, as by this means a large surface can be covered by a comparatively small amount of fluid. The author describes his power-blower, which he introduced some four years ago to facilitate the introduction into the stomach of substances which are either insoluble or only soluble with great difficulty. By this means such medicaments as bismuth, protargol, and suprarenal capsule can be directly insufflated. The practical application of electricity to diseases of the stomach is next taken up and considered in detail, special mention being made of the author's electrode. Following this we have chapters on the various diseases and disorders of the stomach, each being thoroughly and systematically considered. The subject of enteroptosis is very fully and clearly dealt with. From his own experience Einhorn believes that a perfect cure of the condition is possible. Nervous affections of the stomach, and the condition of the stomach in diseases of other organs, have chapters specially devoted to

(a) "Diseases of the Stomach: A Text-Book for Practitioners and Students." By Max Einhorn, M.D., Professor in Clinical Medicine at the New York Post-Graduate Medical School and Hospital, Visiting Physician to the German Dispensary. Third Revised Edition. Pp. xvii. and 534, with 74 illustrations, demy 8vo, price 14s. net. London: Bailliere, Tindall and Cox. 1903.

their consideration. As regards treatment, much valuable help is given by the detailed dietaries which the author has reproduced for the benefit of the general practitioner. With reference to the treatment of chronic gastric catarrh it is interesting to note the author's opinion that both hydrochloric acid and pepsin are quite inefficacious; nor does he approve of predigested foods, as these only tend to still further impair the activity and power of the stomach.

As to the pathology of gastric ulcer, the author gives a very able review and criticism of this interesting question, finally stating that in all probability one and the same cause is not always the underlying factor in its production. The absence of free hydrochloric acid is not regarded as of much significance in the diagnosis of gastric cancer, as this phenomenon is associated with many other conditions, *e.g.*, severe gastric catarrh and achylia gastrica.

This work has been already well received by the profession both in this country and abroad, so that a criticism of its merits would be altogether out of place at this time; but we feel called upon to state that the writer has brought much erudition and a wealth of practical experience to bear upon a subject at once difficult and at the same time of intense importance. When in difficulty as to the diagnosis and treatment of any particular gastric case, the possessor of this treatise will not turn to it for help in vain. It is a masterly piece of work, written by one who is thoroughly in touch with his subject.

TUBERCULOSIS. (*a*)

THIS excellent manual is based on the author's lectures delivered at the Rush Medical College during the past three years, and contains a clear, concise and fairly comprehensive presentation of the subject in a form which will prove particularly serviceable to the young practitioner. The treatment of the subject is not exhaustive, but a faithful statement of the science of the disease has been attempted, and the practical side of the care and management of those afflicted with the different non-surgical forms of tuberculosis has been emphasised, and measures for the protection of the community and the arrest of the scourge definitely indicated. All phases of the subject receive attention, but the most valuable portions for the practitioner are undoubtedly those dealing with prophylaxis and treatment. The various charts compiled from the United States Census Reports are of particular interest and value, as affording useful guidance in the formation of a trustworthy prognosis.

Dr. Bridge is a strong believer in the advantages of local rest, and furnishes illustrations which indicate his method of strapping the chest in order to restrict the action of the affected lung. At the present time, when sanatoria are springing up in all parts, it is to be regretted that more space was not devoted to the consideration of the institutional treatment of tuberculosis.

The work is of convenient size, well arranged, excellently printed, and will serve a good purpose; but its usefulness would have been increased if the author had provided references to the original work of those on whose conclusions much of his teaching is necessarily based.

ATLAS OF HUMAN HISTOLOGY. (*b*)

THIS book consists of a somewhat modified translation of Sobotta's "Epitome of Human Histology," the special feature of the volume being, of course, its plates. Among the particular merits of these we may notice that most of them are drawn from preparations of fresh human tissues, and are therefore of much greater value for teaching purposes than the more usual figures taken from the tissues of the lower animals. It is not unusual for a student versed in histology to feel quite at sea when confronted with a section of a human viscus owing to his studies having been confined to the more easily recognised sections made from the organs of such animals as the rat and pig. Again, the idea of giving a general view of an organ under a low power, side by side with more highly magnified figures, is excellent; but it is a matter of regret that this method was not carried out more fully. For example, no complete section of the prostate is represented. On the other hand many of the plates have suffered from a too liberal application of very vivid colours, the effect in many cases being anything but attractive.

Concerning the text there is little to be said, but we believe that the book would be more suited for students if the language employed were a little less technical, and if fewer proper names figured in the descriptions.

Among minor faults we may note that the account of the white cells of the blood is distinctly poor and somewhat confused; that the cells lining the pyloric glands of the stomach are stated to be exactly similar to the chief cells of the cardiac glands—a statement which is repeated from book to book, but which even a cursory examination will show to be incorrect; and that the description of the nerve supply to the muscles of the iris on page 220 is liable to mislead.

In the description of the kidneys no reference is made to Max Brödel's recent and valuable work.

LEGAL MEDICINE. (*a*)

THE second volume of this work has not yet appeared; in the first, the one before us, legal medicine as contradistinguished from toxicology, is made up of the contributions of sixteen gentlemen, all of whom have won recognition in their special departments. The Editors tell us that "with few and wholly unimportant exceptions, the articles comprising the two volumes have been inserted without change." This absence of editing is not always a gain, especially for the student. Commencing with the most important branch of the subject, we turned to the question of identity. Identity of the living animal, identity of the dead before and after decomposition; and identity of portions of the body. The difficulty of identification is largely due to the fact that the lay public are not observant of anatomical peculiarities; they have not been trained to observe them. Now medical students in a text-book on forensic medicine should be taught what to observe, and cases in which anatomical peculiarities or pathological lesions have been of importance should be fully told. Photographs are to-day much relied on; all our criminals, when captured, are photographed. Orton, the claimant, was photographed; and the photograph compared with that of Sir Roger Tichborne, showed that the external angles of the butcher's eyes were on a lower level than the internal ones, whereas Sir Roger Tichborne's eye angles were on a level. Again, the butcher's ears were large, thick, prominent; those of Tichborne were just the contrary. The claimant also had a large metacarpal pharyngeal article of the right thumb, which is so characteristic of all who commence manual labour early in life. Of these three peculiarities of the claimant the book makes no mention. On the means of identifying infants little is said, yet we have seen a judge of the Superior Courts stop the Crown Counsel in the prosecution of a case until the identity was proven. The author of "Pudden'-Headed Wilson" is conscious of this difficulty, and the plot of his story is made to hinge on it. Foot-prints have their value pointed out, but the remarkable case of the Manchester artisan, who was condemned to death for shooting a policeman, the principal evidence against him being a very small narrow foot, the shoe of which had a transverse patch,

(*a*) "Tuberculosis." By Norman Bridge, A.M., M.D., Emeritus Professor of Medicine in Rush Medical College, &c. Pp. 302, with charts and illustrations. Philadelphia, New York, and London: W. B. Saunders and Co. 1903.

(*b*) "Atlas and Epitome of Human Histology and Microscopic Anatomy." By Dr. J. Sobotta, of Wurzburg. Edited with additions by G. Carl Huber, M.D. With 80 plates, 68 text-cuts, and 239 pages of text. Cloth, 18s. net. Philadelphia: Saunders and Co

(*a*) "A Text-book of Legal Medicine and Toxicology." Edited by Frederick Peterson, M.D., and Walter S. Haines, M.D. In two volumes, Vol 1. Philadelphia and London: W. B. Saunders & Co 1903.

Fortunately, the man was not hung, and two years afterwards the notorious Peace owned up to the crime, and demonstrated that the impression of the boot was his. It is not too much to expect such an important case to be noticed. Pathological lesions played an important part in the Wainwright case, where on the mutilated skeleton of Harriet Lane was found the cicatrice of a burn on one of her knees. We refer to these concrete cases because a medical witness is supposed to be familiar with them. We expected that in dealing with the question as to the time occupied in decomposition that the Editors, if not the authors, would have recognised that Casper's standard was out of date. Many things influence the rapidity, or otherwise, of decomposition; witness the recent London antimonial poisonings and the Moat Farm case. We are not impressed favourably with the book. It reads too much like a compilation and too little like a record of personal experience.

LAWSON ON DISEASES OF THE EYE (*a*)

THE clinical portion of this work is distinctly good, and as such is to be regarded as the best English text-book we have on the subject. It is a pity, however, that Mr. Arnold Lawson should perpetuate such stereotyped names as "rheumatic iritis," which certainly belong to the dark ages of ophthalmology, and seem to be handed down from generation to generation of English writers (not Continental). It is a truism to say that a scientific nomenclature should be founded on a strict pathological basis. The term "rheumatic" nowadays, unless applied to rheumatic fever, or some of its manifestations, is quite meaningless. Most physicians tell us they never see iritis in rheumatic fever!

Again, the term "serous inflammation," as used by pathologists, implies inflammation of a *serous membrane*, which the iris certainly is not. Would it not be better to call the disease *a toxic irido-cyclitis*, whereby we commit ourselves to no definite etiological factor? Decidedly, we know absolutely nothing definite about the cause. Is there any *real* distinction between the so-called "rheumatic iritis" and the so-called "serous irido-cyclitis"? Mr. Lawson makes no mention of "tuberculous" iritis.

Would it not be better for writers to dispense with the old-fashioned phrase, "acute inflammatory glaucoma," or *inflammation of what?* Is glaucoma an inflammatory disease at all? The acute congestion of the conjunctiva as seen in these cases is no doubt a mechanical condition brought about by the closure of the slit-like holes in the sclerotic through which the venæ vorticosæ pass, and the chief channels of the effluent blood stream of the uveal tract being thus blocked, the return blood has to leave chiefly by the anterior ciliary veins, a circumstance which accounts for the hyperæmia of the conjunctiva.

It is a pity that Mr. Arnold Lawson did not get a colleague (Mr. Silcock or Mr. Morton for instance) to read over his article on "Elementary Optics." The definition of refractive index is quite wrong. In the chapter dealing with "General laws Governing all (*sic*) Lenses," we are informed that "parallel rays of light after passing through the lens are brought to a focus at a spot known as the principal focus,' &c. Figs. 13 and 16 are drawn inaccurately. In Fig. 24, M points to the ciliary processes, instead of to the ciliary muscle. Fig. 34 is clumsily drawn, and though the theory of the indirect method is described, no attempt is made to explain the theory of the far more important direct method. Are all the dark-complexioned races negroes (p. 41)? This is a compliment to the 300,000,000 of his Majesty's highly civilised Indian subjects, and hardly calculated to engender the respect and approval of those native medical students who may happen to read this book. Is it a fact that arterial (retinal) pulsation is never seen in health? Sir William Gowers says it is. Is it correct to say that in hypermetropia there is a *diminution* of the normal static refraction (p. 51), and in myopia an increase of the normal static refraction (p. 61). In ordinary cases, is it not the position of the macula which determines hypermetropia or myopia? The statement (p. 61) that theoretically the correcting lens should touch the eye is inaccurate; it should theoretically lie in the anterior focal plane of the eye, *i.e.*, 13·745 mm. in front of the cornea. Fig. 53 is wrongly drawn. F and F should be of the same size as L. We have felt it necessary to draw attention to these little inaccuracies in the hope of correction in future editions, as a book so excellent in its clinical material should not be marred with errors of so serious a nature.

(*a*) "Diseases and Injuries of the Eye." By Geo. Lawson, F.R.C.S. Second Edition, Revised and Re-written by Arnold Lawson, F.R.C.S. Pp. 587, with 249 illustrations. Price 10s. 6d. London: Smith Elder & Co.

Obituary.

MR. H. G. CROLY, F.R.C.S.I.

WE regret to announce the death of Mr. Henry Gray Croly, which took place on the 28th ult. Mr. Croly was one of the most notable members of the surgical profession in Dublin. He, as a student, was a surgical dresser in the Navy during the Crimean War, and took part in the memorable bombardment of Cronstadt. Having on the completion of the war finished his medical studies, he commenced practice in Dublin. He was appointed a demonstrator of anatomy in the Royal College of Surgeons' school, and became pro-dissector to the late Professor Morgan. In connection with some other demonstrators he took part in a "gined class," but after a time his practice necessitated his discontinuance of private teaching. Having been Residential Surgeon to the City of Dublin Hospital he had little difficulty in securing the appointment of Visiting Surgeon on the occurrence of the first vacancy. He quickly came to the front as a brilliant and successful operator, who kept well abreast with every advance in surgery. He attracted large classes of students to his clinical lectures, which were *terse*, didactic, and intelligible. He was one of the first to recognise the value of antiseptics, and the necessity of asepticism. He was zealous in the pursuit of surgery, and had the gift of exciting enthusiasm in his pupils. He excelled in such operations as amputations, lithotomies, and the radical operation for hernia, all of which found him confident and self-reliant in their performance and dexterous in their technique. He was, however, too long in practice when intestinal surgery came to be recognised as a proceeding expected of hospital surgeons to acquire the facility in that class of operation which characterises the work of a Murphy or a Senn. Mr. Croly was one of the links that bound the rising generation of surgeons with those of the past, and the many and oft-repeated warnings of the older men against interference with serous membranes continued to influence, although unconsciously, his acts. Forty years ago he took the F.R.C.S.I., and during all those years he has borne an active part in all that concerned his profession. He was a frequent and valued contributor to the proceedings of the old surgical and pathological societies. At the Royal Academy of Medicine he was one of the most constant attendants, and his papers are to be found in every volume of the "Transactions." His professional brethren recognised his ability by electing him time after time to the Board of Examiners of the College; to the Council of the College; and finally by electing him President of the Royal College of Surgeons for two years in succession.

PROFESSOR KARL MAYDL.

WE have to record the untimely death of Prof. Maydl, who so worthily occupied the Chair of Surgery in the Vienna University, and who has just passed away in his fifty-second year. Albert remarked at the death of his colleague, Dittl, that the life of a surgeon was brief, and considering all he thought Dittl had reached a ripe age, sixty years, as a surgeon. It would seem from the late series of deaths that this assertion is correct, at any rate as far as Vienna is

concerned. Albert himself soon passed away after this remark, followed by Gussenbauer and Nikoladoni. Bilbroth, whose European fame attracted so many pupils, also passed away in the intellectual prime of life and, like Maydl, very suddenly.

Maydl was born 1851, in the town of Innsbruck, where he was educated and became Albert's assistant, following him to Vienna in 1881. He was admitted to the list of academical teachers in 1884. In 1886 he was appointed to the Polyclinic department of surgery, and though the beds were few his observations testify to a vast amount of work. In 1888 he was made extraordinary Professor of the University, and in 1891 Ordinary Professor of Surgery, at Prague, whence he came to Vienna on the death of his early teacher, Prof. Albert.

As an operator, he was of the first order, well versed in every modern improvement; as a clinician his diagnosis had no rival.

His literary works are numerous. Among his earliest efforts were those on the correction of "Tendon Laxation," such as that of the peroneus, which he corrected by raising a piece of periosteum to which he attached the tendon. This procedure was subsequently extended to muscles. In the following year he turned his attention to the injection of saline solution in cases of rectal carcinoma, which were conducted with stricter radical treatment of hernia, gastrostomy, jejunostomy, &c. He also contributed a number of papers on echinococcus of the pleura, cysticercus cerebri, and other parasites. His loss is mourned as a serious one for the University and for science.

WM. TOCHER SCOTT, M.A., M.B., C.M. (Aberd.)

DR. W. T. SCOTT, of Stalybridge, who died early last week at the early age of 36 years, was a native of Aberdeen. He was honorary medical officer at the Ashton District Infirmary, and a month ago, while performing an operation in that institution, he accidentally scratched the middle finger of his right hand with the point of the knife. Symptoms of pyæmia followed, to which, in spite of every effort, he ultimately succumbed. At the inquest the Coroner remarked that Dr. Scott died at the post of duty, and expressed his own and the jury's sympathy with the bereaved relatives. A verdict to the effect that death was due to blood poisoning was returned.

WILLIAM SMILES, M.D.Ed., M.R.C.S.

THE death is announced of Dr. William Smiles, who formerly practised in Bedford Square, W.C., who died on Wednesday, at his residence, St. Martha's Lodge, near Guildford, at the age of eighty-seven. Educated at Edinburgh, where he took his M.D. degree as long ago as 1839, Dr. Smiles was admitted a member of the Royal College of Surgeons of England in 1861. He was for many years surgeon to the Government Prisons at Coldbath Fields and Clerkenwell, and Physician to the St. Pancras Royal General Dispensary. He was a Fellow and formerly Vice-President and Secretary of the Medical Society of London, and a Corresponding Fellow of the Madrid Academy of Surgeons. The funeral took place at Highgate Old Cemetery on Monday last.

DR. CHARLES HATHAWAY, OF ST. LEONARDS.

THE death occurred on Saturday, at his residence, St. Leonards-on-Sea, of this gentleman, at the ripe age of eighty-six. He was educated at King Edward's School, Sherborne, and, after some years spent at St. Thomas's and Guy's Hospitals, went to India as assistant surgeon in the East India Company's service. After the Sutlej Campaign, in which he was employed in the Field Hospital, he was appointed Civil Surgeon at Lahore. During the Mutiny he slept at the Central Gaol, where two thousand long-term and life convicts were immured. In 1852 Dr. Hathaway was appointed Inspector-General of Prisons in the Lahore Province; and in 1862 the military authorities, on a severe outbreak of cholera amongst the European troops, appointed him to the post of Sanitary Commissioner. He was appointed Private Secretary to the Governor-General of India (Lord Lawrence) in 1863, and finally left the Service in 1866.

St. Thomas's Hospital, London, House Appointments.

THE following gentlemen have been selected as house officers from yesterday, Sept. 1st:—

House Physicians: P. N. Panton, B.A.Cantab., L.R.C.P., M.R.C.S., J. N. Sergeant, L.R.C.P., M.R.C.S., O. Hildesheim, B.A., M.B., B.Ch.Oxon. (Extension), H. W. Sexton, L.R.C.P., M.R.C.S. (Extension).

House Physicians to Out-Patients: R. E. H. Leach, M.A., M.B., B.Ch.Oxon., L.R.C.P., M.R.C.S., G. R. Rickett, M.A., B.C.Cantab.

House Surgeons: J. E. Adams, L.R.C.P., M.R.C.S., H. Upcott, L.R.C.P., M.R.C.S., C. Wheen, B.A.Oxon., L.R.C.P., M.R.C.S., N. Carpmael, L.R.C.P., M.R.C.S.

House Surgeons to Out-Patients: W. L. Harnett, B.A.Cantab., L.R.C.P., M.R.C.S., H. I. Pinches, B.A., M.B., B.C.Cantab., L.R.C.P., M.R.C.S., T. Guthrie, B.A., B.C.Cantab., L.R.C.P., M.R.C.S., L. E. Wigram, M.A., M.B., B.C.Cantab.

Obstetric House Physicians: (Senior) H. Spurrier, B.A.Cantab., L.R.C.P., M.R.C.S.; (Junior) W. H. Harwood-Yarred, B.Sc.Lond., L.R.C.P., M.R.C.S.

Ophthalmic House Surgeon (senior): A. C. Hudson, M.A., M.B., B.Ch.Cantab.

Clinical Assistants in the Special Departments: (Throat) J. Coates, L.R.C.P., M.R.C.S. (Extension); G. C. Adeney, L.R.C.P., M.R.C.S.; (Skin) C. N. Sears. L.R.C.P., M.R.C.S., C. H. Latham, L.R.C.P., M.R.C.S.; (Ear) E. A. Ross, M.B., Bc.Cantab (Extension).

International Congress of Hygiene.

IT is now twenty-five years ago since the first International Congress of Hygiene and Demography assembled at Brussels, and this year the eleventh meeting of the world's health and sanitation experts is to be held in the same city, commencing to-day (Wednesday). The intervening gatherings have taken place in Paris (1878 and 1890), Turin, Geneva, The Hague, Vienna, London, Buda-Pesth, and Madrid. This year some fifteen hundred delegates are expected at Brussels. The King of the Belgians is patron of the Congress, and the acting president is Mons. E. Beco, Secetary-General of the Ministry of Agriculture, and Chief Director of the Sanitary Services of the Kingdom of Belgium.

Death Under Chloroform.

AN inquest was held last week at Bolton on the body of a lad, aged 14, who died under chloroform at the local infirmary while undergoing an operation for the removal of adenoids. The usual verdict was returned.

A similar catastrophe, under identical circumstances, is reported from Huddersfield, where a lad, æt. 9, suddenly died after the removal of enlarged tonsils and adenoids. Death was attributed to heart disease, and at the inquest a verdict was returned in accordance with the medical evidence.

Indian Medical Service.

THE following promotions were officially gazetted on Friday last: To be Colonel.—Lieut.-Colonel (temporary Colonel) W. R. Browne, M.D., Madras Establishment.

To be Lieutenants.—W. S. J. Shaw, M.B., C. S. Parker, M.B., H. H. Broome, M.B., F. N. White, M.B., C. G. Seymour, D. Heron, M.B., T. C. Rutherfoord, M.B., H. C. Keates, M.B., L. Reynolds, E. C. Taylor, M.B., R. A. Needham, M.B., Dwarka Prasad Goil, M.B., J. Kirkwood, M.B., and A. Whitmore, M.B.

Dublin Death Rate.

THE deaths registered during the week ending Saturday, August 22, 1903, in the Dublin registration area represent an annual death-rate of 23·3 in every 1,000 of the population. Thirty-five deaths resulted from tuberculous disease, 5 deaths from diseases of the nervous system, 22 deaths from diseases of the circulatory system, and 23 from diseases of the respiratory system; 49 infants died during the week, of whom 36 were under one year old. In 6 instances the cause of death was uncertified, there having been no medical attendant during the last illness.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

THE PSYCHOLOGY OF OPTIMISM.

An optimist is a person who enjoys the stomach-ache because it is so nice after it is gone.—*New York Press.*

And (throwing grammar to the winds) a pessimist is a person who enjoys his stomach-ache while he's got it.

DIETING MOSQUITOS.

They've discovered a fine, hair-like worm which is said to be certain death for the mosquito that eats it. But the average mosquito seems to prefer some other diet. It will be found very fatiguing to argue with a visiting mosquito and induce him to forego his bloodthirsty intentions and dine off a worm instead.

M. R.—The strength of the solution of picric acid for application to burns is from one half to one per cent. It appears to be a much more efficacious, as well as a more cleanly application than the old-fashioned carron oil.

A CHEAP EAR AND NOSE SPECULUM.

A correspondent calls attention to the fact that a very serviceable speculum for ear and nose work is provided by the ordinary nickel pencil point protector, preferably the model which is open at the smaller end, although the closed form can readily be "filed open." Carried on the pencil in the waistcoat pocket, it has the advantage of being always ready to hand.

GAS FIRES.

A correspondent who has made the subject a special study, sends us the following note:—It would be well that those who are now strongly supporting the use of gas fires instead of coal for domestic purposes, should carefully study the dangers to which we are exposed if we do not thoroughly understand them. In an article on "Gas Fires," published in this journal on March 21st, 1900, certain dangers were pointed out, and it is surprising that stoves of various kinds are supplied to the public which claim to require no chimneys to carry off the poisonous products of combustion. It is not Acetylene or Carbonic Monoxide, but Carbonic Acid gas which is most to be feared. A coal fire has this advantage that if the products of combustion are not carried off, the smoke gives evidence by coming into the room. Carbonic Acid gas has not such proof of its presence, and as most gas stoves are not provided with proper chimneys, it is not healthy to use them. If we are going to use gas instead of coal, a very different system of combustion must be employed to that of our open grates, in which a great loss of heat is required to work the draught up the chimneys.

DR. A. D.—The "fact" has no possible medical bearing, so that we are unable to give space to it.

MR. S. WILSON.—The Scotch and Irish schools open somewhat later than those in England. Full dates and particulars of all will be given in our Educational Number for September 16th.

DR. H. W.—We have deferred dealing with the matter at your request, it will probably right itself in due course.

F.R.C.S.—The gentleman referred to is away on his annual holiday. Your communication shall be handed to him on his return.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, SEPTEMBER 2ND.

POST-GRADUATE COLLEGE (West London Hospital, Hammersmith Road, W.)—5 p.m. Dr. Robinson: Bacteriology in Gynæcology.

THURSDAY, SEPTEMBER 3RD.

POST-GRADUATE COLLEGE (West London Hospital, Hammersmith Road, W.)—5 p.m. Mr. Edwards: Rectal Fistula. (Lecture Room.)

FRIDAY, SEPTEMBER 4TH.

POST-GRADUATE COLLEGE (West London Hospital, Hammersmith Road, W.)—3.30 p.m. Dr. Taylor: Medical Cases. (Medical Wards.)

Appointments.

JAMES, WALTER EVELYN, M.R.C.S., L.R.C.P.Lond., Senior Medical Officer for the Blaenavon Workmen's Fund in connection with the Blaenavon Iron and Coal Works.

JOHNSON, MAURICE B., M.B., Ch. B. Aberd., House Physician and Surgeon to the Aberdeen Royal Infirmary.

MACPHERSON R. B, M.D. Glasg., Certifying Surgeon under the Factory Act for the Cambuslang District of the County of Lanark.

MAYNARD, GEORGE DARELL, F.R.C.S. Edin., M.R.C.S., L.R.C.P. Lond., Medical Officer for the Roche and St. Dennis District by the St. Austell (Cornwall) Board of Guardians.

SANDOE, J. W., M.D Durh., Certifying Surgeon under the Factory Act for the Silverton District of the County of Devon.

SCOTT, W. T., M.B., B.C. Cantab., House Physician to the Royal Berks Hospital, Reading.

Vacancies.

Cumberland Infirmary, Carlisle.—Resident Medical Officer. Salary £80 per annum, with board, lodging, and washing. Applications to J. G. Howitt, Secretary.

Down District Lunatic Asylum, Downpatrick. Junior Male Assistant Medical Officer. Salary £100 per annum, with furnished apartments, board, washing, fuel, light, and attendance. Applications to the Resident Medical Superintendent.

Metropolitan Hospital.—Casualty Officer and Pathologist and Registrar. Salary £150 per annum. Applications to Charles H. Byers, Secretary.

West Ham Hospital, Stratford, E.—Junior House Surgeon. Salary £75 per annum, with board, residence, &c. Applications immediately to the Secretary.

Dewsbury and District General Infirmary.—House Surgeon. Salary £100 per annum, with board, residence, and washing. Applications immediately to Charles Abbs, Secretary, Infirmary, Dewsbury.

The Royal Infirmary, Sheffield. Junior Assistant House Surgeon. Salary £70 per annum, with board, lodging, and washing. Applications to George Henry Day, Secretary.

Chesterfield and North Derbyshire Hospital and Dispensary.—Resident House Physician and Surgeon. Salary £120 per year, with board, apartments, and laundress. Applications to the Secretary.

County Asylum, Chartham, near Canterbury, Kent.—Third Assistant Medical Officer. Salary £140, with board, quarters, attendance, and washing. Applications to Medical Superintendent.

Brighton, Hove, and Preston Dispensary.—House Surgeon. Salary £160 (with extra £5 to provide Locum Tenens during holiday), furnished rooms, coals, gas, washing, and attendance. No widwifery. A Dispenser kept. Applications, giving age, qualifications, recent testimonials, and certificate of registration, to be sent before September 15th, addressed to C. Somers Clarke, Hon. Secretary, 113, Queen's Road, Brighton.

Essex and Colchester General Hospital.—House Surgeon. Salary £100 per annum, with board, washing, and residence in the hospital premises. Applications to C. L. Beecher, Secretary.

Ballinasloe Union.—Medical Officer. Salary £120 per annum, together with Registration and Vaccination Fees; also to act as Medical Officer of Health, at a salary of £15 per annum. Applications to R. J. Gill, Clerk of Union. (See advt.)

Locum Tenens for Dispensary District and Private Practice. Terms, £6 6s. per week all found. Address Dr. MacDermott, Ballyhaderin. (See advt.)

Births.

COLBY.—On August 27th, at 21, The Mount, Malton, the wife of J. G. Ernest Colby, M.B., F.R.C.S., of a daughter.

MEADE.—On August 27th, at Witheridge, N. Devon, the wife of Charles Graham Meade, L.S.A., of a daughter.

SQUIRE.—On August 27th, at the Paddington Infirmary, the wife of Dr. Maurice F. Squire, of a daughter.

TIBBITS.—On August 27th, at 25, High Street, Warwick, the wife of Hubert Tibbits, M.B., of a son.

Marriages.

RYAN—COLE.—On August 27th, at Melrose, N.B., Perceval Ryan, M.D., of Lyncombe, Bath, fourth son of the late Michael Ryan, M.D., F.R.C.S. Eng., of Blackrock, co. Dublin, to Violet Edith Cole, Melrose, youngest daughter of the late William Turney Cole, Esq., I.C.S.

SAPTE—DOYNE.—On August 27th, at St. Mark's North Audley Street, Major Herbert L. Sapte, third son of Archdeacon Sapte, to Winifred Agnes, eldest daughter of J. H. Pugh, M.R.C.S. Eng., of 22, St. George's Square, London, S.W.

WALLIS—HOBSON.—On August 27th, at Matthew's, Bayswater, Neville Courtenay, fifth son of Dr. E. D. Wallis, Leiston, Suffolk, to Frances Alice, elder daughter of the late Major-General Julian Campbell Hobson, Bombay Staff Corps.

WILSON—HARRIS.—On August 27th, at St. Michael's Church, Betchworth, Surrey, Francis Kenneth Wilson, M.B., of Walsham-le-Willows, Suffolk, son of the late Ernest William Wilson, of Over Worton, Oxon, to Amy Elizabeth, eldest daughter of Bernard F Harris, of Betchworth, Surrey.

Deaths.

BOLTON.—On August 2nd, at Dorset Square, London, Alfred Bolton M.R.C.S., L.R.C.P., D.P.H., fourth son of the late Edward Bolton of Warrington and Mrs. Bolton of King's Norton, Worcester.

BROUGHAM.—On August 24th, at Eastbourne, Adele, widow of the late Surgeon Major J. P. Brougham, M.D., J.P., of Inverness, aged 83.

BROWNE.—On August 28th, at Weston-super-Mare, Julia Eliza, youngest and last surviving daughter of the late Hayward Browne, M.D., of Painswick, aged 76.

CORFIELD.—On August 26th, at Marstrand, Sweden in his 60th year, William Henry Corfield, M.D., of 19 Saville Row, London, Sanitary Adviser to His Majesty's Office of Works.

CROLY.—On August 28th, of apoplexy, at his brother's residence Silver Acre, co. Dublin, Henry Gray Croly, F.R.C.S., No. 7, Merrion Square, Dublin.

ISBELL.—On August 24th, at King's Heath, Birmingham, Emily, widow of the late Edwin James Isbell, M.R.C.S.E., aged 83 years.

MINTON.—On August 25th, Beatrice Jessie, wife of Hugh Minton-M.R.C.S., of Woolwich, and only daughter of Sydney Gedge, Esq., of Mitcham Surrey.

SMILES.—On August 26th, at St Martha's Lodge, near Guildford, William Smiles, M.D., aged 87, formerly of 44, Bedford Square London.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVII. WEDNESDAY, SEPTEMBER 9, 1903. No. 11.

Original Communications.

THE VALUE OF ARTHROTOMY IN THE TREATMENT OF CERTAIN JOINT LESIONS. (a)

By P. LOCKHART MUMMERY, B.C.Cantab., F.R.C.S.Eng.,

Demonstrator of Operative Surgery, St. George's Hospital.

THE treatment of joint lesions by operative procedures has advanced very considerably within quite recent years, and with it has advanced our knowledge of the causation and pathology of many previously obscure joint affections, for it was not until surgeons began to operate upon these cases that anything was known about their pathology, except in the more advanced stages, when, owing to the death of the patient, an opportunity was afforded of examining the joint. A great many cases have been published within the last few years of what, for want of a better term, I may call subacute septic joint lesions, following, or occurring at the same time as, definite specific infections of other parts—cases, for instance, where a joint has become affected during or shortly after an attack of influenza, scarlet fever, measles, pneumonia, &c., or has followed some septic lesion such as whitlow, or even oral sepsis, and in which the presence of the organism or organisms causing the original disease has been demonstrated in the joint fluid.

And it seems more probable that many of the subacute and chronic joint lesions which have hitherto been collectively classed under the term chronic rheumatism, or rheumatoid arthritis, are in reality pyæmic in origin, and are directly comparable with gonorrhœal arthritis, a disease which itself was classed as a form of rheumatism not so very long ago.

It would appear that whenever a patient is the subject of a specific microbial infection, in the course of which organisms obtain an entrance to, and are able to circulate in, the blood stream, an arthritis *may* develop.

The factors which determine whether or not the organisms shall become arrested and set up inflammation in a joint, rather than in any other tissue, are still somewhat uncertain. The fineness of the capillaries in the synovial membrane is certainly an important factor, and the importance of traumatism in the localisation of a microbial blood infection has long been recognised. Traumatism acts by causing blood stasis, and so allowing the organisms, which previously were circulating in the blood stream, to come to rest, liberate toxins and set up the phenomena of inflammation. It has been experimentally demonstrated that septic organisms circulating in the blood of a healthy animal are quite harmless and rapidly disappear from the blood without causing any harmful results, providing always that no foreign matter is circulating in the blood at the same time, which, by blocking up the smaller capillaries might allow of the arrest of the organisms. Directly foreign particles, such as sterilised cinnabar seeds, &c., are introduced into the blood stream with the organisms, or a local traumatism such as a bruise is caused, septic symptoms occur.

In this connection it is interesting to notice that Drs. Poynton and Paine have recently demonstrated the fact that an arthritis of a subacute or chronic nature, closely allied in pathological appearances to the chronic arthritis of human beings, can be produced in rabbits by the *intra-venous* injection of a diplococcus. (*Lancet*, vol. i., 1902.) This shows that even without any previous traumatism or disease being present in a joint, organisms circulating in the blood stream may become localised there and set up inflammation. As to whether the arthritis so caused will be an acute or chronic one must depend upon the suitability of the joint tissues for the growth of the particular organism present, and upon the pathogenic properties and degree of virulence of the organisms causing the infection.

The type of joint lesion with which I particularly propose to deal in this paper is the acute and subacute septic arthritis which follows infection of the joint from the blood—and which has sometimes been called pyæmic arthritis—but which is *not* part of a general pyæmia.

There is probably always in these septic or infective joint lesions a primary septic focus in some other part of the body, but this may be so apparently insignificant as to escape notice, or may have cleared up before attention is directed to the condition of the joint.

Acute Septic Arthritis.

This is not common, except as the result of direct infection of a joint from a wound, but occasionally occurs by infection from the blood without being part of a general pyæmia. It may occur in a person who is much run down in health, or during the course of some acute fever. The following is a good illustration of such a case :—

(a) Paper read before the Harveian Society, March, 1903.

H. L., an Army teacher, æt. 21, had got very much run down in health. As the result of some slight abrasion he developed a pustule on the first finger of his left hand. Five days after this, while sitting in the park he felt a sudden pain in his left ankle; he managed to get home, and then sent for a docotor, who, considering the case to be one of acute rheumatism, treated him with salicylates. The condition of his ankle, however, instead of improving, rapidly got worse, and at the end of four days he was admitted to the hospital. On admission, his temperature was 102°F., and he was very ill; the pustule on the finger had, by this time, almost healed. The left ankle-joint was much inflamed and swollen, and obviously contained pus; it was opened freely by a posterior and two anterior incisions, and treated with a continuous water bath. It did not improve, however, and a week later was again opened up. The patient's condition, in spite of this, did not improve, and he developed symptoms of septicæmia, and became extremely ill. Three weeks after admission the leg was amputated at the seat of election. After this he gradually recovered, and left the hospital for Margate a month later.

In this case there was no history of any traumatism or previous disease of the joint, and at no time were there any symptoms of a general pyæmia. The primary source of infection seemed to have been the pustule on the finger. I feel certain that if the joint could have been opened earlier the limb would have been saved.

In dealing with acute septic arthritis, everything depends upon early incision and relief of tension in the joint, before there has been time for advanced secondary changes to occur, and before the synovial membrane has been seriously and perhaps irreparably injured.

Whenever there are indications of acute septic infection of a joint, no time should be wasted, but the joint should be at once opened. It is true that if treated with hot fomentations, rest, &c., a certain number of these joint lesions will get well without operation, but the risk of waiting is so much greater than that of early incision that the chance is not worth considering. The joint should be thoroughly washed out with hot water and any adherent lymph, &c., removed if possible. Washing out the joint removes the greater part of the infective material, relieves the tension, and allows the synovial membrane to recover itself, and so deal effectually with any infective material left. The joint should, in fact, be treated in exactly the same way as is the abdominal cavity under similar conditions. The importance of early operation in septic lesions of the peritoneum has been much accentuated of late, and all that has been said in respect of early operation in abdominal lesions applies with equal, if not with greater, force in the case of septic joint lesions.

Everything, in fact, depends upon early and prompt incision into the joint during the early stages of the inflammation. An acute septic arthritis is a most serious condition, and the results are most grave. I am afraid that it is too often thought that the condition is of so grave a nature that the best that can be expected, when a patient develops a septic joint, either as the result of an injury or in the course of some general infection, is a stiff joint. I am convinced that this is not the case, and that if only the joint can be opened, irrigated and drained *quite early* the results would be much more favourable.

After the joint has been washed out, it is usually advisable in the acute cases to insert a drain for a time. The question of draining joints is a very difficult one. It is practically impossible to establish efficient drainage in most of the joints owing to the close contact of the bone surfaces, and the folding and pouching of the synovial membrane. The ordinary method of draining the knee-joint by passing a tube from side to side of the joint beneath the patella, for instance, is quite inefficient, as the tube is usually so nipped between the patella and femur that it cannot act as a proper drain. Also pus collects in the posterior part of the joint around the crucial ligaments and does not escape by the tube.

In the case of the knee-joint, in order that drainage shall be efficient it is necessary to nurse the patient either in the prone position or in the lateral position with the knee turned well on to the side, so as to make the site of the incision the lowest part of the joint cavity. As a rule the leg is put on a back splint with the posterior and undrained part of the joint the most dependent part, and drainage is present in little more than name. The relief of pain and improvement in both the local and general condition which follows this procedure of opening and washing out the joint when carried out early is quite remarkable, and in many cases no re-accumulation takes place, and the inflammation rapidly subsides.

In bad cases of septic arthritis of the knee, where it is difficult to obtain proper drainage, or when after having drained the joint in the usual way the symptoms do not abate, a very good plan is to freely expose the joint by dividing the patella transversely. If the joint is then flexed the synovial membrane can be very thoroughly exposed and dealt with, the patella can be subsequently wired together after providing for proper drainage. I do not think that there is any necessity to open the joint from behind in the popliteal space, if, after the operation, the joint is kept in such a position that the lateral incision is the lowest part of the joint. The best plan is to place the knee flexed upon a pillow, and not use a splint.

The slight amount of movement that may occur in the joint as the result of not using splints is of advantage in assisting the drainage. By allowing the joint surfaces to move on each other it prevents the pus or fluid from being shut off by the coaptat on of the different parts of the joint.

Subacute and Chronic Septic Arthritis.

In many of the cases of subacute septic arthritis, such as are seen after pregnancy, when there has been some septic trouble in the genital tract; after many of the acute fevers, measles, scarlet fever, pneumonia, &c., and after gonorrhœa, opening the joint, washing it out, and closing it again gives excellent results. If treated by rest, lotions, &c., these cases show a marked tendency to the formation of adhesions in the joint, or to recurring attacks of synovitis with effusion from slight causes, and a more or less crippled joint is too often the result. And even when recovery does take place without operation, the time during which the patient is incapacitated is often protracted.

In most of these cases the onset of the joint affection is more or less rapid, and follows some slight trauma. The joint becomes painful and

hot, and there is considerable effusion into the synovial membrane. The skin over the joint is often red, and there is tenderness on palpation. These symptoms are usually accompanied by rise of temperature, especially at first. Many of the cases are at first mistaken for acute rheumatism, but the characteristic signs of that disease are absent, and the condition does not react to salycilates.

If in such a case the joint is opened, all adherent lymph removed from the synovial membrane, the cavity of the joint washed out and the wound closed, the symptoms usually rapidly subside, and a useful joint is obtained in a short time.

Many of these cases will recover without surgical interference, but arthrotomy greatly reduces the time during which the patient is incapacitated, and prevents the synovial membrane from being damaged.

Arthrotomy is particularly indicated when the joint resists treatment by other means, the pain and effusion do not subside, and the temperature shows a tendency to rise in the evening.

In gonorrheal arthritis, when there is much effusion into the joint and a good deal of local inflammation, arthrotomy is certainly the best method of treatment, and if properly carried out gives excellent results. In these cases especially there is a marked tendency to the formation of adhesions, and recovery by other methods of treatment is very slow and tedious. In gonorrhœal arthritis the best results are seen when the joint or joints are opened early, before there has been time for the joint tissues to become changed and altered from the inflammation, and before adhesions have formed. But even in old standing cases where one or several joints have been affected for many months, and there has been no improvement in the local condition, arthrotomy and irrigation of the joint or joints will often effect a cure in the most astonishing way.

In the more chronic cases of septic joint a course of massage and movement should first be given a trial, but when the joint resists all treatment and remains painful and swollen, or improves for a time only to relapse again as soon as the patient begins to use it, arthrotomy should be performed and the joint irrigated.

There is another class of joint lesions in the treatment of which I think arthrotomy might be used more often than it is at present. I refer to those cases where, as the result of some previous injury or as the result of disease, firm fibrous adhesions have formed in a joint, resulting in fibrous ankylosis.

Opening the joint and dividing the toughest bands with a knife is often better treatment than attempting to break down the adhesions by force. In some of the old standing cases of this nature in the knee-joint, it is impossible to break down the adhesions by forcibly bending the joint under an anæsthetic, unless very considerable violence is used. And there have been several cases where, as the result of such violence, the patella has been fractured, or the shafts of the bones broken above or below the joint. When it is found that the adhesions are of this nature, and that in order to rupture them great force will have to be used, it is better to open the joint by an incision on one side of the patella, and then with a knife divide the resisting bands of adhesion, before proceeding to flex the knee.

Again, in those cases where, as the result of injury, hæmorrhage has occurred into the joint, and the synovial membrane is distended with blood, arthrotomy is the best method of treatment. After the removal of the blood clot, the joint rapidly recovers, and many weeks of tedious convalescence can often be saved to the patient, not to speak of the relief of pain which results, and the tendency to subsequent trouble in the joint which is prevented by the early removal of the clot.

With regard to the method of performing the operation. In the case of the knee-joint I think the best incision is one about one and a half to two inches long on the outer side of the joint, halfway between the edge of the patella and the external tuberosity of the femur. If this incision does not give sufficient exposure it may be supplemented by another on the other side of the joint. A vertical incision is the best, as it does not involve the division of any of the important ligamentous structures of the joint, and a minimal portion of the subsequent scar will be over the bone—a very important point. When a transverse incision is made the seat often becomes adherent to the head of the tibia, and causes pain afterwards when the joint is moved. In the ankle-joint, I think the best incision is a vertical one just behind the external malleolus.

Through the incision the fluid in the joint can be evacuated, and some of the latter should always be kept for bacteriological examination. The joint should be thoroughly washed out with an irrigator, and sterilised hot water or saline solution until the interior is quite clean, special care being taken to wash out all the pouches and pockets in which pus or infective fluid has probably collected. Any adherent lymph, &c., should be carefully removed at the same time. There is very little object in using antiseptic solutions to wash out the joint, as they cannot destroy all the organisms present, and they injure the delicate synovial membrane, on the power of which to get rid of any infective material left in the joint tissues the success of the operation largely depends.

After the joint has been rendered as clean and as free from lymph as is possible it should be dried out with aseptic sponges, and then the edges of the wound brought together with fish-gut sutures.

In many of the cases when the operation has been performed early, and there is no actual pus in the joint, but only a thin sero-purulent fluid, there is often no necessity to put in a drain, and after the joint has been washed out it can be closed again.

After the dressings have been put on, firm pressure should be applied over the joint by thick layers of cotton wool held in place with bandages so as to obliterate as far as possible the joint cavity, and prevent the re-accumulation of fluid in it. The after-treatment of these cases is of the utmost importance, if a good result is to be looked for from the operation. The joint should be moved daily, commencing on the day after the operation. The range of movement that is obtainable is at first slight, but should be increased daily until full movement is obtained in all directions. Voluntary movement is preferable to passive movement, and after the first few days the patient should be encouraged to move the joint as much as possible for himself. After the wound has healed a course of massage is often advisable, especially in the more chronic cases,

where the muscles moving the joint have become wasted from non-use.

This operation is a simple one, and is practically free from risk—the only danger attending it is that of sepsis, and it ought not to be a difficult matter to prevent this if proper care is exercised. The most rigid aseptic precautions must, of course, be taken in opening any joint, as the results of sepsis in a joint are particularly unfortunate. There ought, however, to be no difficulty in securing absolute asepsis during the operation, and this risk should be a negligible quantity.

There is one small point in the operation which is, I think, of some importance; that is, to make certain before closing the joint that all bleeding has been stopped, and that there is no blood in the synovial cavity.

As regards the relative merits of aspirating the joint and arthrotomy, aspiration has little to recommend it, the risk of sepsis is quite as great, and the joint cannot be properly washed out through a trocar; also in a subacute septic joint there is almost always a certain amount of adherent lymph which it is most important to remove, and which will not come away through the trocar.

The more general recognition of the value of arthrotomy in the treatment of many joint affections will undoubtedly lead to great advances in the surgery of joint lesions, and it is to be hoped that the time is not far distant when it will be the routine practice in all the more severe cases.

VARIETIES IN INDIGESTION AND THEIR CORRELATIONS, EUROPEAN AND EAST INDIAN.

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I DO not know of any more fascinating mental exercise than that of the differential diagnosis of the varying symptoms, and the discovery of the true path or paths, in so complex a biological or pathological field, and *a fortiori* the path or paths of right treatment, than is presented by the numerous cases of so-called "Indigestion" which are seen in the out-patient room of a Public Dispensary.

We there see the earliest deviations of function and process, and have opened to our view the widest and most intimate and delicate correlations of the functions of the system; we are carried into a view of disease far more profound than if our field of observation were mainly confined to the more final stages of nomenclatured disease.

I have been much impressed by the phenomena of the varied slight deviations of many functions, which, often for many years, in phthisis, precede the actual lung invasion; a hardly less variety of phenomena and disturbed correlations belong to what we familiarly but vaguely call Indigestion.

Bacon tells us that it is "necessary . . . to imitate the wisdom of the mathematicians, in setting down in the very beginning the definition of our words and terms, . . . that others may know how we accept and understand them, . . . for it cometh to pass, for want of this, that we are sure to end there where we ought to have begun, which is in questions and differences about words." It is obvious that the combined learning and wisdom of the editors of Dr. Murray's "English Dictionary on Historical Principles," aided by the learned editors of the great "Medical Dictionary" of the Sydenham Society, could not give us a definition of the word Indigestion.

The digestion and assimilation of crude food to the activities of the bioplasm of a living animal involve the cell-activities of the whole system; in some of the earlier animals—the Foraminifera—if they are turned inside out, their food is still digested, and in any and all parts of the creature's central tube; in other words, the digestive organs and powers are not yet differentiated, but remain diffused in every cell and cell-contents of the animal. In our systems, though the digestive organs are so greatly differentiated, not the less the "energy" and "motions" which make for digestion and assimilation are diffused in the system generally, and are in every cell and cell-nucleus. Everyone knows how mental emotion—of joy, fear, thought, &c.—may suspend the desire for food and arrest its digestion; we ought to remember that such mental emotion is not a "thing apart" from the whole system, but has absolute biological correlation and continuity with the processes of digestion and assimilation, and with many other functions, both vito-physical and psychical. I make these remarks because I have long seen a tendency to narrow down our conceptions and practice to lines and points of "specialism," until, indeed, the mind seems incapable of seeing and grasping any general just wide view or generalisation. Such minds further realise Bacon's Aphorism: "He who is not practised in doubting, but forward in asserting, . . . is only fitted to mix and confound things with words, . . . but not to interpret the works of Nature."

The types or varieties of Indigestion which I now depict occurred amongst the hard-working, hard-living, industrious poor, and chiefly among women. The neuroses of such women are apt to show, in the unmarried, during the years of the active evolution of the sexual system; and in older women, coincident with and following the immense strain of their child-bearing years. Such a field of observation is one of great value in biology and pathology, in that we are near to primitive Nature. The phenomena or symptoms are in natural orderly continuity of reversion of biological process and function, *e.g.*, the neurotic indigestion of young women correlates with irregular menstrual function, with sluggish action of the *primæ viæ*, with anæmia, with sluggish, or sometimes with exalted or excited, mental development. The whole of such a series of disturbed processes forms part of one whole, of one widely correlated reciprocating general condition or "reversion." We must, in viewing such widely correlating disturbed functions, carefully guard ourselves from resting in single "causes."

I am viewing Indigestion simply as an observer and practitioner dealing with the relief of patients; but it should be remembered that every point in the most "simple" cases is part of an absolutely infinite continuity of an as yet little known region of bio-chemistry—of the "energies" of the ultimate motions, of physiology and of therapeutics. We are, however, in Medicine the happy inheritors of the experience of mankind, and such experience, though not exact in a modern scientific sense, holds the wisdom of the ages, and if rightly followed will often put us on the right path.

In July, 1901, I was favoured with space in THE MEDICAL PRESS AND CIRCULAR for an analysis of fifty-four cases of Indigestion. Since then I have recorded thirty-four cases, which I now propose to review. It will be seen that though in general it is in the region of the stomach that the patient complains, yet this organ forms but a part of the wide and varied correlations involved. I am obliged to use "words," but it should be ever remembered that when we speak of the "Stomach" we do not mean that physical bag which is shown us on the post-mortem table, but a living, active part of the entire organism, a partial differentiation of a universal process and "energy" which, throughout Nature, transmutes the cruder and earlier types of organic bodies into the more highly vital. Our practice would be wiser and more just were it founded more on a sense and knowledge of the universality and immensity of the Laws or Forms with which we deal, even in the most "simple" (?) cases of Indigestion.

I had best start with an illustrative case which very much opens the whole region. B. W., female, æt. 17,

was a bright country girl, fully grown for her age, but with very much the brightness and type of mind and conduct of a spirited girl of twelve. She had seen the menses once only, six months ago. For six months she had been under treatment for pain at the epigastrium and across the abdomen after taking food; she had regularly and daily vomited her food; the vomit was sour or bitter; the pain at the epigastrium lasted all day; was not costive or flatulent. She had for the six months been very much kept on a milk diet, sago and rice puddings, &c., but without benefit to her case. It was obvious that her medical attendant in the country had acted with prudence and wisdom in ordering such a diet; gastric ulcer or its premonitory symptoms could not be excluded from such a case. But what was my position? Here was a being in process of growth or evolution, the great functions of womanhood bursting into bud and objective existence, the "silent operations" of Nature in full activity. What could I justly conclude? The girl's bright, laughing and happy manner influenced me in thinking that there was no actual ulcer or objective disease of the stomach. She was in the hovering equilibrium of great processes—vito-physical and psychical—evolving within her system. I thus judged the case to be a Neurosis. "What would you like to eat?" I asked. "Cold meat," she replied. "And with a potato boiled in its jacket, and a home-pickled onion?" I added. She exclaimed with delight, "Oh, yes!" I told her to take such food, and to bring me a big bunch of primroses when she, after a week, came back. I prescribed Acid. Muriat. dil., min. xii., Liq. Glycer. pep., ½dr., Liq. Morph. mur., min. v., t.d. In two days after she began the new diet and treatment all pain ceased and has not returned. Week after week she came back with joy, bringing me great bunches of primroses of her own gathering. In eight weeks the menses returned.

I assume that the change of diet to what she specially desired was a right treatment, but I also think that the "mental therapeutics" of wandering in the lanes for hours every day, joyously entering into her primrose gathering, was a most essential part of the treatment.

In a very great number of such cases, both with Europeans and Natives of India, I have found the greatest good from a fuller diet, and especially from a watchful compliance with the patient's desires. I cite this case as suggestive of broad principles, and not as a fixed rule of practice. To learn the right path we must come with a good deal of the spirit of "submission," feeling a sense of our own ignorance!

I have on many former occasions published evidence of the great importance of a judicious compliance with patients' desire for special foods. No rule can be given, but the repeated beseeching for "unorthodox" food should never be treated lightly. I have been deeply impressed with this, not only with Europeans, but also with the Natives of India. Social and professional orthodoxy has its value in our transitional state of civilisation, but the courageous and wise practitioner may often effect a startling result by a vulgar unorthodox idea and practice.

Over forty years ago, when I was in charge of Natives of India, they would beseech for lime-juice and tamarind. Not only would the relatively healthy so beseech, but also those suffering from chronic dysenteric diarrhœa. Their importunity was extreme. I began with great caution, keeping records of my practice. The people demanded more and more. "Aur do, Sahib." ("Give me more, Sir!")

I found that the practice was of the greatest value. It seemed startling to give people who had extensive ulceration of the big gut "acid fruits," but the voice of Nature showed the true path. The systems of the anæmic, for ages under-fed, semi-scorbutic Natives demanded the "acid fruits," the onion, the aromatics, and a fuller vegetable diet. Similarly, the Natives of Bengal, Orissa, and Eastern Bengal, who are rice-eating people, showed a great liking for the Chupatti in preference to rice. Here was a people whose natural and prevailing disease was ulceration of the big gut, craving for the tough unleavened cake of flour, the Chupatti, and restoring their health under its use! I always saw that every Native had a supply of onions, salt, and chillies. The Native can be trusted in matters of diet, and modes of life. The civilisation of India is old and wise, based on the "historic past." One would see the Native, at odd times, eating a little raw onion (the allyl molecule) with salt, and a tiny bit of red pepper. Such a practice, I cannot doubt, was good for his system. Never ignoring the value of drugs, of opium especially, in his diarrhœa and dysenteric diarrhœa, there was a greater method than that of drugs, *viz.*, a just grasp of the historic and biological modes of the people. I should have lost my usefulness and grasp of true method had I confined my pathology to a nosological term and definition—"Dysenteric diarrhœa, an extensive ulceration of the mucous membrane of the big gut"—for the conditions and pathology were widely "general," and in our present state of ignorance of the depths of pathology we have to seek much guidance from the habits and instincts of the races whom we treat.

The desire for and use of Aromatic Seeds—the Benzene molecule—by the Natives of India should strongly impress us. The evolution of Cholera in India under a very great variety of *changes*—changes of season, of weather, of place, of emotion, of food and drink, &c., all point to an inherent defect in the molecular bonds of his bioplasm, the result of ages of inadequate food, and of extreme climatic conditions. The Native's great passion for the Allyl and Benzene molecules is a demand of Nature, a wisdom derived from ages of experience, a wise empiricism which has so often preceded exacter discovery.

I could here illustrate the same general principles from European experience. To apply such principles wisely we must approach disease with "humility of pretension and confidence of hope"; we must have felt the power of what Coleridge called the "Historic Method."

These general remarks will explain how it is that I encourage the use of the onion in the delicate prephthisical young European, whose lung apices, or apex, tend to die too early in the whole-body life of the individual; and no less so of the onion and Aromatic Seeds (Benzene molecule) in the expended vital "energies" of the Native of India, whose organic tract—in the mucous membrane of the big gut, the fundamental *primæ viæ*—tends to ulceration or premature death. They will also explain how I at once encouraged B. W., female, æt. 17, to eat those kinds of food for which her system longed—cold meat, potatoes boiled in their jackets and home-pickled onions; nor can I doubt but that this change of diet led to her rapid recovery. One of my most vivid remembrances of practice, both with Natives of India and Europeans, is that of the immense good of even small supplies of the apt and much craved-for food.

In Cornwall and the West, from forty to fifty years ago, it was the fashion to debar the child in fever from cold water as a drink; I see sometimes the same practice of withholding cold water to-day. The Poet here, as so often, precedes the Man of Science—

> . . . . "'Tis a little thing
> To give a cup of water; yet its draught
> Of cool refreshment, drained by fever'd lips,
> May give a shock of pleasure to the frame
> More exquisite than when nectarian juice
> Renews the life of joy in happiest hours."
>
> —"*Ion*," *Act I., Scene 2.*

I will now give an analysis of the thirty-four cases of so-called Indigestion in Europeans. I can but make an approximative classification. No amount of trouble combined with the greatest interest, and it may be, justly large views of the problems will make one confident and assertive in such cases. The mental exercise of the diagnosis is an exquisite study; but a wise man will have to confess his difficulties in unravelling the Neuroses of evolving womanhood. In looking back over my lists of "Indigestion" and Gastrodynia cases, which extend over twenty years, and knowing often the subsequent history of the patients, I feel pretty sure that some of the most seemingly pronounced

cases—barring undoubted hæmorrhage—of gastric ulcer, were mainly Neuroses. Following the records of my patients' statements, my thirty-four cases seem to group themselves as follows:—Ten cases of gastric ulcer; twenty-two of neuroses, with pain after taking food, at the epigastrium, in the left infra-axillary region, and round to the spine; one where the pain was confined to the sternum; one in the region of the colon. In my ten gastric ulcer group, one only had hæmorrhage. It is impossible, therefore, to absolutely differentiate the other nine from some of the twenty-two neuroses group. I was often in complete doubt whether I was in the presence of gastric ulcer or of a neurosis with gastrodynia.

The ten cases entered as gastric ulcer were as follows:

Previous duration of illness.	1 year.	6 months.	3 months	2 months.	1 month.
Well in weeks.	1 in 3 weeks.	1 in 2 weeks.	2 in 3 weeks 2 in 5 „	1 in 2 wks 1 in 4 „	1 in 2 weeks.
No benefit.		One.			

The treatment usually was a combination of Bismuth, Glycer. Peps., with min. v. of Liq. Morph. mur.; or sometimes Acid. Mur. dil. was given in place of Bismuth. A paramount aim was to secure the action of the bowels once a day, often by means of the Pil. Aloe. et Fer., to thus seek to restore the fundamental, far-reaching, and natural activities of the great organic tract and basis of animal being. The diet was rice, sago, &c., as milk puddings. I encouraged the use of the banana and stewed fruits, and a little lemon juice squeezed over their rice, &c., puddings.

I quite recognise the wisdom of the hospital treatment of gastric ulcer—rest and opium, rest of body and of stomach, &c.—but in Dispensary practice we see disease in its inception, in its wide and exquisite earlier correlations; we are quite in a different age or stage of the processes which make for the final embolism and actual ulcer; and thus a wider and more general treatment may be called for.

The gradation between those which I have classed as Gastric Ulcer and those classed as Neuroses was often insensible. One saw continuity rather than definite lines of demarcation. The twenty-two cases which I have grouped as Neuroses are shown in the following table:—

Previous duration of illness.	4 years on and off.	2 years.	1 year.	6 months.	4 mnths.	3 mnths.	2 mnths.
Well in weeks.	1 in 3 weeks.	3 in 3 weeks. 2 in 2 weeks.	1 in 2 weeks.	1 in 6 wks 1 in 4 „ 1 in 3 „ 1 in 2 „ 1 in 1 wk	1 in 3 weeks. 1 in 2 weeks. 1 in 1 week.	1 in 8 weeks. 1 in 3 weeks. 3 in 2 weeks	1 in 2 weeks.
No benefit	One.						

The treatment of these epigastric, &c., Neuroses was mainly as in the former series. I avoided bromides. Great importance was attached to the restoration of the daily action of the bowels, usually by means of the Pil. Aloe. et Fer., or, if the menses were regular, and no marked anæmia existed, by some other more "simple" (?) aperient, such as Pil. Rhei. Co., or Pil. Coloc. c. Hyos. The use of fruits was urged, and especially to drink at bed-time the juice of half or a third of a lemon, in half a tumblerful of warm water.

When one recalls remembrances of the great good which accrues to Natives of India, who have often very numerous ulcers of the big gut, from the free use of lime juice and tamarind, combined with the onion and a little garlic, or tamarind itself eaten freely, there will exist but little fear, even if there be ulceration of the stomach, of the use of "acid fruits."

Such is the longing for fruits among the poorer Natives of India that it was a common occurrence for the women, even casting aside the terrors of breaking their *caste*, to cling around my legs and arms, in presence of their husbands, beseeching for "Nimboo Ka arrack" (lime-juice). Much as Europe has given the East during the past century, the East is no less pouring on Europe great ideas and the harvest of an old civilisation. The philosophy of the East, in all the realms of thought, feeling, and practice, has never yet been fully or fairly presented to the European mind. None the less, vast streams of light have reached us. In Medicine, our dogmatic definitions of disease must and will feel the influence of Eastern Ideality. In the expended vitality of Eastern bioplasm, and in its diseases, I was struck with the Natives' passion for certain foods in their nascent modes—the onion, garlic, aromatic seeds; nor could I exclude the use of opium from the same category.

Neuroses, or ulcerations of the stomach, were among the poorer industrial classes, and I feel sure that "Mental Therapeutics"—a bright, hopeful demeanour with them—is of no less value than are our drugs and prescribed diets.

If we hold the hypothesis of cosmic evolution, *i.e.*, of the orderly evolution, in continuity, of what we hypothetically and tentatively call "matter," also of our mental and spiritual qualities, or as expressed in the teleological language of Bacon, "For certain it is, that God worketh nothing in Nature but by second causes"; or as expressed by the old Eastern Poet, "And in Thy book all my members were written, which in continuance were fashioned, when as yet there was none of them," we shall esteem mental, and what we call spiritual therapeutics of no less value, and no less scientific, than is the use of our drugs. The physical, mental, and spiritual are all of one great continuity, and all equally belong to the broad-minded physician.

Bacon's philosophy is full of great deductive ideas of unity and continuity. He says: "But it is manifest that Plato, in his opinion of Ideas, as one that had a wit of elevation situate as upon a cliff, did descry, 'That Forms (*i.e.*, Ideas, Laws) were the true object of knowledge,' but lost the real fruit of his opinion by considering of Forms as absolutely abstracted from matter, and so turning his opinion upon theology, wherewith all his natural philosophy is infected."—("Advancement of Learning.")

In the old days they were often true and wise physicians who sent their neurotic patients to the Holy Well!

A distinguished General once said that "ignorant savages," fighting in their own native methods, should never be despised. I am writing now on Indigestion, not in view of gastric ulcer as seen in hospitals, in the final stages; nor am I treating of the grand biochemical and physiological discoveries which bear on digestion; but am dealing with the phenomena as presented to an observer practising among the masses of the poor and hard-working—mostly women; and it cannot but be that a faithful portrayal of Nature, in her earlier, wide, and varied deviations, may be of value. I am in the position of the "ignorant savage" using the primitive methods of observation and experience.

The difficulty of diagnosis in cases of Neurotic Indigestion, the frequency with which they are treated as gastric ulcer, induces me to cite a few illustrative cases. L. B., female, æt. 19, had suffered from pain at the epigastrium, after taking food, for two years. The pain came on one hour after eating, lasting one hour, and going off often with flatulence. She was pale and anæmic; bowels regular; menses regular. I prescribed Potass. bicarb., Ammon. Bromid., Spts. Ammon. Aromat., Tinct. Zingib. fort., also reduced iron lozenges. In one week she was much better; at the end of two weeks was quite well. On the same day came J. D., female, æt. 23, who had suffered for two years with pain,

after eating, at the epigastrium, over the lower third of the sternum, and around the left infra-axillary region. The pain came on one hour after eating, and lasted one hour. Menses every three weeks; costive. I prescribed Acid. Mur. dil., mxv., Tinct. Zingib. fort., mv., t.d., in water after meals; also Pil. Rhei. Co. as needed. In two weeks she was well, and remained well. A. C., female, æt. 19, had suffered pain at the epigastrium, and over the lower third of the sternum, after taking food, for a year; was costive, anæmic, menses scant. I prescribed Pil. Aloe. et Fer., one o.n.; Acid. Mur. dil., Glycer. Pepsin., Tinct. Zingib. fort.; she was well in two weeks. A. W., female, æt. 19, for a year had had pain at the epigastrium after eating; also sense of sinking at the epigastrium all day long. She was pale and costive. I ordered Mist. Ferri. Co., also Pil. Aloe. et Fer.; also lemon juice squeezed, then and there, from the fruit, with warm water, to be drunk at bed-time. In three weeks she was quite well, and has remained well.

In these four cases I urged the habitual use of lemon juice as a drink—the juice of half or a third of a lemon, to be drunk in two-thirds of a tumbler of warm water on going to bed.

In other cases, in emotional girls, which I could hardly differentiate from the above, I have failed to give relief, even with a diet much restricted to milk, rice, &c., and pursuing at different times varied orthodox drug treatment. Some aptly arising and applied "mental therapeutics," such as the advent of a new admirer, or a new hat, or costume, or a change of scene and air, will often put such cases right, just as my little primrose gatherer was "cured" by her abounding joy.

Among the hosts of cases one has seen where "mental therapeutics" have been effectual, the following is worthy of record. My friend, the late Mr. Rees, chemist at Totnes, had a young maid-servant, who for months had been in a very desponding state of mind and feeling. Mr. Rees was an ardent field botanist, and one day, on returning from a botanical excursion, he met Mary running up the road in a state of great excitement towards the River Dart, her dress all untidy, and her hair dishevelled. Speaking in the vernacular of Devon, Mr. Rees said, "Mary, where be going to? What's the matter with ee?" "Sir," replied Mary, "I'm going to drown myself. The Devil is chasing me!" "Tell un," replied her master, "to go to Hell! Tell un to go to Hell!" Mary paused, looked up in her Master's face, burst into a laugh, and went home cured!

Mr. Rees' apt and brilliant treatment had co-ordinated into harmony the million and one fountain cell-battery streams of Mary's brain. All Nature is full of the grandest results, from infinitely delicate, but all-powerful, influences. Medical practice often illustrates this, as in Mr. Rees' philosophic and scientific treatment of Mary.

These are so-called "simple" cases. But in truth they open up a view of an infinite pathology, a pathology far deeper and more subtle and universal than that of the final stages of visibly structural disease. How should these nerve storms, these disturbances of the balance and harmonics of the ultimate molecules, electrons, energies, and motions of nerve cell-contents, arise, in the main, in young women? And how should the objective conditions be so much centred about the epigastrium and its great nerve fountains of organic life? And how should such varied and "simple" therapeutics so often give relief? The hurricane which rages around Peter Botte has its causes in the smallest secular changes of temperature of equatorial atmospheric currents, which, absorbed into the system of the Earth's rotation, become the great and overwhelming physical storm. The epigastric storms of Neurotic Indigestion have a vastly deeper basis of correlation, and involve greater molecular energies, than have the storms which have shaped Peter Botte! If we would have a just view of their pathology, and a just view of their right treatment, we must embrace the width of their origins and correlations.

From a practical point of view, I may cite that long continued (months or years) and severe epigastric pain, with all the symptoms of gastric ulcer, have in different cases disappeared during pregnancy, during, and for a week or two after, the menstrual period, and during the existence of an attack of eczema.

As I look over my approximatively classified records of cases of Indigestion, I am still in doubt, even with the light of their subsequent course, as to whether many of them were epigastric neuroses or real gastric ulcer. In young women of rich, full nature, in the period of their evolving powers, a secret unfulfilled passion of love, or temper, may for a year or two be the source of a neurotic Indigestion simulating gastric ulcer.

The differential diagnosis is aided by giving the patient's tongue "rope" on subjects off her disease. She will thus often betray other neuroses, and her true state.

In treatment one has to look all around, to view the symptoms in a "general" Method, and to treat the system in general quietly and without haste, to restore the action of the bowels, *i.e.*, of the *primæ viæ*, the fundamental organic tract, on which, in fact, life and function depend. In European civilisation the most elementary decencies and habits of life are neglected. It is impossible to imagine a Hindoo woman of any *caste*, or a Moslem woman, neglecting what is essential in reference to food, the action of the bowels, or other essentials of their being; but in European Society outward show and "appearances" have usurped the place of the old Eastern wisdom.

The Irish peasant is wise in saving the salts of the potato in his stew. The Eastern people crave for "acid fruits," vegetables, aromatic seeds, the onion, &c.; in Europe, both young and old are often debarred the use of fruits, potatoes, onions, pickles, &c.; the "young person's" breath has thus often a semi-fæcal odour, the whole system is corrupted from neglect of the most elementary principles and conduct. If young people would encourage the daily habit of the action of the bowels, by the use of fruits, by retiring daily, successful or not, at the same hour, by a daily little self-shampooing of the abdomen, by following the example of our Eastern brothers and sisters, of simply "squatting" for purposes of defæcation, in place of the unnatural position of the seat, there would be far less Indigestion, and fewer cases of gastric ulcer. There can be nothing more revolting to the Hindoo than using a w.c. in common with others. He retires to the field set apart for such uses; the pigs and carrion birds are the scavengers, the sun purifies; or, if a boatman on the great rivers, he slings a little wooden perch over the prow of his boat, and does the after washing by dipping up water with his left hand. There is no shame.

Except among the poor, I prescribe one of the natural mineral waters as an occasional aperient, as such have a far more searching general influence on functions than have ordinary aperients. I have often found a restoration of the action of the digestive tract, and a cure of most obstinate constipation by the habitual use of lemon juice, in hot water, at bed-time. Various types of indigestion will vanish through its use; body, mind, and feelings will all be benefited.

Nomenclatures, and the names of disease phenomena, limit our minds from a wide, just, and general view of pathology. I cannot doubt but that the final well-marked gastric ulcer has a very wide and general basis, and correlations in the system. There is a biological and pathological continuity between these prevailing neuroses and the final embolism and ulcer; the widest and most general biological conditions are involved.

Similarly, in the Native of India, his prevailing and extensive ulceration of the big gut is but a later stage of the widest general conditions—of conditions historic, indeed, in his race—for ages underfed, the subject of "malaria" from early childhood, his life exposed to the extreme dry heats and great rains, and

all this in an Aryan Race, of probable north-western origin, not yet acclimatised to India.

There is a parallelism between the expended vital energy of the Native's bioplasm, and that of the young British peasants' and factory girls' vital condition, which tends to gastric ulcer.

In the treatment of these epigastric neuroses, I have no doubt but that recovery is much aided by inspiring the patient with a joyous and happy hope. This is quite as "scientific" as is the use of drugs. Buckle says: "Poetry . . . is a part of philosophy, simply because the emotions are a part of the mind. If the man of science despises their teaching, so much the worse for him. He has only half his weapons; his arsenal is unfilled." The psychical—mental and spiritual—are parts of the organic evolution, as primary and absolute as what we call the physical; all are in unity, correlation, and continuity.

I conclude with the recital of one case. Nellie W., æt. 14, was a tall and well-developed girl; her menses began at ten years of age, and appeared every two weeks after, lasting on each occasion one week, and being profuse. She was brought to me for pain at the epigastrium, the left hip and thigh, and the head. The bowels acted but once in five or more days. I found her to be a bright but thoughtful child. She said that she had had pain and a "jumping" at the epigastrium, after taking food, for two years; it lasted half an hour. She had vomited after nearly every meal for eighteen months; had suffered headache for two years; and the pain in the hip and thigh for one year. I found no sign of hip disease. I concluded, from the wide area of the pains, from her general history, from the absence of objective disease, and from her type, that the case was a neurosis, correlating with a peculiar constitution which evolved the menses so early in her life and so profusely. I prescribed Pil. Rhei. Co., as needed; also a mixture of dilute muriatic acid, tincture of Calumba, quinine, and tincture of Ginger fort.; also the free use of lemon juice and fruits. But I sought to send the child off in a joyous spirit. In less than a week all the pain at the epigastrium, "jumping," and vomiting ceased, and she has remained well, but she has a little pain at the hip when the menses are on, obviously neuralgic.

I have already in this paper said enough on the general wide principles of biology, pathology, and therapeutics which underlie this case of Nellie W., both as to its nature and treatment. The case, in its history, symptoms, pathology, and recovery, illustrates what Bacon calls an Illuminating Instance.

ACID PHOSPHATE OF SODIUM AND ADRENALIN IN VESICAL DISEASE.

By WILLIAM DE C. WHEELER, M.D.Dub.

SEVERAL cases of chronic cystitis having come under my notice lately, one case complicated with violent hæmorrhage, a note on the treatment found most efficacious in both conditions may not prove uninteresting to those who have not attained good results by employing the ordinary classical methods and drugs in cases unfit for operation.

In the first case, a gentleman, æt. 85, with a history of gout, consulted me, with the well-known story of frequency of micturition, especially at night, depriving him of his rest and comfort. No enlargement of the prostate could be detected *per rectum*, and a catheter No. 8 could be passed with little difficulty; about six ounces of residual urine was drawn from the bladder after the patient had satisfied himself it was empty. Sounding revealed nothing. The urine was acid, contained oxalates and urates, and a quantity of blood, but no epithelial shreds or casts. An alkaline medicine was prescribed, and the gout treated, with the idea that the hæmorrhage might be associated with the passage of "gravel." In this case the use of the cystoscope was not had recourse to on account of the patient's advanced years, and an extremely sensitive and nervous disposition. Suffice it to say, that one day after drawing off the residual urine, a violent hæmorrhage occurred, notwithstanding the gentleness practised in passing the catheter. This, as it afterwards turned out, was not due to catheterisation, but at the time it appeared to me that possibly a small portion of a villous tumour or other growth had been detached. The hæmorrhage on this occasion was therefore not treated locally, but continued for six days, the patient passing water every ten minutes laden with blood. An operation was refused, so the treatment consisted in absolute rest, morphia suppositories, ice to perinæum, large doses of calcium chloride, and hypodermic injections of ergot; at first all these drugs were used simultaneously, each having a distinct duty to perform. On the sixth day the hæmorrhage had entirely disappeared; on the third it was at its height; on the fourth the blood was passed in clots and not so frequently, but with much pain. The patient made a good recovery, only to get another attack at a time when no catheter had been used. I at once passed a No. 8 French catheter, washed out all blood clots, and injected a weak solution of the adrenalin chloride of commerce. About half a drachm in an ounce of hot water was the strength and quantity used. The patient, though micturating frequently before I arrived, and passing quantities of pure blood, after the injection of adrenalin chloride had no further trouble. The urine passed regularly and was free from blood. An attack similar to his first would have certainly ended fatally. This was only avoided by the treatment adopted. He remains now for three weeks or a month without any blood in the urine, then gets a severe hæmorrhage, to be checked again by three or four injections of adrenalin.

The same patient in the intervals suffered from a chronic cystitis with ammoniacal purulent urine, and as in other similar cases, I have found without exception that the administration of acid sodium phosphate NaH_2PO_4 is the most beneficial, especially when combined with a urinary disinfectant.

℞ Acid. sod. phosphat., 2 drachms.
Urotropin, 2½ drachms.
Infus. uræ ursi, ad 6 drachms.

Sig. 1½oz. t.i.d.

This is the prescription employed with excellent effect in three recent cases. The patients complain greatly of thirst when taking the medicine, and it should not be given if there is any nephritis or albuminuria. In one case uræmia was supposed to have arisen in consequence of employing the drug in cystitis when the kidneys also were diseased. In the above note I only refer to patients unfit for operation. A suprapubic cystotomy, or removal of a tumour, in suitable cases is the proper procedure for a surgeon.

In the three cases I have lately met with the acid sodium phospate had rendered ammoniacal urine acid in twenty-four hours.

Care should be taken that the chemist does not make up the prescription with the official sodium phosphate Na_2HPO_4, instead of the acid sodium phosphate NaH_2PO_4, the normal urinary acidulant. This mistake occurred in my own experience, the chemist having never before seen the acid sodium phosphate prescribed. The symptoms I detail above follow closely those of villous tumour, *i.e.*, intermittent profuse hæmorrhage, with no signs or symptoms of stone or malignant disease. The man being weakly and æt. 85 excluded operation or even cystoscopy, even if he himself should consent to such a treatment. The adrenalin acts admirably when there is hæmorrhage; the acid sodium phosphate saves him from many of the terrors of cystitis. He is at present well and out every day for a walk.

THE ETIOLOGY AND PROPHYLAXIS OF MALARIA.(a)

By DRS. HUERTAS BARRERO AND GUSTAVO PITTALUGA.

[SPECIALLY REPORTED FOR THE "MEDICAL PRESS AND CIRCULAR."]

THE relation between malaria and mosquitos of class Anopheles was established, micro-biologically and experimentally, by Grassi in 1898; by the elder MacDonald, of Rio Tinto, Huelva, 1900; by Huertas and Antonio Mendoza, Caceras, 1901; by Pittaluga, Catalogal, Valence, Balearic Isles, 1902; and in Portugal, by Bettencourt and Ferreira and others, 1901-1902. The studies of Señors Gil and Morte (*El Paludismo*, Valencia, 1899), of Rioja and Martin (*Discurso Inaugral*, Oviedo, 1902), and others largely contributed to establish in Spain the theory of the transmission of the hæmatozoön of Laveran by the bites of mosquitos. The theory did not at once receive general acceptance; it was objected to by Dr. Gonzalez Rey (*Revista Médica de Sevilla*), 1900; by Dr. Pascual de Sande (*El Médico Titular*), in 1902; by Dr. Sarmento (*A Medio Contemporanea*), Lisbon, 1901. These objections have to-day no more than an historical value. They were completely overthrown by the Italians Grassi, Celli, Marchiafava, Bignami, Dionisi, and others; in Africa, by Hans Ziemann, Koch, Ross, Billet, Annett; in the West Indies, by Ross, James, Robert, and others. The clinical symptoms of malaria are caused by three species of parasites, and these species are distinct one from another, and are not varieties of one species: (1) Plasmodium malariæ, which produces quartan fever; (2) Plasmodium vivax, which produces tertian fever; (3) Laverania malariæ (hæmamœba præcox, hæmamœba immaculata), which produces the severe type of estival-autumnal fever in all its pernicious forms. The relation between the monogonic cell and the hæmatozoön (that is to say, those of asexual reproduction, endogenous multiplication, and sporulation) and the access of the malarial fever has been clearly worked out, little by little, by the classic labours of C. Golgi. The relation between the relapses, the recurrence of the old malarial fever and the outbreak of the autumn epidemic has acquired a marked importance. They have in all probability a virgin reproduction—that is to say, a reproduction of sexual forms in the blood of the patient, after a period more or less prolonged (sometimes very long), after the cure of the initial attack. The macrospore, or macrogemate, or female spore, preserves the property of reproduction by fission, thus preserving its functions and biological characters in the viscera; at other times they assume the form of fixed parasites, which formerly were considered specimens of degenerated tissues; or they may give birth to new generations of spores, which invade other hæmatazoöns. Canalis, Grassiet Feletti, Mannaberg, Hans Ziemann, and others have seen semilunar bodies (spores of *Laverania*, in severe autumnal fever of the Italian authors, tropical of Koch) which had a true nuclear division; Schaudinn has watched the whole parthenogenesis in the *Plasmodium vivax*. But what is of the utmost importance in this connection is the possibility of fresh infection by the Anopheles of countless numbers of sexual parasites, in the months of June and July, when the mosquito bites most freely. This fresh infection furnishes the blood of chronic patients with the only form (sexual) of parasites that are able to develop in the stomach of the mosquito and produce a new generation of sporozoöns. But the conditions of this partnenogenesis of the female spore, its limits, its site of election, and so forth, are all unsolved problems for the present generation of scientists. If we once more consider the gemmation reproduction seen in cases of tertian and quarternium fevers, we, according to Bignami, see the production of the spores by which relapses are produced. In all cases in which we have studied the mechanism of the recurrence of attacks, we found ourselves at one with Grassi and Dionisi (*Il Policlinico*), Celli, Ross, James (*Malaria in India*), who attach great importance to the diffusion of the epidemic during the months of June and July. These fevers—or, we had better say, the parasites which remain quiescent in the blood of chronic patients—give evidence of vitality on the recrudescence of the fever, and constitute a veritable bridge between the outbreak of one epidemic and that which follows. The epidemiology of malaria presents many difficulties for solution in many things; but from our existing knowledge we are entitled to say that it is truly an infectious disease. The study of the different forms of malarial fever from a scientific standpoint is imposed on the profession; it is our duty to undertake the solution of the problems, even though the results may not, for the present, influence its therapeutics.

Two questions call for attention—the pathology of the disease and its parasitology—both of which we propose to rapidly review.

The Parasite of the Quotidian Fever.—From both the clinical and the pathological standpoint this fever has been studied, first by Marchiafava and Bignami. But naturally the great similarity of this plain variety of the parasite to the *Laverania* form, which produces the severe tertian estivo-autumnal fever, is recognised by the authors. They, however, say that when the adult forms are watched during a paroxysm of fever, or when an access of the fever is in its very beginning, a slight difference may be noted; that is to say, the adult forms of the tertian estivo-autumnal fever occupy one-third of a red cell or more, with pigmentary points, movements distinctly marked, and with their contours dendritic; on the contrary, they say, the parasite of the quotidian form is of smaller size, is less active in its movements, and sometimes is immobile. Koch never found any grounds for this distinction. But the clinical fact that a quotidian form of the fever exists is undeniable. Finally, in endeavouring to prove experimentally the production of quotidian attacks by inoculating with the blood of a patient who suffered from a typical attack of this form of the fever every time we secured a species or variety of the parasite. On the addition of an endogenous multiplying parasite to the same we produced a severe quotidian attack. The morphological characters were not sufficiently distinctive to enable us to distinguish them. Mannaberg affirms that the spores which produce the quotidian forms are non-pigmented—that is to say, when the parasite has completed the whole cycle of its evolution in the human body it remains uncoloured. This parasite has been observed by Marchiafava and Bignami and others, but its presence is not constant, and it is not shown to be a parasite of the quotidian fever. It corresponds perfectly to the characters (morphological) of the *Hæmamœba immaculata* of Grassi and Feletti (1892). Labbé, who is alone in his views, looks on it as the pathogenic parasite of pernicious malaria, and classifies it as the *Plasmodium malariæ immaculatum*, and it places it in a subspecies under the name of the *Hæmamœba* of Grassi and Feletti. We must allow the question to remain for solution.

There is, however, another question. We have to consider the variety and characters of the parasite of estivo-autumnal fever, which seems to give a chronic form of malaria, with definite relapses and marked secondary lesions, which unmistakably differ from those of the acute type, yet has characters of pernicious suddenness common to tropical and subtropical forms (*Laverania malariæ*, varietas *mitis*, and L. M., varietas immitis). This classification is adopted by Grassi as suitable for clinical observation and epidemiological study; but it adds nothing to our knowledge of the life-history of the parasite, or of its gemmation, evolution, or of its sexual forms in the human blood.

The epidemiology of malaria in Spain is still incomplete. The following are the principal observations made:—

1. Simple tertian fever (*Plasmodium vivax*), occurring sometimes in September and October, and more rarely in November and December. The fierce malignant form, occurring principally in July and August, is

(a) Paper read at the International Medical Congress at Madrid.

attributed to *Laveranid mitis*. In Gerona, at the head of the Bay of Rosas, Ampurdan, and Figueras. In Barcelona, in the plains of Leobregat, Castelldefels. In Lerida, in the plains of Urgel to Balaguer and Cervera to the north-east. In Zaragoza, from Monegros to the mouth of the Ebro, and in the valleys through which it flows, from Cortès and Puebla. In Tarragona, throughout the delta of the Ebro, from Tortosa to San Carlos of Rapita. In Castellon, the Valley of Mijares to the city of Sagemtuon. In Balares, the island of Mallorca from the north to the south east. In Cucuca, the Valley of Guadiela on the north, of Huete, and of Jucar. In Guadalajara, the Valley of the Tajo, Tajuña, Henares, and Jarama. In Madrid, the Valley of the Guadarrama. Valencia, the Valley of the Turia, of the Jucar to the Gandia on the south. In these last provinces the fevers most prevalent are the acute, pernicious estivo-autumnal. But it is the common form in the provinces of Caceres, Badajoz, Huelva, Sevilla, and Malaga.

2. Mosquitos of the class *Anopheles* are found in all the malarial regions, either alone or accompanied by different species of *Culex*. After the observations, above referred to, of MacDonald, in the province of Huelva (1899-1900), we have recognised, caught, and examined during the years 1901 and 1902 the *Anopheles claviger* in Barcelona, Valencia, Lerida, the Island of Mayorque, Madrid, Tarragona, and Caceres. We found the *Anopheles pseudopictus* in Prat and in all the province of Caceres. *Anopheles bifurcatus* in Prat and Sampedor. Of these varieties of mosquitos we have made some interesting observations. Many of our collected specimens were found to be infected, some in the alimentary canal and some in the salivary glands.

3. The hydrographic conditions of the malarial regions varied notably. The vitality of the larva of the *Anopheles* is very much greater than biologists generally think. The geological characters exert a marked difference on these conditions. In confirmation of this I may say that during the past two years I found larvæ and adult *Anopheles* at very considerable altitudes. We have found, and with local manifestations, malaria at the foot of the Sierra Guadarrama, 800 metres high, and we have found malarial fever in the provinces of Toledo, Cordova, Jaen, and in Granada at points equally high.

4. The course of the epidemic season, as we have noticed above, confirms in Spain the line of separation between the attack of the past season and their winter relapses, from the outbreak following the fresh mosquito infection during the so-called season (June and July). We would here call attention to a very noteworthy epidemiological fact, to wit, the return of a large number of infected troops from the Island of Cuba and the Philippine Islands (1898-1899). As a consequence, these years have been the foci of malaria, during which it remained in a latent condition ready to be made active on infection. The large number of the malarial patients in whom relapses occurred, who returned to the provinces after the colonial war, contributed largely to the outbreak of an epidemic. We contributed some of our personal observations on the cases of chronic malaria returned from the colonies to the Sanitary Military Staff. We, for example, noted that in the city of Cadiz, during the interval between the winter of 1898 and the month of April, 1899, there arrived at the port 812 persons suffering from malaria, of whom 26 succumbed; 10 of the cases were of the pernicious type, of whom 7 succumbed soon afterwards; and 774 suffered from the gastro-enteritidis type (typho-malarial), of whom 150 died. These all, or nearly all, presented signs of lesions concomitant with or secondary to malaria. It is much to be regretted that we were not able to make a parasitologic examination of the blood of any one of these cases. But the figures quoted give an idea of the gravity of the phenomenon we cite.

The complexity of the phenomena epidemiologic of malaria lessen the value of the prophylactics, whose action seemed so natural after the discovery of the hæmatozoon by mosquitos, that clear and simple concept of the etiology of malaria. Analytical study has demonstrated that the means and methods of prophylactics adopted are not so trustworthy against the disease when the parasitic germ on the one hand and methods of infection on the other are considered.

Let us ponder on the following prophylactic methods: (1) The destruction of the mosquitos; (2) the improvement of the malarial districts; (3) the mechanical means of protection against the mosquitos; (4) the chemical and medicinal prophylactics: (*a*) the cure of malaria in its many forms, (*b*) the prevention of the infection by the daily use of medication.

1. Of the insecticides we have nothing new to say. Professor Celli, Director of the Institute of Hygiene at Rome, who, with workers in the same field, concludes that petroleum is the best insecticide for the destruction of the eggs, larvæ, and young *Anopheles* in the water. But, though the value of the prophylactic has been proven in isolated cases, there still remains the difficulty of its application in large districts. The destruction of adult mosquitos owing to the marvellous fecundity of the female does not produce the good results that might reasonably be looked for. To effect the desired object, the whole species in every stage of development should be destroyed.

2. In the improvement of the malarial districts we possess a prophylactic more scientific in every way and more practically beneficial than any other. But it is surrounded with difficulties, technical and administrative, in its execution, as is ever the case in all great movements which are associated with the promotion of civilisation. It has been established beyond question that all stagnant surface water is favourable to the development of *Anopheles*, and consequently to the perpetuation of malaria; also slow-running water rich in aquatic vegetation. The soil exerts an indirect influence, and when impermeable allows of surface water remaining until it becomes stagnant and forms a suitable nidus for the *Anopheles*. The prophylactic measures necessary are (i.) drainage sufficiently deep to not only get rid of the surface water but also to dry the soil; (ii.) the different apparatus devised to drain the soil—pumps, hydraulic machines, turbines, and so forth—are practically of no value after a time. In every case the most practical course is to bring the malarial districts into a state of cultivation, and introduce modern agricultural methods. One of the first steps might be the conversion of the plague spot into a rice field. We are able to affirm from our personal observations that the hydrologic conditions favourable for the growth of rice are unfavourable for the development of mosquito larvæ, and it is on record that the establishment of a rice field has very considerably diminished a grave epidemic of malaria. Unfortunately these conclusions are not acceptable. It is held that it is the coincidence of other factors that brings out the betterment. It has been generally stated that the presence of the surface water in the rice fields makes the cultivation of the rice undoubtedly favourable to the development of the larvæ, and to the persistence of the endemics. In the case of rice fields we do not adopt the mechanical methods of protection nor the medicinal. We attach the utmost importance to the betterment of the soil and the bringing of the land into cultivation, and we urge this as the true prophylactic on the State, even in the face of all the difficulties that lie in the path of its adoption.

3. Mechanical prophylaxis consists in the protection of the whole dwelling-house in the malarial district by fine metallic network, and the protection of the person with gloves, veils, nets, and so forth. The mechanical protection has two effects: (i.) It prevents the individual from being bitten by infected *Anopheles*, and (ii.) it prevents the mosquito from re-infecting chronic patients (those whose blood contains the spores or gemmation buds of previous infection), and thus lessen the development of the larvæ and the spread of the epidemic. There is no doubt as to the benefit of this protective method of prophylaxis if it is applied vigorously and with the utmost care; but its practical adoption with the accuracy necessary to make it effective is almost impossible. It is said that when it has been carried out with scrupulous care it has given immunity from the fever, and in cases where moderate

care was taken that fully 60 per cent. of those in the infected area escaped. We think it the duty of the State to see that houses in the infected areas are protected and that labourers and workers out of doors are provided with suitable protection.

The Italian Government has recently enforced the use of protectives, and the results have not only realised expectation, but have exceeded it. In adopting this method care should be taken that the meshes of the house lattice should not exceed 1 mm. A larger mesh would allow some small specimens to make an entrance (*A. bifurcatus, v. nigripes*).

4. (*a*) Under the prophylaxis of malaria by medication, we must consider the cure as well as the prophylaxis of acute and chronic cases. (*b*) The prevention, in a strict sense, of the attack of malaria by daily doses, or, better still, of doses at regular intervals, according to the school of Koch, of preparations of quinine during the whole period of the season. We consider it unnecessary to comment on the theories of the action of quinine on the development of the disease. It appears to suppress in the blood of the malarial patient the parasitic germs and prevent their development, or to remove the zume on which the evolution depends. As we have said, malaria is truly a contagious malady transmitted from man to man by the agency of the mosquito.

To stamp out this malaria is the duty of the State, by establishing strict rules for the prevention of the disease. The pre-epidemic seasons, that is to say the winter and spring, should be utilised to prevent and combat, with salts of quinine, arsenic, and preparations of iron, the parasite of malaria, during its cycle within the human body. If the quinine dispensed from June to December had been used during the winter and spring seasons as a prophylactic, the effects would have been most satisfactory. It is during this season that the chronic cases call for the alkaloid. To obtain the full prophylactic properties of quinine a large dose should be taken every day, or for two consecutive days and then an interval allowed of five or eight days, (Koch). We do not, however, think that this method has any special advantage over the usual daily mode of administration. The dose generally prescribed by us is 30 centigrammes of quinine daily with one milligramme of arsenic, and we find this is sufficient to neutralise the effect of the parasite in its early stages of development on its introduction into the blood.

In every case it is necessary to eliminate the disease in chronic patients by doses capable of killing all the different varieties of the parasite. To be able to bring about this desirable result, and to produce it safely, we must solve many pharmacological problems.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—XI.

[BY OUR OWN SPECIAL MEDICAL COMMISSIONER.]

THE VALE OF CLWYD SANATORIUM.

THE conspicuous success which has resulted from the rational application of the so-called "open-air" method in the treatment of pulmonary tuberculosis has led to a rapid upspringing of well-equipped sanatoria in various parts of the country, and even the little Principality of Wales can now boast of at least two excellent private institutions for the management of phthisical cases.

Certain districts in North Wales are peculiarly suited for the carrying out of the hygienic treatment of consumption, and afford climatic and other advantages which have for long made them appreciated as holiday resorts and health stations.

The Vale of Clwyd Sanatorium, at Llanbedr Hall, near Ruthin, in Denbighshire, although only open some two years, has already gained distinction and accomplished much excellent work. It is situated in a particularly charming country, rich in natural beauty, and full of archæological and historical interest. The sanatorium has been wisely arranged to meet the needs of modern methods by a judicious and skilful adaptation of a country mansion, Llanbedr Hall. It is surrounded by extensive park land, and by its seclusion and distance from high roads and habitations ensures quiet and freedom from dust so essential to the satisfactory management of phthisical patients.

The sanatorium is well situated on the slopes of the Clwydian range, at an elevation of 450 feet, and has a western aspect, with charming views which should exercise a valuable psychological influence in the restoration of the tuberculous patient. The position provides for excellent shelter from the east and north-east winds, while allowing for a plentiful exposure to sunlight.

Behind the sanatorium the Clwydian hills rise to a height of 1,800 feet, and not only afford much protection but provide excellent opportunities for graduated up-hill exercise. Immediately around the Hall lie woods of larch and pine and other trees which, while adding much to the picturesqueness of the outlook, are well suited for the needs of the consumptive. Charming lawns and old-world gardens and innumerable walks supply the patients with the pleasurable facilities for conducting "the cure" under the best conditions.

The view from the sanatorium is particularly attractive, comprising the whole length of the beautiful Vale of Clwyd, and presenting glimpses of the distant sea at Rhyl, and Snowdon and the Welsh mountains to the west.

The climate is generally well adapted to the needs of the consumptive. In summer it is fairly cool and bracing, and in winter distinctly mild. The air is pure and invigorating, and, of course, free from contamination from smoke and organic impurities; fog and mountain mist are exceptional. The rainfall is said to be small, and the soil being porous renders the air relatively dry.

Llanbedr Hall is well adapted to meet the needs of a modern sanatorium. The various rooms have been modified to allow of the full application of the principles of hygienic treatment. All the rooms are provided with hot water pipes and radiators. The water supply and drainage appear to be good.

Immediately adjacent to the main building is an annexe, the rooms of which have been arranged to allow of a practically open-air existence while permitting the comforts of a well-ordered habitation.

The sanatorium is conducted strictly on Nordrach lines. The resident physicians have themselves both been patients of Dr. Walther, and are thus peculiarly well fitted to direct the reiteration of the cases under their care.

Great care is taken to avoid any danger of infection. Patients are expected to keep strictly to the walks prescribed, and not to exceed the regulation pace of two miles an hour, unless otherwise directed. Patients are also expected to eat everything that is given them at meals; should they refuse to do so and give no adequate reason, they are subject to dismissal. Eating between meals is strictly forbidden, and the luxury of afternoon tea is generally withheld. The daily routine is carefully marked out, and every case is made the subject of individual study. Rectal temperatures are taken, four times a day, twice being immediately after exercise.

We had the privilege and pleasure of taking a place with the patients at their mid-day meal, and were much struck by the admirable combination of strict discipline with the freedom and comfort of English home life. The doctors and their wives take meals with, and freely associate with, the patients, and the objectionable features of institutional life are conspicuous by their absence. The dietary was abundant, varied, well selected, and the cooking everything that could be desired.

Treatment, as we have already indicated, is conducted on strictly rational and scientific lines. The physicians and their wives reside with the patients in the Hall, and thus secure a constant and systematic regulation of every patient's life in the best possible

hygienic conditions. Great care is taken in the application of carefully proportioned rest and exercise, and much importance is given to the conduct of graduated up-hill walking.

Ample provision is made for the adequate nursing of cases; the matron is a fully-qualified nurse.

The terms are five guineas weekly, which include everything except washing and alcoholic drinks, the latter being taken only with the permission of the physicians.

The resident physicians and proprietors are Dr. George A. Crace-Calvert and Dr. Cecil E. Fish.

As soon as the peculiar advantages of the Vale of Clwyd Sanatorium become better known we imagine there will be need for considerable extension of the institution, for which, indeed, there is ample space. The grounds are well suited for the erection of hygienic bungalows, and additional open-air shelters will, no doubt, be added as required.

The Vale of Clwyd Sanatorium may be conveniently reached from any part of the country. The nearest railway station is Ruthin, on the London and North-Western Railway, where a carriage meets patients on arrival. The postal address is—Vale of Clwyd Sanatorium, Llanbedr Hall, Ruthin, North Wales; while the telegraphic address is simply—Sanatorium, Ruthin.

THE WESTMORLAND SANATORIUM.

DR. PARKER, Hon. Sec. of this Institution, writes us that owing to a slight misconception on the part of our Commissioner relative to the charge per patient, a correction is necessary. He says:—"The occupants of the beds acquired by public bodies and groups of subscribers are admitted free (not, as stated by our Commissioner, 25s. per week). This institution was founded for the poorer classes in Westmorland only, the design being to get every bed endowed; out of the 24 beds, 21 are so endowed, the remaining 3 being used for paying patients at 25s. per week, and 42s. per week by non-county patients."

MANAGEMENT OF THE WOUNDED IN NAVAL WARFARE.—II.

MATERIALS for dressing may be preserved with care, but as many days must necessarily elapse before they are actually used, and as their absolute purity cannot be assured, there is a need of having on each ship some handy apparatus for disinfecting them immediately before use.

The greatest difficulty that was experienced in the way of treatment by the Japanese was the management of patients suffering from extensive burns over the body. Not to mention that much time was required in changing the dressings, the sufferings of patients while being washed with antiseptic solution were extreme. On one ship, it happened that owing to the loss of surgical dressing, &c., and the consequently insufficient application of antiseptics, the burns soon suppurated. The chief antiseptic that was used in the hospitals was a solution of carbolic acid, sometimes of corrosive sublimate, and of boracic acid, also iodoform in a very few instances. The dressings were made to be always sterilised before use, and at the same time great care was taken with antiseptic precautions; yet it was not an easy matter to eradicate the suppuration of the wound, and consequently the course of the wounds was generally slow, and a comparatively large number of days were required for treatment.

The nature of a shell-wound is different from that of other wounds, and is very hard to cure. There was a striking difference between a shell-wound and a bullet-wound, even when the wounds were quite alike in their outward appearances.

For the lotion of burns, solutions of carbolic acid and boracic acid were employed, sometimes powders or ointments of boracic acid, iodoform and salicylic acid; but it was found extremely difficult to keep the wounded parts clean. Great pain was complained of at the time of changing the dressings, which were accordingly renewed as rarely as possible. But as it happened to be the hottest season of the year, maggots were frequently produced under the dressings, which had then necessarily to be renewed pretty often in spite of the pain. With the purpose of preventing the sticking of dressings to the burned surface, the part was first washed, then fenestrated oiled paper was placed on it, with gauze or cotton wool put over it. But this proved to be unsatisfactory, for the discharge would accumulate under the oiled paper.

Diseases and Injuries.

The total number of infectious diseases during the China-Japanese War was 420, of which 319 were on the field of war, and the remaining 101 on home stations. In the field there occurred 50 cases of enteric, cholera 49, dysentery 55, malaria 124, measles 4, and influenza 37. At home, cholera 40, enteric fever 21, dysentery 16, malaria 22, measles 1, and varioloid 1.

It is a fact experienced by every nation that forces sent on an expedition suffer much from the prevalence of enteric; but in the Japanese navy, during the war, there were no more cases than usual. This must be attributed to the particular attention paid by the medical and other officers concerned, and to the fact that the men faithfully observed the instructions given them with regard to sanitation. However, when a case broke out, no matter whether it was on board or on land, the place did not fail to undergo a thorough disinfection.

Dysentery is very prevalent in Japan from year to year. In 1890, the total cases of this epidemic that occurred through the land reached 155,140, of which 38,094 resulted in death. In 1895, the number was 52,711, of which 12,959 terminated in death. During the war, the army produced 13,009 cases, of which 4,591 recovered and 1,662 died, and 6,739 were either sent to other jurisdictions or could not be traced for some reason or other. In the navy, the sufferers from this disease were 71 men and 55 coolies.

During the period of the war, there occurred in 1894 30 cases of malarial fever, and 116 cases in the following year.

In China and Korea, owing to the backward state of their sanitation, no year passes without seeing more or less a prevalence of small-pox. Not a single case of this disease, however, occurred during the war among the Japanese, who had to go ashore on landing parties or other errands, nor among those who had frequently to mingle with the natives while staying in the harbours. This must be considered as a result of the strict enforcement of re-vaccination in the navy; for there are regulations that every man newly enlisted shall be re-vaccinated, no matter whether he has already been vaccinated or not, and that in December every year re-vaccination should be performed on all who have passed five years since their last re-vaccination.

Kak'ke.

Kak'ke has existed in the countries of the East from very ancient times. In Chinese medical books, the first mention of it occurs some two hundred years before the Christian era, and in certain medical works of Japan published a thousand years ago, the disease is mentioned. It seems that formerly kak'ke much prevailed in China, while it has greatly decreased there of late. The case is just the reverse in Japan. Though in Japan the existence of the disease can be traced to a very remote period, it was almost confined up to a few decades ago to a few populous towns and sea-ports,

where travellers crowded from every part of the country, and had never prevailed over the whole land of the Empire as is the case at present. As to the cause of this disease, nothing certain is known as yet. There is a strong belief that the origin of kak'ke is intimately connected with a certain kind of food. Up to the year 1883, the Japanese navy had been greatly harassed by the prevalence of the disease, a large number of the seamen at service both on land and sea suffering from it every year. The Director of the Medical Department of the Navy instituted investigations as regards kak'ke, as a result of which he made a plan for improving the scale of diet. The allowance for a day's ration per man was eighteen cents, which were paid in cash to ships or barracks, and the food was prepared as they respectively considered suitable, so the quality of food was not the same in all ships and barracks. But it was evident that the diet used in every ship and barrack fell in its nutritious value below the physiological standard. It fell far short of the minimum quantity of nutritious ingredients—that is, 500 grammes of carbohydrates, 50 grammes of fat, and 118 grammes of albuminous substance, which, according to the estimation of Dr. Voit, is indispensable to a man of ordinary health and middle age, who takes adequate daily exercise. And if compared with the minimum quantity of nutritious ingredients of the food needed by a man who takes active exercise—that is, 500 grammes of carbohydrates, 100 grammes of fat, and 145 grammes of albuminous substance—it shows a still greater deficit. Not a navy in the world has a diet of which the nutritive value falls below the physiological standard. Accordingly, in February, 1884, a resolution for the improvement of the scale of diet was passed, and so the former method of paying in cash is now substituted by that of supply of substance.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, Sept. 6th, 1903.

TREATMENT OF CHRONIC GASTRITIS.

PROF. ROBIN, who is regarded as an authority on gastric diseases, recommends for the treatment of chronic gastritis the milk diet. The milk should be taken warm, but not boiled; complete immobility should be observed for half an hour after each glass of milk. In the case of obstinate vomiting:

Picrotoxin, 0·05.
Proof spirit, *q.s.* (to dissolve).
Hydrochl. of morphia, 0·05.
Sulph. of atropin, 0·01.
Ergotin, 1.
Cherry laurel water, 12.

Five drops, five minutes before taking the milk, but not more than twenty drops should be given in the twenty-four hours.

Where pain occurs after the milk, one of the following powders should be given:

Calcined magnesia, 4 grammes.
Bicarb. of soda, 4 grammes.
Prepared chalk, 6 grammes.
Divide into twelve powders; or
Pepsin, 0·50.

If there be produced, during the digestion, flatulence, a tablespoonful of the following mixture may be given:

Fluoride of ammonium, 0·20.
Water, 300.

THE METHYLENE BLUE TREATMENT.

M. Meillière, of the Academie de Médecine, has published a lengthy article on the action of methylene blue on the economy as an antiseptic, of which a brief *résumé* is given here.

The author divides his article into two parts, the first treating the blue of methylene as an agent of clinical exploration, and the second as a therapeutic agent. The diagnosis of renal permeability by methylene blue, vulgarised by Achard and his disciples, has become of current practice. In a healthy subject, the methylene blue appears in the urine half an hour after an injection of one grain dissolved in a gramme of serum. The colour attains its maximum of intensity towards the third or fourth hour, and disappears completely after forty hours. In persons suffering from Bright's disease (interstitial nephritis) the colour is slow to show itself. The prolongation of the elimination after the fiftieth hour is a sure sign of atrophic nephritis when the organ is very imperfectly permeable. Intermittence in the elimination is observed generally in hepatic disease and parenchymatous nephritis. It results that the time taken in the elimination of methylene blue constitutes an important element of diagnosis and prognosis in the functional insufficiency of the renal and hepatic organs.

In detecting an erosion of the mucous membranes, a solution of methylene blue is very efficient, as the colouring matter fixes itself on the excoriation in preference to any other part of the inflamed membrane.

As a therapeutic agent, the blue of methylene has been advocated in a variety of affections, both externally and internally. In pruritus, especially that of diabetic women, in ozæna, irrigations of the nasal cavity three or four times a day with a 2—1,000 solution; in dysentery, enemas of 0·20—1,000. Under their influence the bile returns rapidly in the fæces. In blenorrhagia, capsules or pills containing one grain; in women, injections of a weak solution; while Pozzi employs it in the same cases to sterilise the vagina of parturient women as a preventive of purulent conjunctivitis in the infants; in chronic suppuration of the middle ear, Gaudier recommends instillations of 15 to 20 drops of a warm 2—1,000 solution. As a local agent, the blue of methylene has given very satisfactory results in epithelioma of the eyelids and face, applied in concentrated solution (methylene blue, 1 gramme; alcohol, 5; glycerine, 5).

It is strongly recommended internally by Lippman, Klemperer, Lemoine, &c., for the treatment of neuritis, sciatica, migraine, and zona, or herpes zoster. Delno and Einhorn have confirmed the results obtained by Netchaef in the treatment of hæmorrhagic nephritis and albuminuria.

Posology.—Externally, the blue of methylene can be prescribed in solution of 1 to 2—1,000 for large irrigations. The concentrated solution, 1 per cent. to 10 per cent., is applied to epithelioma.

Internally, the dose of 5 grains daily, in pills of one grain, should rarely be exceeded. The usual dose is three pills daily.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, Sept. 5th, 1903.

IN the *Korrespondenzblatt f. Schw. Aertze* for 1903, Dr. O. Naegeli has a paper on

PERNICIOUS ANÆMIA AND ITS DIAGNOSIS.

The disease known as pernicious anæmia was first described in 1868 by Biermer. The autopsies showed a uniform but not a characteristic appearance. Extreme poorness of blood, fatty degeneration of the muscles of the head, "siderosis" of the abdominal organs; later on, the frequent change of the fatty marrow of bone

into red blood-forming marrow was discovered. In 1880, Ehrlich emphasised the importance of the abnormal large blood corpuscles, particularly of the megaloblasts. Later still Laax showed the importance of the heightened colour index of the red blood corpuscles in contrast to the secondary anæmias. More recent examination of the blood laid stress on the relative increase of the lymphocytes and the diminution of the leucocytes. The writer's own examination of bone marrow showed the great diminution of the myelocytes, which were replaced by small granular free medullary cells (myeloblasts).

Of the causes, only one was distinctly decided—the bothriocephalus latus. In any case pernicious anæmia would not be looked upon as an etiological unit. It was not a morbid unit, but an assemblage of symptoms caused by various etiological factors, dependent on a uniform organic affection, on a characteristic change of the marrow of bones in structure and function.

On the basis of twenty-eight cases observed by himself, the writer describes the diagnosis. The most important feature is the presence of the megaloblast, although these cells are occasionally found in carcinoma ante-mortem. In the twenty-eight cases, these megaloblasts were permanently absent in one case only. The next symptom in importance was the diminution of the leucocytes, especially of the granular. This depends on the change of the bone marrow into a marrow with few myelocytes and the resulting insufficiency in the formation of granular leucocytes. The percentage of lymphocytes was much increased. In all the twenty-eight cases the condition of the white blood corpuscle was typical. Diagnostically important was the diminution of the red blood corpuscles and its colour index. In carcinoma the number was scarcely ever below 1,000,000, whilst in pernicious anæmia it was often below. [The lowest number was found by Quincke—143,000.] Blood plates and fibrin were diminished, whence the absence of inflammatory and thrombotic processes. Retinal hæmorrhages were in favour of pernicious anæmia, but it was also frequently present in carcinoma. Examination of the stomach showed increased motility; there was almost always absence of free NCl, or a diminution of it. Ferments were often absent or diminished. He believed that pernicious anæmia could almost always be made out or excluded at the first examination.

Hr. Muller observed that as regarded the bothriocephalus latus, it was remarkable that in the neighbourhoods of the Geneva and Neuenburg lakes, where bothriocephalus was very prevalent, no bothriocephalus anæmia was recognised. It was very difficult to distinguish between cancer of the stomach and pernicious anæmia so long as no tumour could be felt.

In treatment, Eichhorst had seen the best results from arsenic.

The *Deutsch. Med. Zeit.*, No. 68, 19/3/03, contains an extract relating to a

SIMPLE TREATMENT OF FISSURED ANUS,

by Dr. Luntz. Generally speaking, surgical measures have been resorted to, especially cauterisations, incisions through the sphincter, or, more recently, complete stretching so as to procure temporary paralysis of the sphincter ani. A method proposed by Boas was based on the idea that with regular action of the bowels, the fissure never had an opportunity or chance of healing, as it was torn open afresh by each daily evacuation of the bowels. Given absolute rest, the ulcer would heal just like any other ulcer would. Boas therefore proposed that the patient should take no solid food, nothing but soups and tea, and should take 10 drops of tincture of opium three times a day. This treatment should be carried on for a week, so that the bowels should be kept completely blocked for that length of time. During this period the fissure should be kept dusted with iodoform, orthoform, xeroform, or other powder. If the cure was not completed by the process, Boas proposed that it should be repeated for a second or third time if necessary. He claimed to have treated eighteen cases of ulcer in this way, and that sixteen out of the eighteen had been completely cured.

Hr. Luntz had treated one case in this way and had satisfied himself that the method was effective. The patient was a man, æt. 54, who complained of violent pain on defæcation. On examination, a small hæmorrhoidal nodule was found, and a bleeding, very painful fissure 0·5 cm. in length. The case was treated after Boas' method. The patient was kept in bed, and the fissure dusted daily with orthoform. The patient bore it three days; he then began to complain of distension. On the fifth day he wished to have the course of treatment interrupted, declaring that he could stand it no longer. On the sixth day the doctor gave way and ordered castor oil. A copious evacuation followed, but without pain. The fissure was healed. In two other cases, considering the difficulties of the treatment, he abstained from it. In the first case, the fissure formed five days before treatment was begun. In the second, a man, æt. 42, who had suffered from hæmorrhoids for about ten years, the fissure appeared about fourteen days before treatment was begun. These patients were treated by oil enemata after the method of Fleiner. Both were healed in about a week. Silver nitrate was used once in the first case. The favourable action of the oil enemata was due, the author believes, to the softening effect of the oil on the whole column of fæces, and not the part on the top only as was the case when purgatives were given. This oil also covered the fissure and prevented the immediate contact with the fæces. The oil used was the Provence oil of commerce. He believes that all cases in which there are no old callous induration may readily be cured in this way. The oil enemata are also very serviceable in cases of hæmorrhage from piles.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, September 5th, 1903.

BLOOD PLATES—COLOURING.

PURCHBERGER read a paper at the Naturforscher on the results of his investigations with "Brillant Kresylblau" on the hæmatic plates found in blood, with the object of detecting morbid changes which, it was believed, would be an invaluable diagnostic point in the differentiation of disease.

This is a method, Purchberger explained, practised by Levaditi, assuring us of greater security in observation, as the blood plates are usually, when the experiment is conducted in health, about half the diameter of a normal red corpuscle. These so-called plates are sometimes round and sometimes angular, but homogeneous with an active amœboid movement. Some of these bodies contain dark granules in the centre, or may be irregularly divided, as if a cleavage were taking place. A few minutes after the colouring has been completed these crystals or plates draw together, forming a dark blue mass on the microscopic field, assuming the figure of a half moon, quite separate from the other hyaline bodies. His observations lead to the conclusion that these figures are more pronounced in, if not peculiar to, myelogenic leucocythæmia.

Osseous Carcinoma and Hæmatic Change.

Kast next recorded a case of amputatio penis on account of carcinoma followed by multiple metastases in the internal organs. The blood was found to have undergone the myelogenic leucocythæmia change. The sections of bone from different parts testified that the phenomenon was universal, and evidently distributed from the centre by means of the hæmatic current. Before death the blood examination proved leucocythæmia, but the real cause of the leucocythæmia was not demonstrated till the post-mortem was made.

Diverticulum Œsophagi.

Mintz described the case of a man, æt. 51, who had been under his care for a long time with a diverticulum far down the œsophagus, and immediately above the diaphragm.

The patient had suffered, according to the history, for at least two years, and finally died of inanition. There was no post-mortem, but the Röntgen rays had provided him with copies of the dark shadow lying to the left of the spine on the diaphragm. The sound could not be passed into the stomach, being prevented by a stenosis which had been the cause of the obstruction and consequent sac wherein the food accumulated, but being void of the gastric juice necessary for the digestive changes of nutrition the food came back unchanged or without any benefit to the patient.

Gastric Superacidity.

Walko repeated the treatment that has often been recorded, that olive oil will cure hyperacidity. He again strongly impressed it on the profession that this is an admirable substitute for the usual prescription of atropin and the bicarbonate of soda. He gives 150 to 300 grammes daily, either by tube or mouth. After a few weeks improvement will be observed, and, later, cure will be accomplished by the acid secretion being inhibited.

Pathology and Therapy of Enteroptosis.

Kumpf next entered on a long exegetical discourse on the history, pathology, and treatment of the different organs affected in enteroptosis, descensus, ptosis, prolapsus visceri, or, in other words, displacement of any internal organ. He credited Glenard, 1885, with the first literary production on the subject, who then termed it "entité morbide," although he admits Ruysch, de Haen, Franck, in 1813, and Virchow forty years later (1853), who gave local descriptions of the displacement of individual organs, which he affirms were collected and classified in an academical manner by Glenard, 1880.

The etiology is obscure, while the pathology is so varied that every organ of the body is liable to change its position in some way. Among the displacements he admitted the kidney to be the most common, as out of 300 examinations he found 30 per cent. were nephroptosis. These would increase according to the age of the patient, as he finds this to rise to 42 per cent. These data were obtained from post-mortems and not from diagnosis alone.

The next in frequency was the transverse colon, which was closely associated with nephritic changes.

He laid down one general diagnostic sign for the guidance of the clinician, *viz.*, by pressing the finger firmly down along a line, passing from painful part behind, under the arch of the ribs to the umbilicus. The colon and transverse colon could be isolated by blowing up the large intestine from rectum. He added for the information of members that the hepatic flexure was not so commonly displaced as the middle portion of the transverse colon.

Aufrecht concurred with Kumpf in the opinion that Glenard's "entité morbide" was not sufficiently recognised, as very many of those indefinite cases of neurons and so-called hysteria were nothing else than one form of enteroptosis. He had endeavoured to make an estimate of these cases in his own practice, and found 80 to 85 per cent. suffering from enteroptosis.

The treatment must depend largely on the nature of the descensus, whether slight or extreme, and the organ displaced. In the case of the uterus rest and a bandage may be sufficient; if slight in nephroptosis the same treatment may be enough; when the bowel is affected pain, flatus, &c., may require medicaments such as

℞ Resorcin sublimati, 0·3 gramme.
Extr. strychnia, 0·01 gramme.
Divide into twenty powders.
Sig.—Give one every three hours.

℞ Bismuthi salicylati, 0·3 gramme.
Extr. strychnia, 0·03 gramme.
Divide into twenty powders.
Sig.—Take one powder after each meal.

Benzo-naphthol and salicylic acid are also good.

Anchylostomiasis.

Goldmann, from Brenneberg, reported the reduction of anchylostomiasis from 80 per cent. to 12 per cent. by the simple enforcement of sanitary regulations in the respective mines. This disease has of late years been giving the proprietors of large mines considerable concern, and in order to reduce and obviate the danger they have conferred with the medical officer, so that every means might be applied to stamp out the disease. Goldmann showed a number of photographs giving the history of the parasite from the ovum to the fully-formed worm.

He has no intermediary to show. The infection, he contends, is carried about the mines by means of the air, whence it gains admission to the alimentary tract where it commences germination. Method of treatment was simply prophylactic, by having wooden cabins in the mine for meals, the insides of which were painted with the chloride of lime. Every miner was forbidden to eat in the mine, but must wash and change before entering the cabin, the air of which was filtered. On leaving off work the *régime* was enforced with the addition of a bath.

The fæces were all disinfected, and 15 grammes of the extract of Filix mas in thymol to be taken occasionally. Calomel followed by turpentine is sometimes administered where the worm is present. This has reduced the attacks from 80 to 12 per cent.

The Operating Theatres.

KING'S COLLEGE HOSPITAL.

Operation for Foreign Body in the Trachea of a Young Child.—Mr. Peyton Beale operated upon a child, æt. about 13 months, who had been admitted with the following history:—Three days previously the mother stated that the child, whilst playing with a nail, had put it in its mouth and "swallowed" it. The child had no symptoms, but the mother had called in a doctor, who, it was stated, had advised bread and milk diet, evidently with a view of getting the nail to pass down the digestive tract. As the child seemed to be unwell in the course of the next two days, she brought it to the hospital, where it was found to have a temperature of 101°, and a slight cough. The child's neck was radiographed, and the nail was very plainly seen to be lying obliquely, head downwards, the point being just level with the top of the sternum. The nail was two inches long and about three-sixteenths of an inch in diameter—evidently a large wire or French nail. The

X-ray apparatus was not working perfectly, and it could not in any way be ascertained whether the nail was in the trachea or œsophagus. As there was no dyspnœa, and as the child had vomited once or twice during the day, Mr. Beale assumed that it had lodged in the œsophagus. The child was therefore anæsthetised and the œsophagus opened from the left side of the neck just above the level of the sternum. On introducing probes and forceps the nail could not be felt anywhere, so it was decided to open the trachea. This was done through the existing wound on the left side as low down as possible, care being taken of the large vessels in the neighbourhood. When the trachea was opened the child began to cough, and on introducing a probe into the trachea the nail was felt. Mr. Beale then tried to seize it with forceps, but found that the point was embedded in the mucous membrane, and he could neither pull it up nor push it down. The child now had some violent paroxysms of coughing, and during one of these the point of the nail was spontaneously freed, appearing in the tracheal wound, was seized with forceps, and easily withdrawn. The œsophageal wound was then stitched up, and an attempt made to place a tracheotomy tube in the tracheal opening, but it could not be kept *in situ* owing to the opening being so much to one side. The edges of the trachea were therefore allowed to come together, and a gauze plug placed in the skin wound and a gauze dressing applied. Mr. Beale remarked that although the X-rays demonstrated the presence of the nail, and its size, yet, strange as it might seem, it was not possible to tell whether the nail was in the trachea or œsophagus. In a child of this age the two tubes were small and very close together at the level of the sternum, and the rings of cartilage were not to be made out under the X-rays. Perhaps this was partly due to the fact that the apparatus was not working properly. Although it might seem an easy operation to open the œsophagus and trachea in a young child at the level of the top of the sternum, it was really not so simple, for the œsophagus was not easy to recognise even when exposed, and it must be remembered that only about half an inch of its length was exposed, and, secondly, the left innominate vein crossed in front of the trachea, and the operator was really working in the angle formed by the junction of the int. jugular with the innominate, both these veins being kept out of the way by means of blunt hooks. He did not do a tracheotomy in the middle line, because the risk to the innominate vein in opening the trachea of a child at the level of the top of the sternum was very great, whereas the vessel was in view, and could be kept out of harm's way, in the wound already made for reaching the œsophagus. It was an extraordinary circumstance that the child had no difficulty in breathing during the three days that this two inch nail was within its trachea, the slight cough which was present being much more like a reflex laryngeal cough due to some gastric disturbance than one caused by a foreign body in the trachea.

HOSPITAL FOR SICK CHILDREN, GREAT ORMOND STREET.

COMPLETION OF OPERATION FOR ECTOPIA VESICÆ. (The first part of the operation appeared in "Operating Theatres," July 8th, 1903.)—Mr. KELLOCK performed the second operation on the case of ectopia vesicæ. The first operation, reported on July 8th, 1903, consisted in bringing the penis through an opening made by dividing the scrotum and fixing the penis *in situ*. This had been successful, and Mr. Kellock now proceeded to attempt to obliterate the extroverted bladder. In order to do this, an incision was made round the bladder at the junction of the skin and the mucous membrane, which was deepened until the peritoneum was reached. The whole of the extroverted portion of the bladder was then dissected down until it was quite free posteriorly, without the peritoneal cavity having been opened. When this was quite free, long double horse-hair sutures were passed through the edges of the bladder at short intervals. The free ends of these were then passed along the floor of the urethra and brought out with the penis under the bridge of skin stretching across the position of the symphysis pubis; this completely inverted the visible portion of the bladder, leaving a raw surface in the abdominal wall where it had previously been. The posterior aspect of the bridge of skin was then freshened and the inverted wall of the bladder fixed to it by several points of suture. The ends of the sutures in the bladder wall, which emerged along the dorsal surface of the penis, were left long and fixed by a single silk suture to the inguinal region on either side, thus helping to hold open the passage into the bladder along the dorsum of the penis. The raw surface on the abdominal wall from which the bladder had been dissected down, and the junction of the bladder with the bridge of skin, were then completely covered up with collodion and gauze, and a binder applied. Mr. Kellock said that the operation thus performed in two parts seemed to him to give better promise of a favourable result than where attempts were made to cover in the bladder with flaps of skin taken from the abdominal wall; the bladder so made was almost always a source of subsequent inconvenience to the patient: it would hold little or no urine, and was constantly getting incrusted with phosphatic deposits. If the operation which had just been performed proved successful, the child would have a small bladder completely surrounded by mucous membrane, and the urine would escape into the perinæum along the dorsum of the penis, and it would be possible for the child to collect it in some receptacle. He proposed to deal with the raw surface in the abdominal wall by a skin graft, or by subsequently transplanting a small flap of skin from the immediate neighbourhood. He thought, too, that on some subsequent occasion it might be possible to close over the open urethra on the dorsum of that part of the penis which now protruded in the perinæum.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 9, 1903.

RECENT SURGERY AND THE BONE-SETTER.

THE progress achieved by scientific surgery within the limits of the past generation has been

so great as to merit the title of "epoch making," or even "revolutionary." The possibilities opened up to surgeons by the brilliant discoveries of Lister have done for their art what has been brought about in the outside world by such inventions as the printing machine, the steam engine, or the electric telegraph. Not a few important advances, however, have been made independently of aseptic surgery. The modern treatment of sprains, fractures and dislocations offers a good illustration in point. By the application of the Röntgen rays it is possible to make an exact diagnosis in those injuries, as well as to trace the subsequent course of events, ending in repair or otherwise. The second great new principle in the treatment of the class of injuries in question is that of early movement, both passive and voluntary, and of massage and elastic pressure with a view of limiting and absorbing effusion. The teaching of the schools until quite a recent date was that fixity and immobility were essentials in the treatment of the conditions mentioned. All that is now changed, and there can be no reason to doubt that the alteration in practice is conducive both of benefit to the patient and of credit to the surgeon. The result of the old-fashioned orthodox method ended only too often in stiff and painful joints, sometimes with the addition of tubercle, and of other active pathogenic inflammations. According to recent views, the stagnation of the venous and lymphatic circulation in injured parts treated by fixed apparatus constituted a serious obstacle to rapid and effectual repair. Hence the attempt to restore physiological activity by rubbing and by early active and passive movements. So great has been the rebound from the method of treatment by prolonged rest that early voluntary movements are now commonly advocated in sprains, fractures and dislocations. One important aspect of this change is the prevention of adhesions, and of those secondary bacillary invasions of effused material that were formerly encouraged by the stagnation of the blood and lymph streams. In this way the bone-setters will be robbed of a large class of cases, which, as a matter of fact, must be regarded as the failures of the surgeon under a former and less scientific practice of his art. The happy hunting ground of the charlatan was that margin of cases where for various reasons surgery had failed to establish a firm grip of the morbid condition. The margin of obscure and unfavourable injuries was greatly reduced by the advent of Röntgen-ray methods, whereby the wiles of the bone-setter were to a considerable extent checkmated. It is no longer possible to tell everyone suffering from a stiff or painful articulation that "the joint is out," because there is always a danger that the average intelligent man in the street will seek confirmation or disproof of that assertion by means of a radiogram. The bone-setter will be further deprived of a large part of his unqualified practice by the prevention of post-traumatic adhesions in and around hard and soft tissues by the early application of massage and movement. To shoulder out irregular practice of that kind by the introduction of more scientific and exact surgery is an ideal method of cutting the Gordian knot of the suppression of quack practice. There is little use in shutting our eyes to the fact that the bone-setter battens on the failures of surgery. He is the outcome of an imperfectly developed art. Before the future progress of the healing art it may confidently be anticipated that not only will the bone-setter disappear from the community upon which he battens, but that he will be accompanied in his flight sooner or later by the host of quacks who flourish upon the bodily misfortunes of mankind.

NERVOUSNESS.

NERVOUSNESS, says the author of an elaborate contribution to our knowledge of the subject, (*a*) seems to be the step-child of medical practice, somewhat disliked, half understood, certainly neglected. The author speaks in a tone of dignified reproach that so little has been done to stamp out a state, or physical condition, which may unquestionably be classed among the "undesirables." One turns with eager curiosity to find out what prophylactic and curative measures the author recommends, for though the subjects are many the remedies are few. The first and most effective preventive of nervousness, says our author, is a reasonably long line of first-rate forbears—*i.e.*, ancestors. This is an unfortunate commencement, because the choice of parents, immediate and remote, is not one of the attributes of childhood. All the child can do, when he arrives at years of discretion, is to bemoan that his neurotic ancestry should have begotten offspring who fatally inherit the tendency. Proceeding, we are told, and the statement is one which defies contradiction, that next to the omnipresent, inevitable laws of inheritance, comes the never-ceasing, formative power of environment. Here, again, few of us, at any rate during the formative period, are at liberty to select our environment, as many of us know to our cost. If we are blessed with nervous parents we must put up with them, and we are fain to tolerate any nervous brothers and sisters, not to speak of remoter relatives, whom the laws of heredity have imposed upon us. It is no doubt a very desirable detail in the education of the young to develop their powers of self-control, but whether self-control can ever be cultivated to the extent of overcoming nervousness is a moot question. Nervousness, as we understand it, is a state of undue, and it may be morbid, excitability of the nervous system and though, in truth, it may be induced, the essential, non-acquired form cannot be cured. On the other hand it is equally certain that it can be intensified by injudiciously selected conditions of existence. The author is probably in the right when he points to particular errors of training as in part responsible for nervousness, as, for instance, exposing the growing child to pleasures and sources of excite-

(*a*) Dr. H. T. Patrick, *Journal* of the American Medical Association, 1903.

ment in advance of his years and, secondly, the practice of allowing children to associate too much with their elders, a habit which tends to enhance their conception of their importance in the scheme of the universe and deprives them of the salutary influence of an environment better adapted to their years and attainments. Nothing assuredly is as likely to overcome nervousness in the otherwise healthy child as the rough and tumble life of a public school. The fact that in a minority of instances this life has the contrary effect merely proves that the particular subject is unfitted for ordinary work-a-day life and requires special care and attention. The gradually increasing burden thrown upon the young by the unavoidable raising of the minimum standard of knowledge and the consequent deprivation of active outdoor exercise, are doubtless factors in the production of the excessive nervousness lamented by the author. We cannot on this account consent to lower the standard, for that would depreciate our status in the civilised world; the evil comes in only when the same comparatively high standard is applied indiscriminately to all alike, to the weakling as well as to the intellectually robust. The elimination of the unfit will become more and more necessary as the intellectual requirements of civilised communities become greater; indeed, in many instances the elimination is effected automatically by the victims of this mental hyperalimentation, since they stubbornly refuse to assimilate nourishment which disagrees with them. There may be a minority of children whose digestion is unequal to the strain imposed upon it who yet lack the will power to resist, and these may go under, but this is only another example of a natural law which presses heavily on the weaker members of a community.

THE PROPHYLAXIS OF GONORRHŒAL OPHTHALMIA.

A SHORT time ago a discussion took place at the Obstetrical Society of London on gonorrhœal ophthalmia and its preventive treatment. Its general trend was to the effect that routine treatment of some kind was advisable in all cases, but that perhaps the particular treatment recommended by Credé was too strong, and that a milder and more bland antiseptic should be used. This decision did not seem to err on the side of boldness, at least to those who had been accustomed to see Credé's treatment rigorously carried out. A letter has, however, appeared in a contemporary from the facile pen of Professor Japp Sinclair, which places the decision of the Obstetrical Society in quite another light. Professor Sinclair, referring to this discussion and to the rules of the Central Midwives Board, considers the medical profession in England has too often made itself ridiculous, by adopting without criticism German methods, to be able to afford to further stultify itself by insisting upon the routine adoption of Credé's method, even amongst the poorer classes. Dr. Sinclair is always a most interesting and informing writer, whose opinion is received with the respect it deserves, but we fear and hope that in this instance he will not meet with general approval. Laying aside the broad objection referred to above—that nitrate of silver is too strong, Dr. Sinclair objects to Credé's method on several grounds. The first of these is perhaps the result of that runaway—a facile pen. Speaking of the enforcing of Credé's method he says, "Poverty is to be the sad qualification for the moral and physical resort. Every poor woman must see her infant start life with unnatural tears and conjunctivitis, and she and the simplest and purest-minded of her female relations must be initiated by an ignorant midwife into the mysterious working of venereal disease." Surely this is not the language to employ in speaking of a practice of preventive medicine, which, even if it has not yet become general in England, has long been the routine treatment at the Rotunda Hospital in Ireland. Professor Sinclair then proceeds to object to Credé's method on the ground that it was unnecessary, that England was not Leipzig, and that the proportion of cases in which intra-parturient gonorrhœal infection of the newly-born occurred was but too small to render the adoption of so rigorous a procedure as Credé's advisable. This, of course, is an opinion, and when emanating from so high an authority as Professor Sinclair, is entitled to every respect. For ourselves, we should be inclined to question both assumptions, to express a doubt as to whether gonorrhœal infection is so rare, and to disagree *in toto* with the statement that Credé's method is too "severe." Professor Sinclair brings the statistics of a small annual number of deliveries at the Manchester Maternity Hospital, where Credé's method is not adopted, and contrasts them with the statistics of the Leipzig Frauenklinik, where it is adopted. In answer to this, we quote the following facts as directly to the point. At the Rotunda Hospital, up to in or about the year 1894, Credé's method was not adopted. The then Master did not at that time consider its adoption necessary, because he did not find that gonorrhœal ophthalmia occurred in the hospital. From that date onwards, he changed his mind, and Credé's method was adopted as a routine practice, because the surgeons at the Dublin Eye Hospitals informed him that numerous cases of gonorrhœal ophthalmia were brought to the hospital dispensaries in infants who had been born in the Rotunda Hospital. From the time of the routine adoption of Credé's method, this ceased to be the case. As for the alleged severity of the treatment, undoubtedly a very small proportion of infants suffer for a day or two from a slight catarrh—the result of the silver—but from experience during three years in no case did the writer see an infant leave the hospital the worse for the treatment. Further, the treatment was in almost all cases carried out by a probationer. We confess that we consider that Professor Sinclair could have applied his great powers of criticism with more advantage to other portions of the regulations drawn up by the Central Midwives Board than to the paragraph to which he objects and to the treatment to which that paragraph

lends sanction. How many women lose their lives because of vaginal injections given with unsuitable apparatus? Yet, the regulations say that a midwife shall carry "an appliance for giving vaginal injections"—presumably a Higginson syringe. Would not more explicit directions have been of value? How many patients lose their lives from the routine administration of vaginal douches? Yet the regulations contain no word of condemnation of such a practice. How many patients lose their lives from the use of dirty lubricants by the nurse? Yet the regulations compel a nurse to carry "an antiseptic lubricant for smearing the fingers, catheters, douche nozzles, and enema nozzles before they touch the patient." Once get the regulations free of actively harmful directions and then will come the time for criticising and amending those that perhaps can be improved. We do not for a moment suggest that Professor Sinclair is responsible for the foregoing insufficient and antiquated directions. If the truth was known, it is probable that it would be found that but for his activity and sacrifice of valuable time, they would have been still more insufficient and out of date. Our point is that it is unwise to cavil with exaggerated emphasis at precautions that have been proved to be harmless—even though in some cases unnecessary—when considerable evils still call for remedy.

Notes on Current Topics.

Harvey and the Harveian Oration.

William Harvey was a great man. He cleared away the erroneous views that had been held before him on the question of the circulation of the blood, and he showed on what kind of work progress and truth depend when we are dealing with any scientific matter. Every year he wished an Oration to be given at the College of Physicians in which the past year was to be reviewed, and the names of benefactors mentioned. We find that the Orations have generally been panegyrics of Harvey and his work. His character, scientific and personal, and his reputation have been subjects naturally of great interest to the College. How far his example is being followed now we can leave posterity to judge; and how far scientific work is encouraged by the College it would not be difficult to assess. There is no doubt but that the esteem in which Harvey was held soon after his Royal master's end, and when the narrow-minded, anti-scientific puritans were in power, was not very great. The past year, so far as benefactors to the College are concerned, will not, we think, take long to review. The question that has to be considered is whether it is worth while keeping up the Harveian Oration, for since Harvey lived and taught great changes have come. The College of Physicians has not been left in the enjoyment of imperialism in the matter of licensing for practice. The condition of the medical profession has changed, and the relations in which the College stands towards it are not what they were when Harvey was explaining the circulation of the blood Nearly three centuries have gone and England is very different in many ways from what it was then. So far as scientific work is done or encouraged within the walls of the College, we fear little can be said, unless the examining of a large number of second or third class medical students may be regarded as a form of scientific work. The first great change made in the Harveian Oration was, we believe, some forty years ago, when our own language was substituted for Latin, and the Oration was converted from an address almost unintelligible to the audience into something that they could at least follow and comprehend. It is not very clear whether the College owed more to Harvey than he did to the College. What he actually left it in his will was enough money to "finish the building which he had begun to erect within the College; and some books and papers, and his best Persian long carpet, his blue satin embroidered cushion, one pair of brass gridirons, with fire-shovel and tongues of brass for the ornament of the meeting room." Whether science was benefited in any way by this legacy is not very clear. Harvey was clever enough to work the College very much in his own interests, and to have impressed the Fellows of his day with strong admiration for him. We think there has been, after all, a tendency to extol in rather too lofty tones the work Harvey did. It would be well in these times if the College of Physicians began to reform itself a little and became more sensible and modest than it has been and of more use to science and to the profession than we think it is at present.

The Closed Window Habit.

The indifference manifested by the majority of individuals to the laws of hygiene is seen, perhaps, nowhere more conspicuously than in the habit of occupying living rooms, and worse still, sleeping-apartments, with the windows closed. This general disinclination for fresh air is in part due to the natural aversion to draughts and also to the trouble involved in opening many windows, the frames of which are often heavy and cumbrous. In many houses one is informed with the greatest unconcern that such and such a window is never opened under any circumstances or that it is "not made to open." Meals are partaken of in these rooms and the health-conscience of the occupier is quite satisfied if the door remain open for a short time afterwards. Again, at night-time the windows are almost superstitiously closed in bedrooms, even when from the position of the bed there could be no possibility whatever of a draught. The belief in the poisonous quality of the night-air is still held by a large number of people who would scorn to be told that they are superstitious in other matters. We have walked down suburban streets at a time when the majority of inmates are asleep, and even on a hot summer's night it was found to be quite the exception for the windows in the upper storeys to be open. This wilful prevention of the circulation of fresh outside air in living and sleeping rooms is largely responsible for the unrefreshed sleep, the sallowness of complexion, the increasing nervousness, and the liability to catch cold which

are commonly seen among town dwellers, and, indeed, we are sorry to say that the pernicious habit also pervades country-folk. A family goes away for a month's holiday to the seaside or to a farm-house. The children frolic on the sands or in the fields for ten hours or so a day. When they go indoors they have meals in close apartments and often sleep two or three in a room with the windows tightly closed, thus undoing all the good they have received during the day-time. If the modern dwelling-house be up to date with regard to its sanitary arrangements, why should not the ventilation be proportionately modernised? We look for the time when architects will see the need for reform in window-construction and when parents and householders will realise their responsibility towards themselves and their children in this matter.

Holbein's Swim.

HOLBEIN has failed again. After another of his plucky and determined efforts, he has had to confess the task he set himself too severe. *Cui bono?* is the question that naturally suggests itself —what purpose do these great tests subserve? We expect to see some head-shaking and hear some solemn warnings from some of our contemporaries as to the folly and danger of these feats of endurance. The strain of the prolonged immersion, and the unceasing activity of the voluntary musculature extending over seventeen hours, is undoubtedly a severe trial even to a man in the prime of life and the pink of condition. It seems to us, however, that the question turns not only on a uniform hypertrophy of the muscles, but on an adaptation of the more important viscera to the call made on them. The two organs that are taxed most severely are the heart and the lungs, and if there be hypertrophy of the heart that can cope with any reasonable demand, and an increase of vital capacity that can maintain a reasonable exchange of oxygen and carbonic acid (we mean, of course, reasonable under the circumstances), the result turns chiefly on muscular strength and moral stamina. Where the mischief is chiefly wrought in the constitutions of the athletic is in a comparative over-training of the muscular system without concurrent changes in the vital organs. But even this risk is greatly exaggerated, chiefly owing to the rather sweeping generalisations of the late Sir Benjamin Richardson. The studies of Morgan in this country on the oarsmen in the Oxford and Cambridge races for forty years, and of Bradford in America on the Harvard crews, although the numbers were not large in either case, both gave the athlete a greater expectation of life than the life table, and in neither case in the years investigated was any medical selection or supervision exercised. Training and athleticism both eliminate the unfit, and if these be rejected, as they ought to be, by careful medical examination before being subjected to the trials of endurance involved, the risk of constitutional damage is probably small, especially if compared with the enormous physical benefits that hard exercise confers on the organism. If we are to have our athletics we must have our protagonists to set examples and stimulate emulation, and Holbein's efforts will have no other result than to lend greater interest to the art of swimming and the habit of endurance. When the Channel traffic is seriously incommoded by the number of his emulators we may reconsider the position.

The Nosology of Chorea.

ONE by one the old landmarks are shifted, the cards are shuffled, a turn given to the kaleidoscope. The old friends of our student days take on new guises, and bob up in the most unexpected places. If we glance through the text-books of our youth we find the section of nervous diseases has suffered wholesale depletion. All to the benefit of our knowledge, however. Is chorea to follow tetanus, meningitis, and Grave's disease? It seems practically certain that it will, and if the new pathology be the true pathology we shall be greatly the gainers by the new conception that we shall form of its nature. The scrappy morbid anatomy and unconvincing theories of its pathology will give place to a definite, consistent idea of the sequence of events in the choreic child. Poynton's micrococcus of rheumatic fever has been found by himself and others in the pia mater and brain in fatal cases of chorea, and has even been isolated from the cerebro-spinal fluid and cerebral tissues under similar circumstances. The lesions of fatal acute chorea are consistent with a theory of infection, and the intra-venous injection of the micro-organism into rabbits has produced choreiform movements. The clinical association of chorea and rheumatism has long been noted and insisted on, and, if the same micro-organism be the proximate causal factor of both, the pathological identity of the diseases will be strongly homologated by their well-known morbid manifestations in children. The treatment founded on these data will naturally differ from the old, and already Dr. Lees speaks of encouraging results in chorea with large doses of the salicylates and bicarbonate of soda. We must wait before embracing too eagerly this new pathological infant, but we can at any rate give it a warm welcome and a hearty assurance of criticism. If in the fulness of time it be found to justify its existence, the transference of chorea from the nervous diseases to the category of cerebral rheumatism will be subject for congratulation for us, our patients, *and* Dr. Poynton.

Operating Under Difficulties.

THERE is obviously no reason why the general practitioner should not perform many of the minor operations in surgery which come under his care. If his results are not altogether as good as those of the professed surgeon it is in great measure due to the fact that he is apt to undertake what he considers simple operations without adequate assistance. We have known many instances in which practitioners have themselves given chloroform and curetted, or digitally explored, the uterus, with, at most, the asistsance of a nurse. Is it surprising

if, hampered by the unnecessary difficulties thus imported into the procedure, he fails to accomplish it satisfactorily? To curette properly requires at least one, if not two, assistants in addition to the anæsthetist. The same remark applies to the removal of post-pharyngeal adenoids. With adequate assistance—two assistants and the anæsthetist—the operation is one which presents little difficulty in the hands of one not wholly inexperienced. Without such assistance it may be simply impossible of achievement. Again, to attempt tracheotomy single-handed, unless absolutely constrained thereto, is to court disaster. The plan to go upon is to provide at least as much facility for performing the operation as would a specialist in that department, for even then the balance is in favour of the latter, given his greater experience and superior dexterity. There are, of course, circumstances in which it may be impossible to follow this advice, but though this fact may excuse failure it does not make for success.

A Homœopathic View of Serumtherapy.

The current number of the *Homœopathic Review* contains an article on serum therapeutics in their relation to the law of similars, the ostensible object of which is to prove that this method of treatment is in reality a further application of the homœopathic principle. The arguments advanced are striking examples of special, we might say of specious, pleading. In one of the tables a parallelism is sought to be established between the action of arsenic in regard to eczema and that of antitoxin in diphtheria. The author starts with the assumption that in toxic doses arsenic produces eczema, an assumption which finds no support in any text-book of toxicology or diseases of the skin, the eruption thus induced being usually of the dry, desquamative kind. A further assumption is that when administered therapeutically in minute doses arsenic causes the production of an antitoxin which cures eczema, another scientific heresy, since arsenic is universally recognised to be useless in eruptions of the eczematous class. To compare this faulty sequence with the action of diphtheria virus in producing antitoxin, and the action of the latter in antagonising or curing diphtheria, is to challenge an imputation of ignorance or downright bad faith. Moreover, we have never before seen it advanced that the utilisation of the products of morbid action for purposes of immunisation or cure was in accordance with homœopathic principles, for it is absolutely and essentially distinct from the view that remedies which in large doses induce certain symptoms are curative of those very symptoms when given in much smaller doses. We regard the article, indeed, as an attempt to obtain credit under false pretences.

Sulphur in Illuminating Gas.

The indescribable "something" in the air of large towns which can be instantly detected by those coming from the country with a keen olfactory sense is by no means altogether due to the amount of carbonic acid contained therein. There is another product of combustion which is not derived from human beings—*viz.*, sulphur, to which many of the objectionable properties of town air may be ascribed. Dr. J. S. Haldane, writing from the physiological laboratory at Oxford in the *Journal of Hygiene*, believes that sulphur is responsible for the chief, if not the whole, of the unpleasantness which is experienced in air vitiated by ordinary lighting-gas. On passing a stream of carbon bisulphide through a gas-burner in regulated amounts it was found that the irritating properties of the gas was increased in direct proportion to the quantitity of sulphur thus set free in the atmosphere. At certain times the natural gas contained considerably more sulphur than at others with a result which was quite appreciable to those who breathed the air. As a rule, the amount of sulphur in illuminating gas is limited by the gas companies to about twenty grains per 100 cubic feet. Frequently, however, this quantity is exceeded, and when this is the case it becomes noticeable as fog. It is not, of course, implied that the vapour of a typical London fog is entirely due to sulphur, but it may be observed at such times that the blackening effect of the atmosphere upon the precious metals is more obvious than when the air is clear. A special difficulty appears to lie in the way of purifying gas from this deleterious element, but in the interests of the public health it is to be hoped that a practical solution may be forthcoming.

Lemons in Purpura Hæmorrhagica.

The astringent properties of the lemon and its power in arresting hæmorrhage from the lungs are much dilated upon in the popular text-books of "domestic medicine." At the same time, it is within the knowledge of almost every medical man that this fruit, when sucked in the raw state, has succeeded in preventing the onset of an attack of hæmoptysis, or, at any rate, warded it off until the "dreaded hours of night" have passed. In some of the more severe varieties of purpura, the powers of the physician are often taxed to the utmost. Turpentine, ergot, adrenalin, and the mineral acids may have all been tried and yet in vain. It is encouraging, therefore, to learn that Pick, of Vienna, has successfully treated five cases of purpura hæmorrhagica with lemons, a little arsenic in the shape of Fowler's solution or aspirin being also given in two of them. Six to ten lemons a day were administered, and no ill-effects were noticed, except that in the larger quantities they produced a mild purgation. Two of the cases had developed in connection with malaria, and it is interesting to note that in the Roman campagna stewed lemons form a popular remedy against the disease, the fruit being sliced with the peel, and the filtrate taken by the tablespoonful. The lemon juice appeared to act promptly, though two of the cases of purpura were very severe. Hitherto the employment of the lemon in purpura has been chiefly confined to those cases in which there is also a scorbutic element, and here, together with lime juice, it has met with great success. When scurvy is out of the question it cannot be the anti-scorbutic properties of the

lemon which give it its efficacy, but rather some astringent principle which acts directly upon the vessels.

The Tsetse Fly and Sleeping Sickness.

THE tsetse fly has long been known as one of the great obstacles in the way of the civilisation of Central Africa, on account of the effect which its bite produces on horses and cattle. A fresh indictment has now been drawn up against it, by M. E. Brumpt of the Bourg de Bozas Mission, who believes that it is the vehicle by which the organism of sleeping sickness is introduced into the human body. M. Brumpt draws attention to the coincidence between the geographical distribution of sleeping sickness and that of the tsetse fly. Apparently in all districts where the disease exists the fly is found, and where the fly is found the disease easily acclimatises itself. There are, of course, many districts in which the fly is found and in which sleeping sickness is absent, but this is easily explained by the obvious fact that the tsetse fly must be first infected before it can distribute the disease, and that in many districts infection has not occurred. M. Brumpt relates a striking case in proof of his theory. The tsetse fly lives principally along the borders of rivers, and sleeping sickness is much more frequent in people living in such places than in those who live inland. At Banamia, a small town close to the banks of the Congo, there was in one village a settlement of 3,000 fishermen, and near them a settlement of cultivators who very rarely went on the river. At the present time the fishermen have been reduced to 300 in number by sleeping sickness, whilst cases of the disease are very rare amongst the cultivators.

Laughter in Disease.

CONSIDERING the intricacy of the nervous mechanism involved in the muscular movements concerned in the manifestation of the different emotional expressions it is not surprising to find that these may be modified in a great number of ways in disease. The well-known observation of Duchenne, that in paralysis of both facial nerves the patient seems to "laugh behind a mask," illustrates well the fact that in this condition the motor contrivances are powerless to call forth the desired contractions, although the feeling of amusement may be intense. A slight change of colour may be all that is perceptible to the observer. The most common morbid form of laughter is, perhaps, that known as the "risus sardonicus," which is due to the tonic contraction of the risorius muscle which gives rise to the peculiar strained expression seen in tetanus and also in other forms of painful disease. The risorius is not used in pleasurable laughter, the zygomaticus major being employed for that purpose. In the various mental conditions characterised by loss of control, irregular, constant, or immoderate laughter is sometimes a symptom. Every anæsthetist can recall instances in which the effect of the inhalation of chloroform or ether provokes laughter, either in the stage of excitement or when the patient comes round after the operation is over. As the normal physiology of the emotions is anything but simple, so their pathology, when disordered, is most subtle. As M. Raulin has pointed out, it may be that there is a physiological reason for laughter analogous to yawning, so that its appearance in disease is not altogether to be disregarded.

Changes in the Nervous System in Plumbism.

THE toxic effects of lead upon nervous tissues has been known for a long period, but there have been comparatively few opportunities of determining the exact nature of the histological and pathological changes met with in the nervous system in fatal cases of plumbism. The investigations of Dr. Spiller, neurologist to the Philadelphia Hospital, published in the *Journal of Medical Research*, form an important contribution towards our knowledge of the subject; in a post-mortem examination upon a man, aged 48, who had suffered from lead-poisoning with paralysis, it was found that the endothelial cells were proliferated in several places on the outer surface of the pia mater, especially over the motor region of the cortex. The nerve cells of the anterior horns of the cervical and lumbar regions of the spinal cord were intensely degenerated, as shown by sections prepared by Marchi's method. The median nerve also presented considerable degeneration. Sections of the pronator radii teres muscle showed an appearance resembling interstitial myositis, while the nerve-bundles within the muscle were degenerated. There was also noticed a proliferation of the endothelial cells of the capsule of the lumbar spinal ganglia, which Dr. Spiller points out resembles the condition seen in rabies. No lead was actually recovered from the brain substance, but this does not negative in any way the diagnosis of the case, as it has been shown by Quensel that lead probably affects the brain indirectly through the blood. Whether the poison acts first upon the peripheral motor nerve-fibres or upon the anterior cornual cells is not known, but as both these are ultimately affected, the question becomes one of secondary importance.

Typhoid Fever.

THE question of the treatment of typhoid fever is perennial. We have seen the different methods advocated tested and disregarded. Tartar emetic has in some hands given unusually good effects, especially in India, and the older journals and records tell of good results from bleeding. Murchison trusted to dilute hydrochloric acid, and his classic work shows unusual success in the treatment. Pure phenol was not less helpful in other hands. Then came the search for intestinal antiseptics, and benzozene and the sulphocarbolate were recommended on scientific grounds. Now the medical fashion changed to antipyretics—the truly scientific treatment, lessening tissue waste and quieting the abnormal action of the heart. Quinine and a number of synthetic remedies were introduced; bathing, douching,

and so forth were now lauded for their wonderfully good effects. We do not decry drugs in the treatment of typhoid fever or any other disease; but we think more attention should be paid to their selection and action. The synthetic anti-pyretics did a great deal of harm in their day, as physicians came in time to learn, and to-day the prescriber is in no hurry to run down temperature by drugs of which he too often is ignorant, neither does he expect that antiseptics will alter the secretions; he recognises that until the intestinal mucous membrane resumes its normal function the secretions will, in spite of antiseptics, be septic. Some unpleasant results followed the cold bath treatment. The effect on the dilated peripheral vessels of the cold water was not always beneficial. Even before emersion the patient was too often terrified by the idea of a cold bath. We refer to these things because we think that in typhoid rest is the essential, supplemented when necessary by drugs, or sponging with water at a temperature of not less than 70° F. Of drugs we know of none better than Murchison's dilute hydrochloric acid mixture. We are led to make these observations by reading in the druggists' circulars the many panaceas for the disease, each firm urging with the importunity of the commended widow its own speciality.

Medical Fees and the Poor.

IN a letter to a lay contemporary Dr. L. Kidd, President of the Irish Medical Association, puts forward a scheme by which the poor of the different unions throughout the country may obtain medical advice and medicine at rates which would not unduly tax the purse of any not eligible for Poor Law medical relief. He suggests that tickets be issued by wardens and relieving officers and others entitled to grant Poor Law medical relief. The price of the visit and medicine to a holder of the ticket, for the first visit not to exceed 5s., and 3s. 6d. for each succeeding visit during that sickness. The patient would be free to select his own medical attendant. All fees to be paid in advance. Consultations in the doctor's study 3s. 6d. each, if the valuation of the patient's property exceeded £5 and was under £10, and 2s. 6d. where the valuation is under £5. The scheme has the advantage of refuting the statement that Irish practitioners charge such high fees that the poor are driven to seek Poor Law medical relief, and so far is worthy of support. But we do not see what arrangements can be made about providing drugs. Fellows of either the Physicians or Surgeons cannot supply drugs under such conditions, and if arrangements are made to have a pharmaceutical chemist to supply them, what is to prevent the patient having the bottle repeated as 1s. or 1s. 6d. by the pharmaceutical chemist as often as necessary after the first visit. But why exact a ticket at all? If a small farmer calls to consult the practitioner why not see him and accept his 2s. 6d. or 3s. 6d. as the case may be. A man who is paying a fee, small or large, objects to come forward *in forma pauperis*. The similarity of the procedure in Dr. Kidd's scheme too closely resembles the ticket system of the Medical Charities Act to become acceptable. We would suggest that from the poor fees, proportionate to the valuation of their holdings, be accepted by all members of the medical profession, Fellows and Licentiates, who are willing to do so, and that the Colleges raise no objection to their Fellows providing medicines. By so doing the poor would have an opportunity of consulting a medical practitioner and be saved the risk of the pharmaceutical chemists' prescription.

Oberst's Anæsthesia.

ALTHOUGH it is more than twelve years since Oberst's method of producing local anæsthesia was first published, it has never received in these countries the amount of attention it deserves. The method must be clearly distinguished from Schleick's—the commonly practised method of infiltration. In the latter the terminal nerve-twigs are anæsthetised by the direct injection of cocaine solution into the operation area itself; in the former, the circulation being stopped, the nerve trunks themselves are paralysed by cocaine injected around them, producing anæsthesia of the entire extremity. Mr. Struthers, of Leith, calls the attention of surgeons to its advantages in a recent article. (*a*) He has used it in some fifty cases recently, and found it very useful in all operations on the digits—amputations, removals of nails, operation on whitlows, &c., as well as in operations on the penis. He does not advise the attempt to perform operations on other parts by this method, owing to the difficulty of producing sufficient anæsthesia without injecting the solution into the large nerve trunk itself. Eucaine-B. may be substituted for cocaine.

Aspiration Made Easy.

THE occasions on which the average practitioner is called upon to withdraw pleural or other effusions by aspiration are comparatively rare, with the result that when it comes to the pinch it often happens that the air syringe does not work and serious inconvenience is caused. In view of the importance of carrying through the operation smoothly and completely we welcome an ingenious device described by Dr. Karl Connell, (*b*) for obtaining the necessary vacuum. He takes a strong clear glass bottle of large size, say about five pints, duly fitted with a perforated rubber or other tightly-fitting stopper to which is attached a short length of firm rubber tubing, clamped by a hæmostatic forceps or clamp. Into this he pours three drachms of rectified spirit, which is made to moisten the entire inner surface of the bottle, the excess of alcohol being poured off. It is then placed upright and the layer of alcohol ignited. A sheet of flame descends into the bottle and when the flame touches the bottom the stopper is quickly placed in position, and it only remains to attach the tube to the aspirator. Thus prepared the bottle will with-

(*a*) *Edinburgh Medical Journal* August.
(*b*) *New York Medical Record*, July 4th 190

draw from sixty to sixty-eight ounces of fluid, a quantity far in excess of probable requirements. The suction power is limited by the collapsing index of the tubing, so that the less resisting the tube the gentler is the aspirating force. Moreover, the force can be regulated easily enough by a screw clamp applied to the tubing.

Mountain Tubular Railways.

THE project to construct a tubular corkscrew railway to the summit of Mont Blanc strikes one almost as an outrage. In cities, where surface traction is practically impossible to the necessary degree, it may be excusable if people prefer to run certain risks in order to arrive promptly at their destinations, but the charm of mountain climbing lies in the very act of climbing, or, at any rate, in the panorama which unfolds itself as one mounts higher and higher. One has only to figure the different appearance of the traveller who has attained the summit of such a mountain as the Righi on foot, with his bright eyes and healthy complexion, with that of the train traveller who alights, shivering as if suffering from ague, consequent upon his brusque transference from the hot plain to the frozen heights, to grasp the folly of mechanical transport, which is shorn of the exhilaration which ought in due course to follow an ascension. There is no particular object in attaining altitudes beyond the chance of contracting the *mal de montagne*, unless it be the magnificent exercise which these excursions provide, and to burrow upwards in a tube may constitute a splendid engineering achievement, but is simply absurd viewed from the mountaineer's point of view.

Varicella and Variola.

IT is odd that the identity of these two diseases should have received the support of two such experts as Hebra and Kaposi. The fact, however, that children recovering from chicken-pox have developed small-pox, and *vice versâ*, is conclusive proof of their being distinct morbid entities. In fact, the diagnosis of an eruption of doubtful nature will be greatly facilitated by observing whether the subject has been efficiently and recently vaccinated, small-pox being extremely rare under such conditions, while vaccination has no protective influence against chicken-pox. An interesting epidemic occurred in 1900 at the Philadelphia Municipal Hospital in which a child admitted to a small-pox ward under a mistaken diagnosis infected thirty-three of the variolous patients with chicken-pox, although the child, having been promptly vaccinated, did not herself contract small-pox. An interesting point is, that in some cases the secondary infection did not take place for a month, a fact which suggests that persons in the early eruptive stage of small-pox are not amenable to the infection of chicken-pox.

Chloroform-preserved Vaccine.

THE length of time—several weeks—which must elapse before glycerinated vaccine can be regarded as free from extraneous bacteria entails not only delay but also some impairment of the activity of the product, the potency of some vaccines, glycerinated and otherwise, becoming greatly impaired within a few weeks of collection, that is to say, within the period of time required for the glycerine to exert its bactericidal properties. Dr. A. B. Green has discovered that by using a one in two hundred aqueous solution of chloroform the purification of the vaccine can be effected within a few hours of its collection, a circumstance of considerable importance, not only in respect of the saving of time when the demand is great, as in times of epidemic, but also in that it enables the vaccine to be employed at a date approximating its period of maximum activity. The process may, moreover, assist in preserving vaccine active in hot climates where as a rule, it rapidly deteriorates.

Anæsthetic Pyrotechnics.

A NEW YORK surgeon records the fact that, while engaged in an operation on the eye in a patient under ether he had occasion to bring the electric light close to the face, whereupon an explosion took place which singed the patient's face and created some apprehension. Curiously enough he was unable to reproduce the phenomenon, although he tried on several occasions. Nevertheless, the fact that it did occur suggests the wisdom of avoiding the close proximity, even of closed lights, when ether is the anæsthetic employed. Our readers are probably familiar with the fact that chloroform vapour, when allowed to come into contact with an open gas flame, undergoes decomposition with the production of an extremely irritating gas, which has on at least one occasion caused death from acute bronchitis.

Special Correspondence.

[FROM OUR SPECIAL CORRESPONDENTS.]

GLASGOW.

GLASGOW UNIVERSITY EXTENSION.—Some time ago the University authorities agreed to the extension of the college buildings according to plans submitted by Mr. Miller, architect, which preserved the students' recreation grounds to the west of the existing buildings, but unfortunately necessitating them being separated, and therefore materially interfering with the symmetry and compactness of the whole. The architect had prepared an alternative plan which required the sacrifice of the recreation grounds for building purposes. Since then there has been some newspaper correspondence on the subject, including a letter from Dr. David C. McVail, a member of the University Court, commenting severely on the plans adopted, and strongly urging the carrying out of the alternative plans of the architect. These would form part of a quadrangle, which would allow of any further extension of the buildings as necessity and time might demand, while preserving the external appearance of what would be a most imposing and commanding range of buildings. With the facilities now offered for getting beyond the city boundaries by tramcar or by railway, it is thought there would be no great hardship inflicted on the students, if any at all, in the removal of their recreation ground a few miles off. A meeting of the University Court has been called by the Principal for the consideration of the whole subject, when it is generally expected that the alternative plans will be adopted, and certainly this seems very desirable.

An Aged Doctor in Active Practice.—A few days ago, John Burns, surgeon, Fitzroy Place, Glasgow, entered upon his eighty-ninth year. He is still quite actively engaged in professional work. Tall and perfectly erect, he carries his years surprising well. A sufferer from a bank failure many years ago, he required at the age of 63 to make a fresh start in life. That he did manfully, and has probably again succeeded in acquiring a competency for his declining years, although from his healthy appearance he may be spared for many years to come.

Glasgow Parish Council and its Medical Officers.—At a meeting the other day, Mr. Haddon, a member of the parish council, in terms of notice, moved as follows:—"That it be an instruction to our clerk, Mr. Motion, to serve all outdoor poor with books for signature of medical men, of time and dates when requested to visit, also time and dates when visited, also nature of ailment, and the prescription for same." The matter was ultimately remitted to the Medical Committee. It will be interesting to know what decision is arrived at. If the doctors are to have extra clerical work to do, it is to be hoped that some increase will be made to their salaries, which at present are not by any means too generous.

BELFAST.

Consumption in Belfast.—The question of public provision for the treatment of consumptives is mostly prominent in Belfast just now, whole columns of letters appearing in the daily press. On one day last week no less than three medical men expressed their views on the subject in the *Northern Whig*. For some years the subject has been in the public mind, and the last few weeks it has attained great prominence owing to the proposal of the Public Health Committee of the Corporation to provide shelters for consumptives in the Ormean Park. As reported in this column last week, the proposal raised a storm of opposition in the district round the park, a storm which some of the local medical men fanned, and others tried to subdue. The proposal was discussed by the Corporation last week, and after a heated discussion was rejected by 21 votes to 16. The chief ground of opposition was naturally the fear of infection if a number of consumptives were gathered together close to where the children of the neighbourhood play. But the question of infection is a doubtful one, and far stronger grounds of opposition may be found. No doubt it looks well at first sight to see the anxiety of the Public Health Committee to provide for poor consumptives; but a little study of the question rather inclines one to the view that they are seeking by a cheap and showy proceeding to draw off the attention of the ratepayers from their past and present neglect of the matters which gravely affect the general health of the population, and have at least a share in causing the present high death rate from consumption. This is not a lightly made statement, but one resting on careful study of the facts. The deaths from pulmonary phthisis registered in Belfast last year were over 1,100, while Liverpool, a town situated like Belfast in many respects, had, with double the population, a little over 1,300 deaths. Here is a plain fact requiring explanation. Moreover, diseases of the respiratory system account for over 1,000 deaths, and many of these are no doubt due to tubercle. Add to these the deaths from the fearfully common tuberculous diseases of bones, &c., and one may safely put the annual deaths from tuberculous disease in Belfast at 2,000. Allowing three years' life to each patient afflicted with tuberculous disease, we should have about 6,000 persons suffering from these diseases at any one time in the city. A few—say one in twenty—of these may be in affluent circumstances, and able to get change of air, &c. A few more—say five or six in twenty—may be in competent circumstances, but the great majority will be indigent, and if tubercle is to be stamped out, or even materially lessened, provision must be made for the proper isolation of these patients and the disinfection of their homes. To begin to treat twenty of them in a public park is simply ludicrous, unless a carefully prepared scheme for the treatment of 2,000 is ready, including the provision of the necessary money. Such a scheme, should be prepared by the Board of Guardians and their advisors, and the Public Health Committee should attend to their proper business, that is, looking after the state of the city generally in all matters affecting public health. It is notorious that in this they have been guilty of neglect. Take four points only—(1) Our drainage system is wretched, and till that expensive failure, "the main drainage system," is remedied, we cannot expect the city to be healthy. (2) Nothing worth speaking of has been done to prevent the periodical flooding of large districts of the city. Each flood must sow the seeds of disease and death broad-cast, and vigorous measures are required to prevent these floods. They will not be prevented or their harm neutralized by a flood of talk in the Town Hall. (3) Jerry building is rampant in Belfast—but it would perhaps be too much to expect that the members of the Corporation should put a stop to this, and so destroy the means of gaining a living of many of their own number. (4) Ample powers are in the hands of the Public Health Committee to order the proper inspection of mills and factories, and periodical cleansing and disinfection of their floors—but such powers are never used as far as is known. It is earnestly to be hoped that the citizens of Belfast will not allow themselves to be deceived, but will force their representatives to attend to these and other matters, the neglect of which causes our city to be a disgrace to an intelligent population.

THE INTERNATIONAL CONGRESS OF HYGIENE AND DEMOGRAPHY.

Among the contributions on the subject of tuberculosis to the International Conference on Hygiene held last week in Brussels was one by Dr. Newsholme, Medical Health Officer for Brighton, who described the action of English public health authorities in the struggle against tuberculosis. He showed that the mortality from this disease had been divided by two, and regarded the greater decline at earlier ages and in the female sex as indicating that domestic causes of tuberculosis have improved more than occupational, to which men are particularly exposed. Omitting the earlier years, for which the figures were not entirely trustworthy, the rapid decline began in the years immediately following active sanitary legislation and administration. He considered that many of the most important sanitary improvements had acted directly by diminishing opportunities of infection as well as indirectly by improving the standard of health, but that the most good would be secured by controlling to the utmost both sets of factors. The close relationship between the price of wheat and the mortality from consumption was not simply a question of cheaper food, but of a general improvement in the standard of life. Poverty and tuberculosis were "close companions, poverty not only furnishing the appropriate soil, but also increasing the closeness of contact and the frequency of opportunities of infection." As regards administrative measures against tuberculosis, the first was a knowledge of the existence of the disease. Facilities for gratuitous examination of sputum had been largely utilised in Brighton since 1897, and that town had a system of voluntary notification of consumption in successful working since the beginning of 1899. Sheffield had recently secured a local Act enforcing compulsory notification of phthisis, with powers for disinfection and cleansing. The procedure in connection with notified cases was described, this not involving any hardship to patients. Special stress was laid on the hospital training and treatment of consumptive patients. In Brighton ten beds were reserved at the isolation hospital for such patients. Here patients

were kept for a month, 120 patients being thus annually passed through the institution. The patient himself, though not cured, was improved in health, and able to start work again with increased strength. While in the hospital his home was cleansed and disinfected, and when he went home he had been so trained in managing his expectoration that in the majority of instances the danger of infection for his family and fellow-workmen had become very slight. It was urged that the educational part of sanatorium treatment, as thus developed, was more important than its curative aspect; and it presented the advantage that a much larger proportion of phthisical patients could leave their work for a month than for more protracted periods. In this connection stress was laid on a remark made by Dr. Koch in his address at the meeting of the British Congress on Tuberculosis. He expressed the opinion that the great reduction in the mortality from phthisis in England was due to "the considerable number of special hospitals for tuberculosis" in that country. The number of beds in these hospitals given by Dr. Newsholme showed that they cannot have had more than an infinitesimal effect. If, however, workhouse infirmaries were taken into account, the result was very different. In Brighton 201 consumptive patients admitted to its infirmary spent on an average 316 days there before their death. This means that 18 per cent. of the total consumptive patients in Brighton were, so far as their relatives were concerned, living during the most infectious period of their illness under conditions in which freedom from infection was secured. This factor must have had a large share in the causation of the reduction of phthisis in England.

Dr. J. F. Sykes, Medical Officer of Health for St. Pancras, presented a paper showing that the death-rate in England and Prussia (the population and rate of increase in both countries being approximately the same) from tuberculous diseases had decreased from 36 to 15 per 10,000 of both sexes in the period between 1851 and 1901.

The several European representatives also described the measures taken in their respective countries to combat the disease.

On the 3rd inst., the following resolution was passed on the motion of Sir Patrick Manson:—

"That this Congress, recognising the practical importance of the mosquito malaria theory, would urge on all Governments in malarial countries (1) that officials, both civil and military, be required, before taking service in such countries, to show evidence of practical knowledge of the theory and its application; (2) that educational establishments, whether governmental, missionary, or other, in such countries be requested to include in their curriculum instruction of native students in the mosquito malaria theory and its practical application; (3) that officials ignorant of the theory or systematically ignoring its practical application be considered as unsuitable for service in malarial countries."

Dr. Martin, of the Pasteur Institute of Paris, read an interesting paper on the results obtained by serotherapeutic processes in the cure of infantile diphtheria. The paper was the subject of a long discussion.

The sixth and seventh sections met to discuss means for combating plague. It was agreed that the quarantine imposed on persons coming from countries infected with bubonic plague should be freed of its vexatious character, and that the evil could be combated more efficaciously by the institution of suitable sanitary services on board ships, and by general international measures against the means by which plague was spread, including the extermination of rats likely to be infected.

The meeting on September 5th was principally devoted to a discussion of the precautions to be taken to check the spread of tuberculosis.

Dr. Dejong, professor at Leyden University, delivered a long address, in which he gave reasons for believing that bovine tuberculosis was transmissible to human beings. The bacilli of human and bovine tuberculosis were identical in their effects, and consequently it was the duty of the public authorities to prevent the propagation of tuberculosis by unsound meat and infected milk. Dr. Gratia, of Brussels, said tnat proof had now been given that human tuberculosis was transmissible to cattle. The converse experiment —that is, the transmission of bovine tuberculosis to man—could not be made. Dr. Gratia, however, declared that he had performed a similar experiment on sixteen monkeys by giving them the milk of tuberculous cows to drink, and fourteen of the animals died. He also reported other experiments which had been made with regard to infantile tuberculosis. Sixteen per cent. of the children examined had been found to be tuberculous, through being fed with milk from tuberculous cows. That, too, showed that bovine tuberculosis was transmissible to man.

The debate resolved itself largely into a controversy between the French and Belgian delegates on the one hand and the Germans on the other. The former supported the thesis of the transmissibility of bovine tuberculosis to human beings. The Germans contended that such transmissibility had not been proved.

Eventually the sections by a large majority passed the following resolution:—"That human tuberculosis is perfectly transmissible from one person to another, and that in the present state of knowledge, it is necessary to recommend hygienic measures for the prevention of the propagation of animal tuberculosis in the human species."

Correspondence.

EMPYEMA AND SINUSITIS OF THE ANTRUM.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The etiology of empyema of the antrum is often obscure, and if any simple means could be devised whereby a differential diagnosis might be made between the various pathological conditions which present themselves, having as their chief symptom secretion or the collection of pus in the cavity, a step in advance as regards treatment would no doubt be achieved. The aid to diagnosis suggested by Dr. Mahu (quoted in your issue of to-day, September 2nd) does not, however, seem very practical, if, indeed, it is based upon actual experiment. It is only in very exceptional cases of empyema that the ostium—the natural opening into the nose—is so obstructed as to be impervious to fluid. As soon, therefore, as injected fluid reached the level of the opening, it would flow out, and it would be impossible to fill the antrum or to measure its capacity by the method suggested. In conjunction with my partner, Mr. England, I have during the past fifteen years tapped the antrum for empyema and constructed drainage apparatus in a very large number of cases. With very rare exceptions all these cases have been sent to us by surgeons by whom the diagnosis had been made, and under whose care with our co-operation the cases have remained. My experience would lead me to doubt whether in any considerable number of instances a distinction can be really drawn between empyema and sinusitis. I should rather say that these terms are as a rule synonymous.

I am, Sir, yours truly,

HENRY SEWILL.

Cavendish Square, September 2nd, 1903.

THE PRECANCEROUS STAGE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—There have been many suggestions made of late as to the cause or causes of cancer. We have also had many suggested therapeutical remedies. Reference has been made from time to time to a precancerous stage. After examining very many sections of cancerous tissue, and after watching very many cases, I have come to the conclusion that the precancerous stage is of inflammatory nature. How far this is

recognised I know not, but I am confident that if this view were more generally recognised we should hear of fewer cases of inoperable cancer, and fewer patients would succumb to this dread disease. The innocent ulcer of the lip, the innocent chronic mastitis, the neglected constipation and irritation of the bowel mucosa with ulceration, then malignant ulceration, and the lingual ulcer are all suggestive examples of my contention.

I am, Sir, yours truly,
A CORRESPONDENT.

THE FINSEN LIGHT TREATMENT OF LUPUS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the last issue of your journal, a paragraph appears referring to a suggestion by the Cootehill Board of Guardians that an Institution be established in Dublin for the treatment of lupus by the "Finsen Light."

While recognising to the fullest, as we do, the spirit of Christian charity which actuated the chairman and Board in bringing an urgent matter so clearly under public notice, we may be permitted to say, on behalf of the Governors of the City Hospital for Diseases of the Skin, that the first installation in Ireland of the "Finsen Light" was established in connection with this hospital in 1901; fully equipped and working steadily every day since, during which time many cases have been treated and cured, including some admitted on the recommendation of Poor-law Unions and County Councils throughout the provinces.

Jealous of the good name of the hospital, the only heritage it possesses, and conscious of the very excellent work which it is doing among the most afflicted of our sick poor, nevertheless we are forced to acknowledge that its sphere of utility could be still further materially developed if a larger measure of financial support were exended to it.

The installation of the "Finsen Light" and its yearly upkeep are an additional heavy strain on the resources of the hospital, and the shoulder load which the Governors have to bear may be fairly imagined when we state that during last year more than 5,000 attendances were registered from all parts of the country (to whom medicine and medical advice were administered gratis), including patients recommended for this special treatment.

In order to meet the increasing demand for admission of patients, the Managing Committee are at present busily engaged in preparing and equipping larger and more centrally situated hospital premises in the best part of Great Brunswick, which they hope to have quite ready next month.

Applications for admission to the light treatment should be addressed to the Hon. Sec. at the hospital, and in each case accompanied by a doctor's certificate of suitability.

We may mention that, with the exception of a small annual grant from the Dublin Corporation, the hospital is entirely dependent on voluntary contributions. It is open free to the poor of all denominations, and is non-sectarian in the fullest sense of the term.

On behalf of the Governors,
We are, Sir, yours faithfully,
ALD. WM. IRELAND, J.P., Governor.
C. M. O'BRIEN, M.D., Governor.

A MEMBER of the London and Counties Medical Protection Society was, some time back, arrested by the Japanese police on board ship by mistake, for an individual of the same name. As a result of representations made by the society to the Foreign Office, the Japanese Government has now decided that, while maintaining that the claim for compensation could not be entertained in accordance with the law of the country, they will grant the complainant, as a matter of courtesy and grace, the sum of £30, in view of the annoyance and inconvenience to which he has been put

Medical News.

Opening of the Medical Schools.

MOST of the medical schools in connection with the London hospitals will re-open for the winter session on October 1st. At Charing Cross Hospital an introductory address will be delivered by Sir Charles Wyndham; and at King's College Sir J. A. Cockburn, K.C.M.G., will lecture before the students on "Imperial Federation and its Physiological Parallels." Mr. Justice Wills has consented to present the prizes at the Middlesex Hospital; Miss Pace, M.D., will give the address at the London (Royal Free Hospital) School of Medicine for Women; and Dr. W. R. Dakin, F.R.C.P., will be the speaker at St. George's. Mr. P. H. Pye-Smith, M.D., F.R.S., will preside at a house-dinner in the college dining-hall at Guy's, and the chair will be taken at similar functions in connection with the London Hospital by Mr. Lewis Mackenzie, F.R.C.S.; St. Mary's, by Dr. Farquharson, M.P.; St. Thomas's, by Dr. Cullingworth; Westminster, by Mr. Arthur Evans, M.R.C.S.; and King's College, by Dr. C. H. Allfrey.

Deaths under Chloroform.

AN inquest was held at Newport (Mon.) last week on a boy, æt. 13, who died under chloroform during the removal of adenoids. The usual verdict was returned, but we would call attention to the fact that the number of deaths under similar circumstances is unduly large and out of all proportion to the gravity of the condition. A man, æt. 58, succumbed to chloroform narcosis at University College Hospital on the 2nd instant. In the report before us it is stated that anæsthesia was commenced with the A.C.E. mixture, of which two ounces was used. Chloroform to the extent of six drachms was subsequently administered, and then the man died. In view of the fact that the operation only lasted three-quarters of an hour, this quantity appears strangely in excess of requirements, but possibly the reporter may unwittingly have exaggerated the amounts. The usual verdict was returned at the inquest.

Gallant Rescue

DR. NOEL HOOD, of York, was instrumental last week in saving the life of a small girl of six, who was in imminent danger of drowning, having fallen into the Ouse while playing on the banks with other children.

Munificent Donation to the Cancer Research Fund.

IT is announced that Mr. William Waldorf Astor has presented to the Cancer Research Fund the magnificent sum of £20,000, which brings the total amount received up to £75,000. We are thus within measurable distance of the £100,000 endowment required for the systematic prosecution of the necessary researches.

Carriage Accident.

DR. J. LIVINGSTONE, of Barry Dock, had a narrow escape last week from serious injury. While driving, his horse took fright at the sight of a traction engine, and bolted, the vehicle ultimately being thrown over. Dr. Livingstone was carried unconscious into a neighbouring house, but we are pleased to report that his injuries turned out to be comparatively slight, and he now well on the way to recovery.

Fined for Non-Notification of Small-pox.

MR. WILLIAM BONNER RYAN, a Burton-on-Trent, practitioner, was fined £2 and costs last week for having failed to notify a case of small-pox, some twenty persons having contracted the disease in consequence of the delay in sequestration.

Small-pox at Cambridge.

THE number of patients suffering from small-pox has now fallen to twenty-nine, so that the epidemic may be regarded as at an end.

Accidental Death.

DR. C. M. MACAULAY, of Perth, met with his death last week under very tragic circumstances while on his holiday at Pitlochry, he having apparently fallen out of a window.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," 'Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

THE KILLED AND WOUNDED IN INDUSTRY.

IT is strange that, notwithstanding all the legislation and inspection, industrial accidents do not, as a rule, decrease in numbers. Some years may be better than others, but any improvement is generally met in a year or two by a reversion, to say nothing of new requirements causing an apparent increase. In some cases they clearly decrease in rate owing to more persons being employed every year. In coal-mining the annual number of killed remains at about 1,100, as it did in 1851, but the number of men employed is four times as large as it was fifty years ago, so that the danger has been reduced to a fourth of what it was then. And there are good reasons for supposing that similar improvement has been effected in other industries.

DR. MCFARLANE.—The only motor car we know with solid tyres is the "Beng." The use of solid tyres has apparently been gaining in favour with country practitioners in that it obviates the tiresome and but too frequent necessity of having to stop any hour of night or day to repair the inevitable puncture, and the repair of a "motor puncture" is, we need hardly say, a much more onerous performance than with a bicycle. The greater vibration is compensated by closer attention to springs and from this point of view, we gather that there is not much difference between solid and pneumatic tyres. We may add that as the sudden bursting of pneumatic tyres is frequently assigned as the cause of grave and even fatal accidents, the solid tyres may be claimed to be safer as well as vastly more economical.

REMARKABLE FECUNDITY

A PETITION has been has been presented to the Italian Government for a pension in favour of Signora Magdalena Grametta, who, during twenty years of married life, has become the mother of sixty-two children, fifty-nine boys and three girls. Whether such an achievement calls for reward and commendation is an open question. If it became general the Government would have to introduce a law for the repression of undue fecundity, or an island might be assigned for the compulsory residence of irrepressible mothers.

DR. MCH.—You had better apply to an agent, who will be able to give you the advice you require. It is false economy to try to save his commission; witness the cases that come before the courts in consequence of mutual misunderstandings.

DR. BERRY.—We regret we are unable to entertain your proposal.

THE TRAFFIC IN PROPRIETARY NOSTRUMS.

THE sale of proprietary nostrums in the United Kingdom last year reached £2,000,000, no less than 40,678,356 packages having been stamped in accordance with the Act during that period. The total revenue from this source was £331 751, but it is noteworthy that of this sum only £2,282 came from Scotland. We may antici ate that the returns will show an increase in view of the ever-increasing stringency with which the law is being enforced.

MR. G. C. R.—Thanks for offer, but the proposed contributions could possess but the remotest medical interest.

THE CASE OF DR. GRANT.

ONE INTERESTED.—In reply to your inquiry we regret to have nothing of a favourable nature to report regarding the Ballachulish lock-out. Upwards of £722 has now been raised in defence of the men's case in support of Dr. Grant, but the Court has decreed that he must cease practice on the 10th—which may be law, but does not accord with our ideas of justice. Everyone sympathises with Dr Grant in the arbitrary conduct of the quarry company of which he is the victim; the men still resolutely refuse to accept any other medical man, and thus the deadlock is accentuated.

MR. B. H. ARENDT.—The material sent is purely advertisement, and can only be inserted in our columns as such.

Appointments

ADENEY, G. C., L.R.C.P., M.R.C.S., Clinical Assistant in the Special Department for Diseases of the Throat at St. Thomas's Hospital.

CARPMAEL, N., L.R.C.P., M.R.C.S., House Surgeon to St. Thomas's Hospital.

GRAINGER-BISSET, A., M.B., Ch.B.Glasg., Resident Assistant to the Victoria Infirmary, Langside, Glasgow.

GUTHRIE, T., B.A., B.C.Cantab., L.R.C.P. M.R.C.S., House-Surgeon to Out-patients at St. Thomas's Hospital.

HARNETT, W. L., B.A.Cantab., L.R.C.P., M.R.C.S., House Surgeon to Out-patients at St. Thomas's Hospital.

HARWOOD-YARRED, W. H., B Sc.Lond., L.R.C P., M.R C.S., Junior Obstetric House Physician to St. Thomas's Hospital.

HUDSON, A. C., M.B., B.C.Cantab, Senior Ophthalmic House-Surgeon to St. Thomas's Hospital.

LATHAM C. H., L R.C.P., M.R.C S., Clinical Assistant in the Special Department for Diseases of the Skin at St. Thomas's Hospital.

LEACH, R. E. H., M A., M.B., B.C.Oxon. L.R.C.P., M.R.C.S., House Physician to Out-patients at St. Thomas's Hospital.

PANTON, P. N., B.A.Cantab., L.R.C.P., M.R.C.S., House Physician to St. Thomas's Hospital.

PINCHES, H. I., B.A., M.B., B.C.Cantab., L.R.C.P., M.R.C.S., House Surgeon to Out-patients at St. Thomas's Hospital.

RICKETT, G. R., M.A., B.C.Cantab., House Physician to Out-Patients at St. Thomas's Hospital.

SEARS, C. N., L.R.C.P., M.R.C.S., Clinical Assistant in the Special Department for Diseases of the Skin at St. Thomas's Hospital.

SERGEANT, J. N., L.R C.P., M.R C S., House Physician to St. Thomas's Hospital.

SPURRIER, H., B.A.Cantab., L.R.C.P., M.R.C.S., Senior Obstetric House Physician to St. Thomas's Hospital.

UPCOTT, H., L.R.C.P., M.R.C.S., House Surgeon to St. Thomas's Hospital

WHEEN, C., B.A.Oxon., L.R.C.P., M.R.C.S., House Surgeon to St. Thomas's Hospital.

Vacancies.

The Royal Infirmary, Sheffield.—Junior Assistant House Surgeon. Salary £70 per annum, with board, lodging, and washing. Applications to George Henry Day, Secretary.

Down District Lunatic Asylum, Downpatrick. Junior Male Assistant Medical Officer. Salary £100 per annum, with furnished apartments, board, washing, fuel, light, and attendance. Applications to the Resident Medical Superintendent.

Metropolitan Hospital.—Casualty Officer and Pathologist and Registrar to the Hospital. Salary £150 per annum. Applications to Charles H. Byers, Secretary.

Jersey General Dispensary and Infirmary.—Resident Medical Officer. Salary £120 a year, with rooms, gas, and attendance. Applications to Honorary Secretary, Infirmary, Jersey.

State Criminal Lunatic Asylum, Broadmoor, Crowthorne, Berks. — Junior Assistant Medical Officer Salary £200 per annum with furnished quarters, coal, gas, and attendance. Applications to the Medical Superintendent.

Kent County Asylum Chartham, near Canterbury.—Third Assistant Medical Officer. Salary £140, with board, quarters attendance, and washing. Apply to Medical Superintendent.

Brighton, Hove, and Preston Dispensary.—House Surgeon. Salary £160 per annum with furnished rooms, coals, gas, washing, and attendance. Applications to C. Somers Clarke, Hon. Secretary, 113, Queen's Road, Brighton.

Essex and Colchester General Hospital.—House Surgeon. Salary £100 per annum, with board, washing, and residence in the hospital premises. Applications to C. L. Becher, Secretary.

Barnwood House Hospital for the Insane, Gloucester.—Junior Assistant Medical Officer. Salary £150 a year, board and residence. Applications to the Medical Superintendent.

Ballinasloe Union.— Medical Officer. Salary £120 per annum, together with Registration and Vaccination Fees; also to act as Medical Officer of Health, at a salary of £15 per annum. Applications to R J. Gill, Clerk of Union. (See advt.)

Ballyshannon Union.—Temporary Medical Officer. Remuneration three guineas per week. Immediate application to J. B. Chism, Clerk of Union. (See advt.)

Bessbrook.—Medical Man. Salary £150 per year. Apply to Bessbrook Spinning Co., Ltd. (See advt.)

Births.

LEIGH.—On August 29th, at Park Road, Southend-on-Sea, the wife of B. Hilton Leigh L R.C.P., L.R.C.S., etc., of a daughter.

RAW.—On August 28th, at 66, Rodney Street, Liverpool, to Dr and Mrs. Nathan Raw, a son.

TILBURY FOX.—On September 2nd, at The Gables, Ashford, Kent, the wife of Campbell Tilbury Fox, M.R.C.S., L.R.C.P., of a son.

Marriages.

BURCH—JAMES.—On Sept. 2nd, at Holy Innocents', South Norwood, Richard Kingsford Burch, eldest son of the late Sampson K. Burch, M.R.C.S., L.R.C.P., to Alice Louisa, youngest daughter of Thomas James, Esq., of Grangefield, South Norwood.

GREEN—GILBERT.—On September 4th, at St. James's Church, Knatchbull Road, S.E., Albert Green M.B.Lond., of Chesterfield, Derbyshire, to Gertrude Annesley, second daughter of William Gilbert, of Cormont Road, S.E.

RANSON—RICHARDSON.—On August 22nd at Hollymount Church, co. Down, Wilson Ranson, F.R.C.S., of Ashburton, South Devon, son of J. Farrar Ranson, of Ingleby, J.P., Norwich, to Florinda, second daughter of the late Jonathan Richardson, of Glenmore, Lisburn.

RAVEN—BURTON.—On September 3rd, at All Souls', St Margaret's on-Thames, Cuthbert, youngest surviving son of the late Rev. Vincent Raven, Rector of Great Fransham, Norfolk, to Mary Cockburn, eldest daughter of the late John Burton, M.D., of Walsall, Staffordshire.

Deaths.

BAKER.—On September 1st, at 108, Friargate, Derby, Mary Ann widow of John Wright Baker, surgeon, aged 77 years.

BLAIR.—On August 30th, at "Eversleigh," Banwell, Somerset, in his 34th year, Andrew Buchanan Blair, M.B., C.M., elder son of the late Andrew Blair and of Mrs. Blair, "Westerton," Polwarth Terrace, Edinburgh.

CALDWELL.—On September 3rd, at 166, Brixton Road, S.W., Martha Margaret, the beloved wife of W. Townley Caldwell, M D., and daughter of the late Fleet-Surgeon D. Graham Miller, M D., R N.

PATTERSON.—On September 2nd, at Ramelton, Ireland, Lieut.-Col. T W. Patterson, D.S.O. (late R.A.M C.), age 59.

WHITE.—On August 31st, in Upper Egypt, of diphtheria, Arthur Thomas White, M.R.C.S. and L.R.C.P. (Sanitary Department of the Egyptian Government), son of the late Thomas John White, of Westminster and Tulse Hill, Surrey, aged 32 years.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

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INTRODUCTORY REMARKS.

IN April, the poet tells us, the young man "lightly turns to thoughts of love," but in accordance with a time-honoured custom, at the beginning of October, what time the Virginia creeper has donned, nay, almost lost, its bright autumnal tints, the young man who is fired by the desire, or has been coaxed into willingness, to pursue the study of medicine as a means to an end is fain to betake him to the precincts of a medical school, where, with or without some introductory remarks by one of the junior members of the staff, he will have to commence forthwith the career which may lead him to fame, possibly even to riches, but, failing these, will, with average application and good conduct, provide him with the means of livelihood, and, in the fulness of time, enable him to marry and rear a family, should this be one of his day-dreams. If we greet with a sceptical smile the optimist who decks the practice of medicine in rainbow colours and uses up his superlatives in emphasising its beneficent and honourable aspects, we view with distrust bordering on abhorrence the intellectual neurasthenic who elects to dwell upon its shortcomings, its difficulties, and the, in general, unsatisfactory returns which it yields to its adepts. In verity the one and the other are equidistant from the sober truth. The practice of medicine is a calling like any other, in that, to attain success, its follower will have to put in plenty of hard work, he will have to submit to the inevitable disappointments, and he may not, after all, attain the dignity of a title or become a territorial magnate. It has, however, its peculiar advantages in that the man who conscientiously recognises and fulfils his responsibilities, who is kind to the weak and sympathetic to the suffering, who conscientiously does his level best, regretting that it be not in his power to do more and better, he, at any rate, is tolerably certain to rejoice in the esteem and consideration of his fellow-citizens, and to live a life, if not of luxury, at any rate of comfort. The key to the situation is admirably given in the aphorism that "medicine is a wholly admirable profession, but for the most part it is not a good business."

It would be well, both for the profession and for the individual, if only those took up the practice of medicine who, in virtue of a particular temperament, experience an anticipated pleasure in ministering to the wants of the sick, or who evince special aptitudes for the study of some of the many unsolved problems which await solution. The medical profession may be roughly grouped in two categories—those who give themselves up to what we may call curative medicine, and a more limited class who seek to derive, from close observation of the sick, the means of advancing our knowledge.

There is in the study and practice of medicine ample scope for talents of the most varied kind. If, unfortunately, a tendency manifests itself in the daily practice of the healing art to fall into a routine, to treat disease by rule of thumb, that is the fault, or the defect, of the individual practitioner. The calling is one in which the individual practitioner is called upon to exercise independence of judgment, seeking in his own sphere to winnow the wheat from the chaff in the huge collection of principles, dogmas and views bequeathed to us by our predecessors in the profession. We would impress upon every intending student that it lies with him to utilise the experience which will be his to assist in throwing light into dark corners—not so much by the publication of an occasional case of exceptional interest, but by endeavouring to deduce some general law, some vital principle, from the morbid phenomena which come under his notice. He should never forget that he is always a student—no longer a listener at compulsory lectures but perforce an observer, more or less thorough, more or less conscientious, of the working of Nature's laws, some of which we see as through a glass darkly, others, the majority, of which we know little or nothing. Some epoch-marking discoveries have come from the ranks of the general practitioner, and assuredly it is never the material that is wanting.

THE CHOICE OF A SCHOOL.

Apart from the fact that the choice of a school has presumably already been decided by our student readers, the selection is usually determined on other than purely theoretical considerations. Hereditary antecedents and geographical reasons enter for a large part into the question. The matter of fees, again, is not absolutely foreign to the decision, though in view of the trifling differences this ought not to be allowed great weight. Speaking generally, the student possessed of special aptitudes, especially he who has fashioned his mind by an arts course at one or other University, will stand a better chance at one of the larger Metropolitan schools, where the prizes are more valuable and where he is brought into contact with the most eminent and best known teachers. More particularly is this the case when he aims at the higher qualifications as a passport to hospital appointments and consulting practice.

THE CHOICE OF QUALIFICATIONS.

No sooner has the study of medicine been entered upon than the student is called upon to define his aims, in other words, he has to decide through what portal he will enter the profession. The point is one of unquestionable importance, because there is no going back on the choice later on in the student career. The

reorganisation of the University of London has rendered it possible for the average student to obtain a degree in medicine on terms less prohibitive than was formerly the case, but the fact remains that although the purely medical standard is attainable by any fairly diligent student, the matriculation examination and that in science constitute very serious stumbling-blocks. The average student will probably find it more convenient to take the diplomas of the English Conjoint Board, and, should he deem a degree worth the extra trouble, he can put in attendance at one or other of the provincial Universities with the view of subsequently passing the examinations for the doctorate.

THE COURSE OF STUDY.

It is unnecessary to discuss the details of the medical curriculum. We would, however, impress upon the student the importance of entering upon his work earnestly, with firm determination to familiarise himself with the subjects—anatomy, physiology, and materia medica—which constitute the threefold basis of practical medicine. And in respect of anatomy, the only valuable knowledge is that gained by actual dissection of the dead body. Verbal descriptions and plates are only aids to knowledge, not knowledge itself. Dissection gives information at first hand—actual knowledge, not mere statements—and the very practice of dissection is a first course in surgery. We would warn the student against that form of intellectual laziness which consists in abandoning the dissecting-room in favour of the library. The latter course may enable the student to pass examinations, but it will never confer that intimate familiarity with the human frame which is indispensable to success in practice. Nor should he despise the study of that somewhat arid subject, materia medica. A knowledge of the physical properties of drugs and of their physiological action is as important to the hospital physician as to the general practitioner. Treatment is the ultimate object of medicine, and the medicinal treatment of disease is still an integral part of the practice of medicine.

THE CLINICAL WORK.

It is in the wards and in the out-patient department, after all, that the student acquires most of his information concerning the course and treatment of disease There he watches the daily progress of morbid processes, and learns the means employed to afford relief or to bring about recovery. It will be his privilege to unravel the tangled threads of each patient's life-history, and by the careful collection and careful examination of data to arrive at a reasoned conclusion known as the diagnosis. In this way he will gradually learn to recognise the main principles which underlie the practice of medicine. Each patient who comes under his observation will, if properly studied, yield his quota of practical knowledge, and the value of the opportunity depends upon the ability and willingness of the student to avail himself thereof. The object and aim of clinical training is to cultivate the student's powers of direct observation and to train him to make correct deductions, and the habit of careful observation is one which should become second nature. The instruction received in the wards is incomplete unless supplemented by the lessons to be learned in the post-mortem room. The post-mortem examination is the touchstone of diagnosis, and, in some cases, the opprobrium of treatment. There the student can follow the morbid process to its logical conclusion. The post-mortem room is the natural complement of the ward, and it is often only in this room that the clinical problem is unravelled and the student enabled to observe the organic lesions which determined the symptoms he has been studying. Incidentally the student should learn as much as he can of the method of carrying out these examinations, for it falls to the lot of most practitioners to have to make such examinations, and errors of observation or appreciation may be fraught with the gravest consequences to possibly innocent persons.

THE HIGHER QUALIFICATIONS.

There remains the question of the higher qualifications, *e.g.*, the Fellowships of the Royal Colleges, which are indispensable to those who contemplate a hospital career, either as physician or surgeon. The Fellowship of the Royal College of Physicians is not obtained by examination, but by selection from among the members. Candidates for the membership are required to pass a searching examination and to satisfy certain other requirements before they can be admitted thereto, and subsequent elevation to the Fellowship is largely a matter of personal influence, though merit *per se* is not a bar to selection. The Fellowship of the Royal College of Surgeons, on the other hand, is a purely professional distinction, and is open to anyone who can pass the examinations. It is advisable to pass the first examination for the Fellowship as soon as possible after passing the first membership, in order not to have to go over the ground afresh later on.

CHOICE OF A CAREER.

For five long years at a minimum the student's ambitions do not soar beyond the boards of examiners. To obtain the right to practise is, for the time being, the object of his existence. When he has entered the portals of the profession he is confronted with the troublesome question of deciding in what particular path he shall direct his energies. Many neo-practitioners, not unwisely, spend a year or two in resident appointments at their own hospitals or at some provincial hospital, infirmary, &c. Others acquire a knowledge of the practice, as distinguished from the theory, of medicine by serving as assistant or locum tenens. Others, again, either join their parents in practice or purchase partnerships. Then, too, there are the Services—Indian, Army, Navy, and Colonial—to choose from. The Poor-law Infirmaries provide each year a certain number of appointments, and these are the first rungs of the ladder which leads to the superintendency of these institutions. These posts are fairly remunerated, and afford reasonable security of tenure, but they entail much hard work, together with heavy responsibilities.

PUBLIC HEALTH SERVICE.

Every student who can afford the time is strongly advised to qualify in State Medicine, since this diploma renders its holder eligible for appointment as medical officer of health, and, moreover, the knowledge thus gained is invaluable in every department of practice. A diploma in State Medicine entails a special course of preparation and training subsequent to qualification, the conditions of which will be found under the appropriate heading. Although the tenure of office is not as yet on a satisfactory basis, there are many valuable appointments of the kind which afford magnificent scope for intelligent activity.

POST-GRADUATE INSTRUCTION.

Medicine, with its continually widening scope and added requirements, has become a field of vastly greater extent than was the case a few decades ago, and when he enters upon his professional work the conscientious practitioner is apt to experience a painful sense of his

shortcomings in very many branches of medical practice. The knowledge which has been rendered available of recent years has obviously placed a peculiar responsibility upon the physician fresh from his studies. The desire so generally felt by men in practice to extend and complete their knowledge of special subjects has led to the organisation of post-graduate institutions on a large scale, of which advantage is freely taken by those who are fortunate enough to reside within accessible distance thereof. We would strongly urge senior students and young practitioners to avail themselves of every opportunity to acquire a working knowledge of the various special branches—eye, ear, throat, gynæcology, &c. This leads us to the question of

Specialism in Medicine.

Hitherto the student has been taught that "the greatest mistake of all is to start in a specialty without being thoroughly grounded in general practice." Admitting that it behoves everyone, no matter what particular department of practice he may decide to adopt, to have acquired a thorough grounding in the general principles of medicine, it is impracticable for him to devote much time to a general *practice*. On the contrary, there is much to be said in favour of the view that it is best for the young practitioner to make his choice at the earliest possible moment of the line of work which he designs to follow. Vacillation at this early stage of his career does not tend to beget confidence among his elder colleagues, and certainly does not improve his chances of making a reputation as a specialist. As soon as he has qualified, therefore, or as soon after as may be, the intending specialist should endeavour to obtain a junior post in one or other of the special hospitals, where he can gradually work his way up.

Medical Practice in Foreign Countries.

Practitioners qualified in Great Britain who desire to practise their profession abroad are still confronted with many difficulties. True, a step in the direction of reciprocity has been taken in the case of Italy, but elsewhere in Europe considerable difficulty will be experienced in obtaining permission to practise; indeed, with the one exception of Italy, it is usually necessary to go through the whole curriculum and pass the examinations in their entirety.

LONDON SCHOOLS.

The Schools of Medicine in the Metropolis are the following, scholarships, prizes, students' appointments, fees, &c., being set forth in connection with each place named. The names of the hospital staff, lectures, residential terms, and detailed information will be found, as a rule, in our advertisement columns.

St. Bartholomew's Hospital.—This hospital has 750 beds, and for many years past the school attached has had a larger number of entries than any other medical school in London. Collegiate residence is here permissible, subject to the ordinary rules. The recreation ground for the use of students is at Winchmore Hill.

Appointments.—Ten house physicians and ten house surgeons are appointed annually. During the first six months of office they act as "junior" house physicians and house surgeons, and receive a salary of £25 a year. During their second six months they become "senior" house physicians and house surgeons, and are provided with rooms by the hospital authorities, and receive a salary of £80 a year. A resident midwifery assistant and an ophthalmic house surgeon are appointed every six months, and are provided with rooms and receive a salary of £80 a year. Two assistant anæsthetists are appointed annually, and receive salaries of £120 and £100 a year respectively. An extern midwifery assistant is appointed every three months, and receives a salary of £80 a year. Chief assistants and clinical assistants are appointed in each of the special departments. In-patient dressers, in-patient clinical clerks, clerks, and dressers to the assistant physicians, and to the physicians and surgeons in charge of special departments are appointed every three months without fee.

Scholarships, &c.—There are four open scholarships in science, £75, £75, £150, £50, tenable for one year, and a Jeaffreson exhibition, value £20; at the end of first year four junior scholarships of £30, £20, £25, £15, respectively; Treasurers' prize for practical anatomy; Foster prize in practical anatomy; senior scholarships, value £50, for anatomy, physiology, and chemistry; Wix prize, Hichens prize, Lawrence scholarship and gold medal, value 40 guineas, for medicine, surgery, and midwifery; two Brackenbury scholarships, of £39, in medicine and surgery; Bentley prize, for reports of surgical cases; the Kirkes gold medal for clinical medicine, with scholarship of £30. Shuter scholarship of £50; Skynner prize of £15; Sir G. Burrows' prize of £10, and Matthews Duncan medal and prize, value about £20; the Treasurer's Research Studentship, of the value of £100, is given annually, the elected student being required to engage in original research in pathology.

Fees.—By payment of a composition fee, a student is entitled to attend all the courses of instruction, and to hold the various clinical appointments. For students commencing their medical studies:—Entrance fee, 30 guineas; annual fee, 30 guineas, for five years. A student on qualification at the end of the five years is not liable for any further fees, and receives a perpetual ticket. Should he fail to qualify in this time, the fee for further instruction is 10 guineas for each six months. Fees for University students:—Entrance fee, 20 guineas; 30 guineas annually for two years, and 10 guineas for each six months if not qualified. Fees for preliminary scientific students:—20 guineas; for laboratory instruction for D.P.H., 15 guineas.

The Warden, Mr. W. D. Harener, will furnish further details on application.

Charing Cross Hospital.—The school attached to this hospital is situated in central London, and contains new physiological, pathological, and bacteriological laboratories, materia medica and anatomical museums, an anatomical theatre, enlarged dissecting-room, and chemical theatre. The hospital and convalescent home contain 260 beds available for clinical study.

Clinical instruction is given in medicine, surgery, and obstetrics, and in the special department, diseases of the skin, diseases of children, mental disorders, the throat, the eye, nose and ear, and in the orthopædic, Röntgen, and electrical departments.

Scholarships, Medals, &c.—The Livingstone scholarship (100 guineas), the Huxley scholarship (55 guineas), and six other entrance scholarships, total value £550, are awarded annually. Two scholarships of the value of 72 guineas each are reserved for students of Oxford, Cambridge, or London Universities. All are awarded annually. Two Universities scholarships, value 72 guineas each, are open to students from the University of Oxford who have passed the 1st M.B., to students of the University of Cambridge who have passed the 2nd M.B., and to students of the University of London who have passed the intermediate examination in medicine. Candidates must give notice to the librarian of their intention to compete on or before September 21st, 1903. The Golding prize of £10 is open to students at the end of their first winter session. The Huxley medal, with prize of £10, is open to students at the end of their second winter session. The Pereira prize of £5 is open to all general students. The Llewellyn prize of £25 is awarded annually at the end of the curriculum. The Governors' Clinical Gold Medal is also open to students at the end of their curriculum, and a silver medal or its equivalent in books is awarded to the most distinguished student in each class.

Appointments.—The curator and pathologist is ap-

pointed annually, and receives £100 a year; medical and surgical registrars to the hospital receive £40 a year each, with luncheon in the hospital; obstetric registrar, six house physicians, six house surgeons, and two resident obstetrical officers are appointed each year; clinical clerks and dressers are appointed in all the general and special departments of the hospital.

Fees.—For the curriculum of study required by the various examining bodies and hospital practice, 115 guineas in one sum, or 126 guineas in five instalments.

The composition fee for sons of registered medical practitioners is 115 guineas, and the fee, by instalments, 126 guineas. For dental students, 55 guineas in one sum, or 61 guineas payable in two instalments.

ST. GEORGE'S HOSPITAL.—This hospital is centrally situated in the West End, facing Hyde Park. It contains 351 beds, and special wards for ophthalmic cases and diseases of women.

Appointments.—Four house physicians and four house surgeons, entitled to reside and board in the hospital free of expense; two assistant house physicians, two assistant house surgeons, four assistants in the special departments. Candidates for the above offices are selected quarterly by competition from among the perpetual pupils, and hold all the offices in succession during a period of two years, sixteen pupils being in office at any one time. Obstetric assistant with a yearly salary at the rate of £50 and board and residence in the hospital; curator of the museum with a salary of £200; assistant curator with a salary of £100; two medical registrars, with salaries of £200 per annum; a surgical registrar with a salary of £200 per annum; an administrator of anæsthetics with a salary of £50 and two with salaries of £30 per annum; a surgery officer with a salary of £100 a year; two or more demonstrators of anatomy with a salary of £50 each; and assistant demonstrators. All offices are open to candidates without additional fee.

Exhibitions, &c.—The Brown exhibitions, one of £100 per annum, tenable for two years, and open to perpetual pupils possessing a registrable diploma; and one of £40 per annum, tenable for three years and open to students of two years' standing or upwards, who at the time of competition have not been qualified to practice medicine and surgery for more than three years. The Brackenbury prizes of the value of £40 each, one each in medicine and surgery. The Webb prize in bacteriology, value £30. The Clarke good conduct and clinical work prize in surgery, the Thompson medal, the Brodie clinical prize in surgery, the Johnson prize in anatomy, the Pollock clinical prize in physiology, the Treasurer's prize for clinical reports, and four general proficiency prizes of ten guineas each.

Scholarships.—One in Arts, of £150, for sons of medical men who have entered the school during the current year. One in Arts, of £50, open to students under twenty years of age. Examination, September 24th. Two of £85 in anatomy and physiology, open to students who have signed up for or passed the first M.B. Oxford or second M.B. Cambridge. One of similar value for students of provincial University colleges of similar standing. Examination, September 24th.

Fees.—Composition fee for perpetual pupils, £150 or £160, in the following instalments: First year £50, second year £50, third year £40, fourth year £20. The fee for general subjects in dental surgery is £55, payable in two instalments: first year £30, second year £25. Only perpetual pupils can hold house office or compete for the Brown exhibitions.

GUY'S HOSPITAL.—This hospital is situated on the Surrey side of London Bridge, and contains 583 beds in constant occupation, an additional 50 beds having lately been opened on the medical side of the hospital. There are special wards for ophthalmic and obstetric cases, eight beds in the latter being appropriated for difficult cases of labour. Some beds have also been set apart for diseases of the ear and throat, and an "isolation" ward for cases of infectious disease arising in the hospital has been constructed. An obstetric registrar and tutor and an ophthalmic registrar and tutor are appointed to augment the teaching in the special departments, in addition to those attached to the general surgical and medical wards. Attached to the hospital is a large residential college with rooms for about sixty men, whilst for students who prefer to live in the suburbs, no other hospital is so conveniently placed, the railway accommodation being good and close at hand. There is now a complete School of Dental Surgery at this Institution, which is recognised by the Royal College of Surgeons of England; the facilities thus afforded of completing the whole course of dental study within the walls of one hospital will be appreciated by those intending to practise dentistry.

Appointments.—Eight house surgeons, eight house physicians, eight assistant house physicians, twenty-four assistant house surgeons, eight obstetric residents, two ophthalmic house surgeons, twenty-four clinical assistants, and ninety-six dressers are selected annually from the students according to merit, and without payment. There are also a large number of junior appointments, every part of the hospital practice being systematically employed for instruction.

Scholarships.—Open scholarships of £100 and £50 in classics, mathematics, and modern languages. Open scholarships of £150 and £60 in chemistry, physics, and biology, and an open scholarship of £50 for University students in two of the following subjects:—Anatomy, physiology, organic chemistry, zoology, physics. The following are the scholarships, prizes, and medals open to students of the hospital:—The Arthur Durham prizes for dissection, £15 and £5; Junior prizes for general proficiency, £20, £15, £10; Hilton prize for dissection, £5; Michael Harris prize for anatomy, £10; Sands Cox Scholarship for physiology, £15; Wooldridge prize for physiology, £10; Beaney prize in pathology, £34; Golding-Bird prize in bacteriology, gold medal and £20; Treasurer's gold medal in clinical medicine; Treasurer's gold medal in clinical surgery; Beaney studentship in materia medica (tenable for 3 years), annually £31 10s.; Gull studentship in pathology (tenable for 3 or 5 years), annually £150. The Physical Society awards two prizes, each of £5, to the authors of the best essays on selected subjects, prizes of £10 and £5 for the best papers read before the Society and a prize of £5 to the member who has most distinguished himself in the debates of the session.

New School Buildings.—A considerable addition to the school buildings was made in 1897, comprising a series of class-rooms, laboratories, and a lecture theatre for the teaching of physiology. During the past year the magnificent Wills Library has been opened.

Fees.—A new system for payment of composition fees has been instituted at this school during the past year. Particulars may be obtained on application to the Dean, Guy's Hospital, London Bridge, S.E.

KING'S COLLEGE HOSPITAL.—This hospital is centrally situated, being contiguous to the Royal College of Surgeons, Lincoln's Inn Fields. The College adjoins Somerset House and is close to the hospital, in which there are 220 beds available for clinical teaching; ophthalmic, ear, throat, skin, and dental departments are attached to the hospital. Some wards are specially devoted to children's diseases. The wards have been recently refloored and the electric light installed throughout.

Scholarships.—£800 are awarded annually in scholarships and prizes. At entrance, a science exhibition of £100 value is open to all candidates under the age of nineteen; two scholarships of the value of £100 each (subjects literary) are open to students commencing their curriculum. A scholarship, value £50, is open to students of a British University who come up to London to complete their curriculum; two junior scholarships of £20 each for first year students, one of £30 for second year students, one of £50 for third year students in residence, and one of £40 for fourth year students. In addition, students may compete for the Daniell scholarship, value £40; the Warneford prizes, value £40; the Rabbeth scholarship, value £20; the Carter, Todd, Jelf, Tanner, Leathes prizes, and all class and clinical prizes.

Appointments.—Medical and surgical Sambrooke registrarships, tenable for two years, each £50 per annum. Resident hospital appointments, *viz.*, senior and junior house physicians, assistant house physician, physician accoucheur's assistant and assistant house accoucheur, and three house surgeons with free board and residence at the hospital; and senior and junior clinical assistants in special departments.

University of London.—Special courses of lectures and practical instruction in the chemical, physical, and physiological laboratories have been arranged for students preparing for preliminary scientific and intermediate science examinations of the University of London.

F.R.C.S. Examinations.—Special classes are arranged for the final F.R.C.S. examinations. Further particulars can be obtained from the Dean.

LONDON HOSPITAL.—This hospital is the largest in England, containing, as it does, 800 beds. It has, moreover, wards and a teaching staff for almost every special department in the domain of medicine; the scholarships and prizes are many and valuable, and both school and staff are deservedly popular with students.

Scholarships and Prizes.—At Entrance.—Price scholarship in science, £120; Price scholarship in anatomy and physiology, £60; entrance scholarships in science, £60 and £35; Epsom scholarship, £126; Buxton scholarships in arts, £30 and £20. After Entrance.—Anatomy and biology scholarship, £20; anatomy and physiology scholarship, £25; Letheby prize, senior, £20; Letheby prize, junior, £10; scholarship in clinical surgery, £20; scholarship in clinical obstetrics, £20; Duckworth Nelson prize, £10; Hutchinson prize, £40; Sutton prize £20; Sir Andrew Clark prize, £26; Anderson prize, £9; Out-patient dressers' prizes, £60; practical anatomy prizes, £10.

Appointments.—The "House" appointments, which are more numerous than at any other hospital in the Kingdom, are made without fee of any kind, and all resident officers are provided with free board and rooms, and in some instances with salary also.

The additional buildings for the department of public health, for the biological, chemical, and physical laboratories, materia medica museum, &c., and the new bacteriological department with general laboratory, research laboratories, class rooms for D.P.H. work, sterilising room, animal room, &c., are now open. For all these departments special teachers have already been appointed, who are devoting their entire time to the particular subjects that they have undertaken. In addition to these alterations and additions, arrangements have been made in the hospital for additional clinical teaching. The new out-patients' special departments, recently opened by T.R.H. the King and Queen, are now in full use.

Fees.—Perpetual fee for lectures, demonstrations, and hospital practice, payable in three instalments of 45, 45, and 40 guineas at the commencement of the first, second, and third years respectively, 130 guineas; or, if in one payment, 120 guineas. A reduction of 8 guineas for chemistry and physics, and 5 guineas for elementary biology is made from the above fees, in the case of students who have passed in these subjects at the First Conjoint Examination before entering the College. Fee for students entering in their third year (their first and second years having been spent at a recognised medical school elsewhere), 60 guineas. (This fee is payable by students entering who have passed the first M.B. Oxford; the second M.B. Cambridge; or the Intermediate M.B. London.) Dental students (general hospital practice and lectures), 40 guineas. General fee for dental practice, 10 guineas.

Note.—A reduction of 15 guineas will be allowed to the sons of medical men from the perpetual fee if paid in full, or 5 guineas from each instalment.

Special entries can be made either for single courses of lectures or for hospital practice.

Accommodation is obtainable at a very reasonable rate close by, or in the suburbs a few minutes' distant by train. Dinners and luncheons are provided in the Students' Club, which, with the reading and smoking rooms, now form part of the college buildings. The "London Hospitals' Club Union" has a field for cricket, football, &c., with an excellent pavilion, at Hale End. The clubs and societies are open to all the students, and are warmly encouraged by the staff. The new club rooms, gardens, and fives court are now open. Full particulars of the Warden, Mr. Munro Scott.

ST. MARY'S HOSPITAL.—This hospital is situated at Paddington, near the terminus of the Great Western Railway, and at present contains 281 beds. Fresh laboratories, fitted with electric light and all modern improvements, for the study of pathology and bacteriology, have recently been added, and also a new physiological lecture-room. A special department of pathological chemistry has been instituted. The new wing, the ground-floor of which, comprising the new out-patient department, was opened in 1898, will be completed in 1904. This will add to the hospital eighty-one new beds, and will include additional operating theatres, a new clinical laboratory, a clinical theatre, and an X-ray department.

Appointments.—All clinical appointments in the hospital are free to students of the Medical School, and the resident medical officers are chosen by competitive examination. Six house physicians, six house surgeons, four obstetric officers, and two resident anæsthetists are appointed in each year, and receive board and residence in the Hospital.

Scholarships, &c.—One scholarship in natural science, of the value of £145, open to any gentleman who has not completed a winter session of study at a medical school. Two scholarships in natural science, each of the value of £78 15s., and one of £52 10s., under the same conditions. Two scholarships, each of 60 guineas, open to students from the Universities of Oxford and Cambridge. The scholarships will be awarded by examination on September 22nd and 23rd.

Fees.—Fee for attendance on the full five years' curriculum of hospital practice and all lectures, demonstrations, and special tutorial classes, £140, paid in one sum on entering the school; or in instalments, £145.

Students who have completed their examinations in anatomy and physiology at the Universities of Oxford, Cambridge, or other University, are admitted as perpetual pupils on payment of a fee of 60 guineas in one sum, or 65 guineas in two annual instalments. University students, prior to completing the anatomy and physiology examinations, pay an annual fee of 25 guineas. After completing the anatomy and physiology examinations, the inclusive fee may be paid.

Preliminary Scientific Course.—Special classes, including lectures and laboratory work, are held throughout the year.

MIDDLESEX HOSPITAL.—This hospital, which is conveniently situated in the centre both of business and residential London, contains 340 beds. There are special departments for cancer, and for ophthalmic, throat, aural, skin, dental, and children's diseases. Wards are also devoted to cases of uterine disease. The new school buildings are now in regular use. Residence for students is obtainable in the residential college, which has its frontage on the hospital garden.

Appointments.—Casualty surgical officer, casualty medical officer, six house surgeons, six house physicians, and two resident obstetric physicians. The above officers have residence and board in the college free of expense. Clinical clerks and dressers in all the departments are also appointed in addition to the foregoing.

Scholarships, &c.—Two entrance scholarships of the value of £100 and £60 respectively. One entrance scholarship of the value of £60, open to Oxford and Cambridge students only. (Subjects—Anatomy and physiology, including histology.) Two Broderip scholarships of £60 and £40 respectively, for medicine and surgery; John Murray medal and scholarship, awarded every third year; the Governor's prize of £21 for students in their final year. Hetley clinical prize, value £25, awarded annually for proficiency in practical clinical medicine, surgery, and obstetrics; the Lyell Gold Medal in surgery and surgical anatomy; the

Leopold Hudson prize, value 11 guineas, in surgical pathology, including bacteriology; Freeman scholarship, £30, in obstetrics and gynæcology; exhibitions of 10 guineas and 5 guineas for anatomy and physiology to second and first year's students respectively, as well as class prizes in all subjects.

Fees.—General fee for the entire course of hospital practice and lectures, 135 guineas, if paid in one sum on entrance, or by instalments of 60, 50, and 35 guineas, payable at the commencement of the first, second, and third years respectively. General fee for members of a University who have completed one year of medical study, 90 guineas, if paid in one sum, or by instalments of 60 and 40 guineas. For those who have completed their anatomical and physiological studies the fee is 70 guineas on entrance, or in two instalments of 40 and 35 guineas. The composition fee for London University students who have passed the preliminary science examination is 120 guineas. The fee for the curriculum for dental students is 54 guineas on entrance, or two instalments of 40 guineas and 20 guineas.

ST. THOMAS'S HOSPITAL.— This hospital, with medical school attached, is situated on the southern Embankment of the Thames, facing the Houses of Parliament, and contains 602 beds, of which about 540 are in constant use. The school buildings, which are separated from the hospital by a quadrangle, comprise numerous theatres, laboratories, and class rooms, which are well adapted for the modern teaching of large bodies of students in all subjects of the medical curriculum. There is a large library and reading-room, and a very complete museum and gymnasium.

A clinical laboratory is provided, in which all the more difficult methods of diagnosis, bacteriological, chemical, and microscopical, are carried on under the direction of a superintendent. The department for out-patients has been re-arranged, so that large numbers of students are enabled to follow closely the practice and teaching of the assistant staff. To this department there has been added a completely fitted operating room.

Appointments are open to all students. A resident assistant physician and a resident assistant surgeon are appointed annually at a salary of £100 with board and lodging; a resident casualty officer at a salary of £50 per annum. Two hospital registrars, at an annual salary of £100 each, are appointed yearly. The tenure of these offices may be renewed for a term not exceeding two years. An obstetric tutor and registrar is appointed each year at an annual salary of £50. Four house physicians, two house physicians to out-patients, four house surgeons, four house surgeons to out-patients, two obstetric house physicians, two ophthalmic house surgeons, and eight clinical assistants in the special departments are appointed every three months.

Scholarships, Prizes, &c.—Three entrance scholarships are offered for competition in September, *viz.*, one of £150 and one of £60 in chemistry and physics, with either physiology, botany, or zoology at the option of candidates, for first year's students; one of £50 open to University students who have passed in anatomy, physiology, materia medica, and pharmacy for a medical degree in any of the Universities of the United Kingdom, and have not entered as students in any London medical school. Copies of the examination papers of last year may be obtained on application to the medical secretary. Applications must be sent in not later than September 15th, with certificate of birth and of preliminary examination, and with a notification as to the optional subject chosen. Numerous scholarships, prizes, and medals are open to competition throughout the whole career of a student, including a Fellowship of £100 given by the Salters' Company for research in pharmacology.

Special courses of instruction for the Preliminary Scientific and Intermed., M.B.Lond., for the Oxford and Cambridge examinations, and for the Primary and Final F.R.C.S. are held throughout the year.

A register of approved lodgings is kept by the medical secretary, who has a list of local medical practitioners and others who receive students into their houses. The prospectus of the school, containing full particulars as to fees, course of study advised, &c., and all necessary information, may be obtained on application to Mr. Rendle, the medical secretary.

UNIVERSITY COLLEGE HOSPITAL.—This hospital is situated in Gower Street, not far from Euston Railway terminus. The college where the classes are held faces the hospital, on the opposite side of the street. The number of beds available for teaching purposes is 188.

Appointments.—Eight house physicians, six house surgeons, four senior and four junior obstetric assistants, and two ophthalmic assistants are selected annually by examination from among the senior students, without fee. The house physicians and house surgeons reside in the hospital for a period of six months, and the senior obstetric assistants for three months, and receive their board and lodging free.

The offices of out-patient physicians' and surgeons' assistants, clinical clerks, surgeons' dressers, and ophthalmic surgeons' assistants are filled by pupils who are also students of the college, without additional fee.

Scholarships, &c.—Entrance scholarships: One of the value of £120, and two of 60 guineas for proficiency in science, the subjects being those of the Preliminary Scientific Examination of the University of London, and two of 80 guineas each, the subjects being anatomy and physiology; the Atkinson-Morley surgical scholarship of £45 a year, tenable for three years; Atchison's scholarship, value £55, tenable for two years; Sharpey physiological scholarship, value about £105 a year, tenable for three years; Filliter exhibition for proficiency in pathological anatomy, value £30; Erichsen prize, operating case, value £10 10s., awarded for practical surgery, Dr. Fellow's clinical medals, the Liston gold medal, Alexander Bruce gold medal, Cluff memorial prize, Tuke medals for pathology, class medals, &c., gold and silver medals or other prizes, as well as certificates of honour, are awarded after competitive examinations in particular branches of study. The Tuffnell scholarship of £80 for chemistry, two years; and the Clothworkers' exhibitions in chemistry and physics of £30 each, can also be held in the medical faculty.

Fees.—The following have been grouped to meet the requirements of the various examining boards: 1. For the medical examination required by the Examining Board in England and the Society of Apothecaries: 150 guineas, if paid in one sum at the commencement of the course; 155 guineas if paid by instalments. 2. For those students who do not require to attend chemistry, pharmacy, and elementary biology at a medical school (under the regulations of the Examining Board in England) the fee is: 135 guineas if paid in one sum; 140 guineas if paid by instalments. 3. For the courses necessary for the Preliminary Scientific Examinations of the University of London, 25 guineas. 4. For the course of instruction for the Intermediate Examination in Medicine of the University of London, 60 guineas if paid in one sum; 62 guineas if paid by instalments. 5. For the course of instruction for the final M.B. examination of the University of London, 80 guineas if paid in one sum; 82 guineas if paid by instalments. This course of instruction is also suitable for the corresponding examinations at the Universities of Oxford, Cambridge, and Durham. 6. Composition fee for dental students, for the courses required for the L.D.S., 65 guineas, or exclusive of chemistry, practical chemistry, physics, and materia medica, 50 guineas. The composition fees 1, 2, 4, and 5 admit to attendance on systematic lectures and to hospital practice, where this is included in the fee, during five years.

WESTMINSTER HOSPITAL.—This hospital is conveniently stiuated, facing the Abbey, and is readily accessible from all parts of the Metropolis. It contains 205 beds for general cases, and all the special departments. New school buildings have been erected close by which afford accommodation for 150 students. The class rooms, dissecting rooms, and lecture theatre are excellent samples of modern erections, affording ample scope for study.

Appointments.—Medical and surgical registrars, each £40 per annum; two house physicians, two house sur-

geons, two assistant house surgeons, and resident obstetric assistant. These officers, except the two first named, are all boarded free of expense. Fourth year's students are appointed to be clinical assistants in the various departments.

Scholarships, &c.—(*a*) Winter Session—The Guthrie scholarship £60, entrance scholarship £40, entrance scholarship £30, dental scholarship £20; subjects, Latin, mathematics, experimental physics, chemistry, and either Greek, French, or German. University scholarships, £40 and £30; subjects, anatomy and physiology. Natural science scholarship, £60, same as for Prel. Sci. of University of London. Natural science scholarship, £40, chemistry and physics. Free presentation, open to pupils of Epsom Medical College. (*b*) Summer Session.—Natural science scholarship, £60, same as winter. Natural science scholarship, £40, same as above. Arts scholarship, £60, arts scholarship, £40, University scholarships, £40 and £30, subjects same as in winter session. (*c*) Prizes.—Treasurers', 10 guineas, for first year's men; Chadwick, 20 guineas for students of any year not exceeding fifth. To be competed for by unqualified men. Bird medal and prize, £14, for students who have completed fourth winter session. Sturges prize in clinical medicine, £8, clinical surgery prize, £5, to be competed for by unqualified men. And class prizes in the various subjects.

Fees.—In one payment of 110 guineas, or two payments of 60 guineas each, payable on entrance and at the commencement of second year respectively, or by six payments distributed over six sessions of 25 guineas and 20 guineas alternately. Fees for shorter periods or for single courses may be learned on application to the Dean. Fees for dental students, payable in one sum on entrance, 50 guineas, or in two instalments of £27 10s.

London School of Medicine for Women (Royal Free Hospital).—This school, which is situated in Hunter Street, Brunswick Square, opens at the same time as, and the periods of study, lectures, &c., are similar to those at, the ordinary medical schools. A dissecting-room, physiological, chemical, biological, physical, and pharmaceutical laboratories and library are provided at the school, and clinical lectures are regularly delivered at the Royal Free Hospital close by, which institution is appropriated to the students at the School as a field of practical study; all clerkships and dresserships are open to the students of the School. Resident and other posts are open to the students after qualification. Numerous scholarships and prizes are awarded, particulars of which can be obtained on application.

Fees.—The fee for the Intermediate and Final M.B. Lond. Course is £90 if paid in one sum, or £95 if paid in three instalments. The fee for the Course for the Conjoint Colleges of Scotland, &c., including Elementary Science, is £100 if paid in one sum, or £105 if paid in three instalments. The fee for hospital practice and clinical teaching is £35, or £40 if paid in instalments.

Special classes for the Preliminary Scientific examination of the University of London. For the whole course, £30.

EXTRA-ACADEMICAL INSTITUTIONS IN LONDON.

London School of Dental Surgery.—This institution is the oldest of the Dental Colleges in the United Kingdom, and its teaching is recognised by the Royal College of Surgeons for the dental diploma. It is centrally situated in Leicester Square, is open daily, and under the supervision of a special staff and house surgeons. The mechanical laboratory is the most perfect of its kind, and its usefulness can hardly be over-estimated. The Hospital having been rebuilt recently, the accommodation is equal to all requirements. Demonstrators have been appointed to instruct the new students in the elements of operative dental surgery, and at the beginning of the session each demonstrator gives a course of lectures on this subject. There is the Saunders scholarship and Entrance scholarship, value £20 each, and other prizes awarded yearly, the Storer Bennett Research scholarship, value £50, awarded triennially, and the eight house surgeoncies are filled by students of the hospital holding the L.D.S. Fee for two years' hospital practice required by the curriculum, including lectures, £56 6s. The fee for three years' tuition in mechanical dentistry is 150 guineas.

National Dental Hospital.—This institution is situated near the border of North-West London (Great Portland Street, W.), and the same teaching facilities and hospital practice are obtainable here as at the foregoing institution, special demonstrations being given by members of the staff. There are also a mechanical laboratory, bacteriological laboratory, museum, students' common room, a metallurgical laboratory, extraction and stopping rooms, lecture hall, regulations room, &c., all lighted by electricity, and warmed and ventilated after the most approved requirements; in fact, this institution may be pronounced a model dental hospital and school. The winter session commences at the same time as at the medical schools, on October 1st. The medical tutors hold special classes before each college examination. The prizes include two entrance exhibitions, value £40 and £20, and the Rymer prize of £5 5s. The fee for two years' hospital practice required by the curriculum, including lectures, is £40.

London School of Tropical Medicine.—This Institution is the outcome of a suggestion by the Right Hon. Joseph Chamberlain, H.M. Secretary of State for the Colonies, and is situated at the Royal Victoria Docks, in connection with the Seamen's Hospital, than which no more suitable spot could be found, as ships arrive there in great numbers from the Tropics, affording immediate opportunity for the study of tropical diseases. The school buildings are placed within the hospital grounds, and systematic courses of instruction are obtainable from duly authorised teachers throughout the year. Students also have the privilege of attending the medical and surgical practice at the "Dreadnought" Hospital, Greenwich, Information as to fees, &c., can be obtained of the Dean or the Secretry.

Medical students are admitted to e practice of the following Metropolitan hospitals, to which no medical school is attached. Detailed particulars will be supplied on application to the various secretaries.

West London Hospital, Hammersmith.—This contains over 160 beds, and has an extensive out-patient department. Dresserships and clinical clerkships may be obtained. Two house surgeons and two house physicians are selected every six months. Special departments have recently been opened for diseases of the throat, ear, skin, and deformities. An electrical department has also been added. The practice of this hospital is reserved exclusively for medical men, junior students not being admitted.

Great Northern Central Hospital, Holloway Road, N.—This institution has been recently enlarged, contains 159 beds, and is now recognised for study during the fifth year by the Conjoint Board. The practice of the hospital is open to practitioners and senior students, and clinical and pathological assistants are appointed in the wards and out-patient departments, as in the larger general hospitals.

Bethlem Royal Hospital.—Two resident house physicians who have recently obtained their diplomas to practise medicine and surgery are elected every six months, and are provided with apartments, complete board, attendance, washing, and an honorarium of 25 guineas per quarter. The students of certain specified London medical schools receive clinical instruction in the wards of the hospital, and qualified practitioners may attend for a period of three months on payment of a fee. Post-graduate lectures are also given.

National Hospital for Epilepsy and other Diseases of the Nervous System, Queen's Square,

W.C.—Contains 200 beds. It has on its staff men of European reputation, and the institution is recognised by the Conjoint Board where part of the fifth year of study may be devoted to clinical work. Clinical clerks are appointed to the physicians for out-patients, and courses of lectures and clinical demonstrations are given each year.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—The largest institution for the treatment of affections of the chest in the United Kingdom, there being 320 beds in the two buildings. There are four house physicians, who reside in the hospital, each for a period of six months. Lectures and demonstrations are given by members of the medical staff on Wednesdays and Fridays at four o'clock, save during the vacations. Terms, £2 2s. for three months; £5 5s. perpetual. This hospital is recognised by the Conjoint Board, the University of London, and the Apothecaries' Society.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park.—This is a large and well-equipped hospital at the East End, containing 164 beds. Clinical lectures and demonstrations are given by the members of an exceptionally experienced staff. Fee for three months' attendance on hospital practice, 2 guineas; six months, 3 guineas.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road.—(80 beds.)—This hospital has been enlarged by the addition of a very complete out-patients' department, and also by the erection of a new wing, which provides accommodation for 80 in-patients.

THROAT AND EAR HOSPITALS.

CENTRAL LONDON THROAT AND EAR HOSPITAL, Gray's Inn Road, contains seventeen beds, with an extensive out-patient department recently enlarged. Clinical demonstrations and instruction to qualified practitioners and senior students daily during the hours of the surgeons' visits. Twelve clinical assistants, who must be duly qualified, are elected to assist the surgeons. Operation days—In-patients, Tuesdays, 2.15 p.m.; out-patients, Tuesdays and Fridays, 2 p.m. Fees for the three months' attendance, £3 3s.; six months', £5 5s. Full details of this institution and post-graduate work will be found on reference to our advertising columns or on application to the Dean.

HOSPITAL FOR DISEASES OF THE THROAT, Golden Square, W., contains 50 beds. Students are admitted to hospital practice on payment of fee for three months' course, £5 5s.; for six months, £7 7s.; perpetual, £10 10s.

WOMEN AND CHILDREN.

THE HOSPITAL FOR WOMEN, Soho Square.—The hospital contains 61 beds. In connection with this institution there is now an organised school of gynæcology open to qualified medical men and to students after their third year. Clinical assistants to the physicians and surgeons in the in-patient and out-patient departments are appointed every three months. Fee for the three months' course, and certificate, £8 8s.

THE SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN, Lower Seymour Street, W., offers excellent opportunities for clinical study and training in the details of operative gynæcology. The success of the staff in this department have gained for them a European reputation. There are 47 beds.

HOSPITAL FOR SICK CHILDREN in Great Ormond Street, Bloomsbury, W.C., and Cromwell House, Highgate.—Fee for three months' attendance, £2 2s.; perpetual, £3 3s. There are now 200 beds, besides 52 additional at the convalescent branch, and it is probably the largest institution of the kind in the world. The practice of the hospital is open to pupils of the different hospitals and medical schools of London and medical practitioners on conditions to be ascertained from the Secretary.

EYE HOSPITALS.

ROYAL LONDON OPHTHALMIC HOSPITAL, formerly in Moorfields, and recently rebuilt in the City Road, is the largest hospital devoted to this specialty in Great Britain, and contains 138 beds. Students and practitioners are admitted to the practice daily at 9 o'clock. Operations, 10 o'clock and after. Fee for six months, £3 3s.; perpetual, £5 5s. Further particulars of the Secretary.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, adjoins Charing Cross Hospital in King William Street. It has about 34 beds and a very large out-patient *clinique*. The lectures and demonstrations are arranged with special reference to the requirements of practitioners and senior students. Fee, six months, £3 3s.; perpetual, £5 5s.

ROYAL EYE HOSPITAL, St. George's Circus, Southwark.—There are 40 beds and two cots. Fees, £2 2s. for three months, £3 3s. for six months, and £5 5s. perpetual. Courses are held on ophthalmoscopy, refraction, and diseases of the eye; fee, £1 1s. for each course, but perpetual students may attend each course once without extra fee. Pathology class, £1 1s. extra to cover cost of materials.

SKIN HOSPITALS.

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN.—Out-patient department, 49 Leicester Square; In-patient department, 238 Uxbridge Road, Shepherd's Bush. This hospital has a well-equipped in-patient department, with 50 beds. It has a School of Dermatology at 49 Leicester Square, which is conducted by the medical staff of the hospital. A spacious laboratory is also provided. During the past year the free course of Chesterfield Lectures given by Dr. Morgan Dockrell has proved a great success, being well attended by the profession. The next course (free) will commence in October next, and the dates and times will be duly announced in our columns. (See advt.)

One of the oldest institutions of the kind is the Western Skin Hospital (Welbeck Street, W.), which was started as long ago as 1851. The practice of the hospital is open to students and practitioners. Students of this specialty have also the "London Skin Hospital," in Fitzroy Square, with seven beds and an out-patient department of over 1,400. There is also the Stamford Street Skin Hospital, in the southern part of the Metropolis, with 10 beds and an out-patient department of 5,600, so that the students' needs in this direction are well catered for.

LONDON TEMPERANCE HOSPITAL.—The hospital contains 110 beds, and is conducted as its name implies on non-alcoholic principles by an excellent staff. The medical and surgical practice is open to students and practitioners. Appointments (vacancies for which are advertised in the medical journals): Surgical and medical registrars, resident medical officer, and one assistant resident medical officer.

METROPOLITAN HOSPITAL, Kingsland.—This was until recently known as the Metropolitan Free Hospital, is situated in the north-eastern district of the Metropolis, and contains 160 beds. It is a general hospital, with various special departments for the treatment of diseases of the eye, throat, ear, &c.

TOTTENHAM HOSPITAL, N.—This hospital contains medical and surgical wards and a ward for children, having in all 73 beds. There are special departments for gynæcological cases, diseases of the eye, ear, throat and nose, and skin diseases. It has now been authorised by the University of London to give certificates of post-graduate study for the M.D. and M.S. degrees.

METROPOLITAN POST-GRADUATE INSTITUTIONS.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC.—This institution affords to medical men special facilities for acquiring technical skill, and advancing their medical and scientific knowledge. The building, which is large and commodious, is situated in Chenies Street, Gower Street, and contains lecture and consulting rooms, pathological and clinical laboratories, Röntgen ray room, an ophthalmoscope room, a library and museum, and reading and smoking rooms. *Cliniques*, at which patients are shown, are given every day of the week except Saturday, at 4 p.m. Clinical lectures are delivered on alternate Wednesdays at 5.15 p.m., and systematic lectures on special subjects are delivered

twice a month, on Monday and Friday evenings, at 5.15 p.m. Four sessions of practical classes, each lasting six weeks, and a vacation session of three weeks' duration are held during the year, the subjects taught comprising ophthalmology, otology, clinical microscopy, laryngology, applied anatomy, nervous diseases, and practical X-ray work. There are, in addition, extra-mural classes in operative surgery, bacteriology, and public health.

A complimentary ticket for three days, admitting to *cliniques* and lectures, is issued to any medical practitioner on personal application at the college. The annual subscription for practitioners residing in Great Britain and Ireland is one guinea, and for practitioners non-resident in the United Kingdom half a guinea. Full information may be obtained from the medical superintendent, Mr. Hayward Pinch, F.R.C.S.

West London Post-Graduate College.—The West London Hospital, Hammersmith, contains 175 beds; the Post-Graduate course was started in 1895. Instruction is given in the out-patient department daily at 2.15 p.m., by assistant physicians and assistant surgeons, and post-graduates can accompany members of the staff on their daily visits to the wards.

There are special departments for diseases of the eye; the ear, throat, and nose; the skin; for diseases of women; medical diseases of children; and for orthopædic surgery and X-ray work. Clinical assistants are appointed from among the post-graduates. Practical classes for instruction in these subjects are held each session.

Practical lectures and demonstrations are given each afternoon (except Saturday), at 5 p.m., during the session.

Fees.—The fee for the hospital practice, including all the ordinary demonstrations and lectures, is £1 1s. for one week; £2 2s. for one month; £4 4s. for three months; £6 6s. for six months; £9 9s. for one year; and £21 for a life ticket; all fees to be paid in advance.

A course of attendance on either the medical or surgical practice alone may be taken out for the fee of £3 3s. for three months. The fee for three months' attendance in any one special department, other than medicine or surgery, is £2 2s. Further information can be obtained of the Dean at the West London Hospital.

North-East London Post-Graduate College.—At the Tottenham Hospital, N., facilities are afforded to qualified medical men for taking part in the work of an active general hospital, and for attending demonstrations of various branches of medicine, surgery, and gynæcology, with opportunities for clinical instruction, diseases of the eye, ear, throat, nose, diseases of the skin, and dentistry. Clinical lectures are given from time to time by members of the staff. Cases are demonstrated both in the wards and in the various out-patient departments; operations are performed every afternoon of the week, except Saturday. The fee for a three months' course of study, which may be begun at any time, in any single department, is one guinea. A fee of two guineas admits to the whole practice of the hospital for a similar term, and a perpetual ticket for the practice of the hospital may, for the present, be obtained on payment of a fee of three guineas. Additional information can be obtained from the Dean at the Post-Graduate College, Tottenham.

PROVINCIAL MEDICAL SCHOOLS.

Bristol University College.—Faculty of Medicine.—The lectures and instruction given in the Faculty of Arts and Science of University College, Bristol, are adapted to the various preliminary examinations, and students can complete in Bristol the entire course of study required for the medical and surgical degrees of the University of London and the Royal College of Surgeons of England, and of the Apothecaries' Society of London, and for the examination of the Army and Navy Boards. Students of the college are admitted to the clinical practice of those very important and well-equipped institutions, the Bristol Royal Infirmary and the Bristol General Hospital. The infirmary and the hospital comprise between them a total of 470 beds, and both have very extensive out-patient departments. Special departments for the diseases of women and children, and of the eye, ear, and throat, besides large outdoor maternity departments and dental departments. Students of the college also have the privilege of attending the practice of the Bristol Royal Hospital for Sick Children and Women, containing 104 beds, and that of the Bristol Eye Hospital, with 40 beds. The total number of beds available for clinical instruction is therefore 614. Very exceptional facilities are thus offered to students for obtaining a wide and thorough acquaintance with all branches of medical and surgical work.

Appointments.—At the Royal Infirmary, now incorporated for teaching purposes, and also at the General Hospital, clinical clerks and dressers reside in the house in weekly rotation. A pathological clerk is appointed every three months. Also obstetric clerks and ophthalmic dressers. Clinical lectures are given regularly at both institutions.

Scholarships, Prizes, &c.—Prizes and certificates of honour are given in University College in all the subjects of the curriculum. There are two entrance scholarships, value £50 and £30 respectively, two Martyrs' memorial scholarships (pathology and morbid anatomy) of £10 each, the Tibbit's memorial prize, value £9, for proficiency in practical surgery, Henry Marshal prize, £12; Clarke Scholarship, £15; Sanders Scholarship, £22 10s.; one gold and silver medal awarded by the committee, and various prizes for clinical work in surgery and medicine.

Fees.—School fees for attendance on all courses of lectures, except comparative anatomy, 65 guineas, or 55 guineas. Dental composition fee, 55 guineas. Clinical fees—Surgical practice, one year, 12 guineas; perpetual, 20 guineas. Medical practice, 20 guineas; perpetual medicine and surgery, 35 guineas; clerk or dresser, 5 guineas; obstetric clerk, 3 guineas.

Prospectus and further information on application to the Dean, Professor E. Markham Skerritt.

Yorkshire College School of Medicine, Leeds.—This school was originally founded seventy years since as the Leeds Medical School, but it now forms the medical department of Yorkshire College, one of the constituent colleges of the Victoria University. The building, erected on a site contiguous to the infirmary, and opened five years ago, contains one of the finest dissecting rooms in the Kingdom, extensive laboratories for physiology and pathology, with the most recent improvements in fittings and apparatus, ample lecture-room accommodation, a large library, and separate museums for pathology and anatomy. Professors and lecturers are attached, and the clinical teaching is given by the physicians and surgeons attached to the infirmary. Ophthalmic demonstrations and demonstrations of skin diseases are given in the infirmary by surgeons in each department, wnere also are obtainable various clinical clerkships, dresserships, and other appointments; and an extern maternity charity is attached, at which the necessary attendance at labours can be taken; besides the infirmary there is a large dispensary, a large hospital for infectious diseases, and a hospital for women and children, all of which are open to students of the school.

Scholarships, Prizes, &c.—(1) A Gilchrist scholarship of £50 a year for three years is awarded annually. (2) A University scholarship of £25 (awarded annually). (3) An entrance scholarship of 64 guineas. There are also a Hardwick prize in clinical medicine, a M'Gill prize in clinical surgery, each of the value of £10, and Thorpe prizes of £10 and £5 in forensic medicine and hygiene, and a Scattergood prize in midwifery, besides silver and gold medals and other class prizes. The composition fee for attendance upon all the required courses of school lectures is 64 guineas for University students who have attended the preliminary scientific courses, and the same for non-University students, exclusive of chemistry and biology.

At the General Infirmary, containing 447 beds, the perpetual fee for medical and surgical practice and clinical lectures is £42 in one sum, or two instalments

of £22 each. These fees are not included in the composition fees for lectures, and are payable separately.

A scholarship of £42 to cover the cost of medical and surgical practice is offered annually by the Infirmary.

MANCHESTER.—OWENS COLLEGE SCHOOL OF MEDICINE, VICTORIA UNIVERSITY.—The medical school buildings, which include large laboratories, dissecting-rooms, library and reading-rooms, are on the most modern principles, and students wishing to engage in anatomical, physiological, or pathological research will find excellent opportunity for study in the complete and well-furnished laboratories. Hospital practice is taken out at the Royal Infirmary, which contains 300 beds. The Cheadle Lunatic Asylum, St. Mary's Hospital, the Southern Hospital, and other special hospitals also afford teaching facilities of great importance.

Appointments.—The following appointments are made in connection with the Manchester Royal Infirmary:—Surgical registrar, at £80 per annum; a pathological registrar, at £100 per annum; a medical registrar, at £70 per annum; two assistant medical officers, each at £80 per annum; a resident medical officer at the Convalescent Hospital, Cheadle, one year, £150 per annum; resident medical officer, one year, £150; resident surgical officer, one year, £150 per annum; two chloroformists, annually, at £50; two house surgeons and one house physician are appointed every three months for a term of six months; a resident assistant at the Convalescent Hospital, Cheadle, appointed every six months.

Scholarships.—Dalton entrance scholarships, £40 per annum for two years; Cartwright entrance scholarship, £35 per annum for three years; Hulme entrance scholarship, £35 per annum for three years; Rogers entrance scholarship, £40 per annum for two years; Seaton entrance scholarship, £40 per annum for two years; James Gaskill entrance scholarship, £40 per annum for two years; Kay Shuttleworth (Sir Jas. Philips) scholarship, £30 per annum for three years; Theodore's modern languages exhibition, £15; Honorary Research Fellowships; Entrance scholarships in Medicine, £100 (towards College and Infirmary fees); Manchester Grammar School scholarship, £18 per annum for three years; Turner scholarship of £20 to students who have completed four years of study in the College; Platt physiological scholarship, value £50, tenable for two years, open to students between the ages of 18 and 25; Platt biological scholarship, £50; one Professor Tom Jones exhibition in anatomy of £25; one Professor Tom Jones memorial surgical scholarship of £100, awarded triennially; two Platt exhibitions, £15 each, for first and second year's students in physiology; Sidney Renshaw physiological exhibition, £15; Dumville surgical prize, £15, at the end of the winter session; two Dauntsey medical entrance scholarships, value £35, tenable for one year; John Henry Agnew scholarship in diseases of children, value about £30, awarded annually; Gilchrist scholarships of £50 per annum tenable for three years in any of the Colleges of the Victoria University, awarded to the candidate gaining the highest number of marks in the first division of the preliminary examination of the Victoria University; the Bradley memorial scholarship, £20, in clinical surgery is offered annually in the summer session to candidates who must be fourth year students; one medical and one surgical clinical prize are also offered annually.

Fees.—Composition fee, £70, in two sums of £35 each. Hospital practice: composition fee, £42, or two instalments of £22 each.

Dental Fees.—Composition fee, £50, payable in two sums of £25 each. Hospital practice, £21.

UNIVERSITY OF DURHAM COLLEGE OF MEDICINE, Newcastle-on-Tyne.—A very commodious and ornate new building has been erected here at a cost of about £31,000. The Royal Infirmary, at which clinical instruction is obtained, contains 280 beds. Pathological demonstrations are given as opportunity offers. Practical midwifery can be studied at the Newcastle Lying-in Hospital. Opportunities for practical study are also afforded by the Dispensary, City Infectious Diseases Hospital, Eye Infirmary, and at the Northumberland County Lunatic Asylum.

Appointments.—Assistant demonstrators of anatomy receiving each an honorarium; prosectors for the professor of anatomy; assistant demonstrators of physiology and pathology; assistants to the dental surgeon, clinical clerks, and dressers are appointed at regular intervals. One year's attendance at the College is required on the part of candidates for the degrees in medicine of the University of Durham.

Scholarships, &c.—University scholarships, value £100, for proficiency in arts, awarded annually at the beginning of winter session to full students in their first year only. The Dickinson memorial scholarship (value, the interest of £400 with a gold medal) for medicine, surgery, midwifery, and pathology, open to full students who have passed the primary examination of a licensing body. The Tulloch scholarship, interest of £400 annually, for anatomy, physiology, and chemistry. The Charlton memorial scholarship, interest of £700 annually, open to full students entered for the class of medicine, at end of the fourth or fifth winter. The Gibb scholarship, interest of £500 annually, for pathology, at end of summer session. Goyder memorial scholarship in clinical medicine and clinical surgery, proceeds of £325 annually. The Luke Armstrong memorial scholarship, interest on £680. The Stephen Scott scholarship in surgery, interest on £1,000. The Heath scholarship in surgery (the next award will be in 1904); the interest on £4,000 is awarded every second year. The Gibson prize in midwifery and diseases of women and children; the interest on £225 is awarded yearly. At the end of the session a prize of books is awarded in each of the regular classes.

Fees.—(*a*) A composition ticket for lectures at the college may be obtained—1. By payment of 72 guineas on entrance. 2. By payment of 46 guineas at the commencement of the first sessional year and 36 guineas at the commencement of the second sessional year. 3. By three annual instalments of 36, 31, and 20 guineas, respectively, at the commencement of the sessional year. (*b*) Fees for attendance on hospital practice: For three months' medical and hospital practice, five guineas; for six months, eight guineas; or by three instalments at the commencement of the sessional year, *viz.*, first year, 12 guineas; second year, 10 guineas; third year, six guineas; or by two instalments, *viz.*, first year, 14 guineas; second year, 12 guineas.

SHEFFIELD UNIVERSITY COLLEGE MEDICAL DEPARTMENT.—The medical department contains a medical library, good class-rooms, an excellent anatomical department, and every provision for medical education under the most modern principles. The Favell laboratory of physiology consists of a lecture and demonstration theatre, students' laboratory, preparing room and galvanometer room, all of which are equipped with the most modern apparatus. The pathology department is in a separate temporary building. It contains a pathological museum and laboratory, and a bacteriological laboratory, which has been completely equipped through the generosity of "A Sheffield Citizen." The course of lectures and instruction is adapted to meet the requirements of the various examining bodies. Full courses of instruction required for the D.P.H. are given. The new dental department has been recognised by the examining bodies. Students at this college obtain medical and surgical practice at the Royal Infirmary, containing 247 beds, and also at the Sheffield Royal Hospital, containing 160 beds. The fees for attendance, £6 6s. each for medical and surgical practice during the winter session, and for three months £3 3s. each. Perpetual fee for medical and surgical hospital practice in a single payment of £45, or in two payments, *viz.*, £26 on entrance, and £22 within twelve months afterwards. Students are also admitted to the practice of the Jessop Hospital for Diseases of Women (80 beds), to the City Fever Hospitals, and to the South Yorkshire Lunatic Asylum at Wadsley. The winter session will commence on October 1st. The introductory address will be delivered by Sir Michael Foster, K.C.B., M.D., F.R.S. on October 15th.

Scholarships, &c.—An entrance scholarship of the value of £110 is annually awarded to the best candidate (if of sufficient merit) in mathematics, elementary physics, inorganic chemistry, Latin, English.

Composition fee, 60 guineas, or in two instalments of 35 guineas and 30 guineas, for lectures and practical classes required by the Examining Board in England.

The Kaye scholarship, for second year's students, natives of Sheffield, is awarded annually, under certain regulations. Prizes for clinical medicine and clinical surgery of 10 guineas; Simon prize in pathology, £10; prizes in books and certificates awarded annually.

University College, Cardiff, School of Medicine.—This college, which is one of the colleges of the University of Wales, has since its foundation, in 1883, prepared students for the Preliminary Scientific examination of the University of London, and for the corresponding examinations of other licensing bodies. In 1893 Chairs of Anatomy and Physiology and a Lectureship in Materia Medica and Pharmacy were established, making it possible for students of medicine to spend three out of the five years of prescribed study at Cardiff. Arrangements with the managing committee of the Cardiff Infirmary give students of the College the privilege of attending this large and well-ordered hospital, which is situated within five minutes' walk of University College. Many students, especially from Wales and Monmouthshire, avail themselves of the opportunities thus afforded to pursue the earlier part of the medical curriculum near home. All classes are open alike to both men and women students over sixteen years of age. The courses of instruction given at Cardiff are recognised as qualifying for the examinations of the Universities, Royal colleges, and other licensing bodies of Great Britain and Ireland. Having spent two or three years in study at Cardiff, and having passed the examinations in these years, a student may proceed to London or elsewhere and complete his qualifying course for a University degree or for a college diploma.

Students preparing for the first and second examinations of the Conjoint Board for England, or for the corresponding examinations of the Conjoint Board for Scotland, or for those of the Society of Apothecaries, may compound for their classes by paying a single composition fee of £40, or by paying £18 10s. and £24 10s. at the beginning of their first and second years respectively. Those preparing for the preliminary scientific and intermediate examination in medicine of the University of London may compound for their three years' instruction at Cardiff by paying a single composition fee of £57 10s., or by paying £13 13s., £28, and £21 at the beginning of their first, second and third years respectively.

In 1899 a department of Public Health was established, and lecturers in bacteriology and in public health and hygiene were appointed. Medical men preparing for a diploma in Public Health and Hygiene can attend complete courses of lectures and laboratory instruction in this department. These courses are recognised by the University of Cambridge, by the Royal Colleges of Physicians and Surgeons, and by Victoria University.

Scholarships, &c.—The attention of students about to matriculate is drawn to the numerous entrance scholarships for exhibitions which are offered at the college for competition in September, most of which may be held by medical students. Full particulars of the examination for these may be obtained from the Registrar.

Liverpool Royal Southern Hospital.—The clinical school of this hospital is situated within convenient distance of the Liverpool University, and affords every facility for clinical and pathological study. The hospital contains 200 beds, and in addition to the general medical and surgical cases attention is devoted to the diseases of women and children. There is a special ward for tropical diseases in connection with the University laboratories.

The medical and surgical staff visit the wards daily, and the ward instruction is supplemented by weekly clinical lectures. Additions have been made to the teaching staff so that students may now obtain instruction in diseases of the eye, ear and throat. Demonstrations in the use of the X-ray apparatus are given at intervals. There is an excellent pathological department, with laboratory attached, where demonstrations are arranged for and regular instruction is given in practical pathology. The practice of St. George's Hospital for Diseases of the Skin is free to students, and thus ample opportunity is afforded for acquiring a knowledge of dermatology. In addition to the clinical clerkships which are allotted to the students the resident posts of ambulance officers are given to the students whom the board may think most suited to hold them every three months. The Alexander Fellowship in Pathology of £100 a year is open to students of this school; three prizes of £5 each are also awarded to the gentlemen who present the best taken series of medical and surgical cases. *Fees:* Perpetual, £26 5s.; one year, £10 10s.; six months, £7 7s.; three months, £4 4s.

There are rooms for a limited number of resident students: terms (exclusive of fee for hospital practice), £15 15s. per quarter. The practice of the hospital is recognised by all examining bodies.

Liverpool School of Tropical Medicine.—This school, which has for its object research into Tropical Diseases and Improvement in Tropical Sanitation, was founded in Liverpool in 1899 by Sir Alfred Jones, K.C.M.G., who is the chairman of the school. The research work of the school is carried on at the Johnston Laboratories, in Liverpool University. The clinical work is carried on at the Royal Southern Hospital. A special feature of the work of the Liverpool School of Tropical Medicine has been the despatch of a large number of important medical expeditions to various places in the tropics, especially West Africa. Although the School has only been in existence for a short time it has already sent over a dozen of these expeditions. In addition, the School has issued a number of valuable publications and monographs on subjects connected with tropical diseases, which can be obtained from Messrs. Longmans, Green and Co. The Duke of Northumberland, K.G., and Mr. William Adamson are Vice-Chairmen of the School, and the following is the Staff:—The Sir Alfred Jones Professor of Tropical Medicine, Major Ronald Ross, C.B., F.R.S., F.R.C.S.; Walter Myers Lecturer, Dr. J. W. W. Stephens, M.D.; Walter Myers Fellow, Dr. J. E. Dutton; Assistant Lecturers, Dr. A. S. Grünbaum. Dr. Fielding Ould, Dr. Balfour Stewart, Dr. H. R. Christy, A. H. Milne, A. (Cantab.), Hon. Secretary.

The following are the principal provincial hospitals having the greatest number of beds, to which students are admitted where clinical instruction can be obtained, but to which there is no medical school attached:—

Bath Royal United Hospital.—This is a well-appointed hospital in the West of England, with 130 beds, at which students can obtain clinical instruction. The hospital is recognised by the Colleges, and is licensed for dissection. It contains also an excellent museum and library. Fee for six months' attendance, five guineas; twelve months', ten guineas.

Bradford Infirmary.—The hospital contains 230 beds. Non-resident pupils are received—and abundance of clinical material is obtainable. One year's attendance is recognised by the Examining Boards. Fee, perpetual, £10 10s.

Brighton Sussex County Hospital contains 190 beds. It is recognised by the College of Surgeons and by the Conjoint Board. Out-pupils are admitted to the clinical teaching and the classes at a fee of £21 for two years.

Liverpool Northern Hospital contains 155 beds. Clinical instruction is given by the staff during the summer and winter sessions. Clinical clerkships and dresserships are open to all students without additional fees. Fees for hospital attendance; Perpetual, £26 5s.; one year, £10 10s.; six months, £7 7s.; three months, £4 4s.; practical pharmacy, £2 2s.

NORFOLK AND NORWICH HOSPITAL.—This hospital is recognised by the Colleges, and contains 220 beds. Fees, £10 10s. for six months, £15 15s. for twelve months' medical and surgical practice. Pupils, resident and non-resident, are admitted.

NORTHAMPTON GENERAL INFIRMARY.—The number of beds is 163. Out-pupils are received, and have every opportunity of acquiring a practical knowledge of their profession. Instruction is also given in anatomy and materia medica and practical pharmacy. Non-resident pupils are taken at a fee of £10 10s.

ROYAL BERKSHIRE HOSPITAL.—The town of Reading, at which this hospital is situated, has a very large working-class population, and excellent opportunities for clinical instruction in the wards and extensive out-patient department are afforded here. It contains a splendid library, in which the Reading Pathological Society holds its meetings.

THE ROYAL HOSPITAL, Portsmouth.—The hospital is a preparatory school of medicine and surgery, and the attendance of pupils is recognised by the Examining Boards. The number of beds is 150 and during last year there were 1,303 in-patients and 9,191 out-patients.

ROYAL DEVON AND EXETER HOSPITAL, Exeter.—The hospital contains 218 beds (including special children's wards, and has a good library, museum, dissecting room, and post-mortem room. Attendance on the practice of this hospital qualifies for all the Examining Boards. Arrangements can be made by which students can attend midwifery on application to the House Surgeon.

WOLVERHAMPTON GENERAL HOSPITAL.—The hospital contains 230 beds, attendance at this hospital being recognised by all the Examining Boards. Pupils are trained in clinical work by the medical and surgical staff. *Fees*: Six months, £6 6s.; twelve months, £12 12s.; perpetual, £21.

THE ENGLISH UNIVERSITIES.

THE English Universities are six in number, *viz.*, Oxford, Cambridge, London, the Victoria, Durham, and the recently created University of Birmingham. The choice of a University is usually determined by social, geographical, and financial considerations. Evidently students whose parents are able and willing to incur the necessary expense would do well to select one or other of the ancient Universities, since their degrees confer upon their holders a status not accorded by the public to the degrees of more modern educational institutions. To those less favoured by fortune, but blessed with energy and a fair share of intelligence, the London University offers ample scope, and its degrees are recognised as the outward and visible sign of high professional attainments. The Victoria University comprises Owens College, Manchester; University College, Liverpool; and the Yorkshire College at Leeds. It thus covers a wide area and attracts considerable numbers of students whose aim is the possession of a degree in medicine.

OXFORD.

There are two degrees in medicine, M.B. and M.D., and two degrees in surgery, B.Ch. and M.Ch. The M.B. and B.Ch. degrees are granted to those members of the University who have passed the second examination. Graduates in Arts, B.A., are alone eligible for these two degrees. In order to obtain the degree of M.B. and B.Ch., the following examinations must be passed:—1. Preliminary: Subjects:—Mechanics and physics, chemistry, zoology, and botany. 2. Professional (*a*) First examination (held twice a year): Subjects:—Organic chemistry, unless the candidate has obtained a first or second class in chemistry in the Natural Science School; Human physiology, unless he has obtained a first or second class in animal physiology in the Natural Science School; Human anatomy and materia medica with pharmacy. (*b*) Second examination: Subjects:—Medicine, surgery, midwifery, pathology, forensic medicine with hygiene. The approximate dates of the examinations are as follows:—Preliminaries:—Mechanics, physics, and chemistry, December and June; Zoology and botany, December and March; Professional (First and Second M.B.), June and December.

The degree of M.D. is granted to Bachelors of Medicine of the University who have entered on their thirty-ninth term on their presenting a dissertation approved of by the appointed professors and examiners.

The degree of M.Ch. is granted to Bachelors of Surgery of the University who have entered their twenty-seventh term, who are members of the surgical staff of a recognised hospital, or have acted as dresser or house surgeon in such a hospital for six months, and who have passed an examination in surgery, surgical anatomy, and surgical operations. This examination is held annually, in June, at the end of the Second M.B. Examination.

The First examination for the degrees of M.B. and B.Ch. may be passed as soon as the Preliminary Scientific examinations have been completed. The subjects of this examination may be presented separately or in any combination or in any order, provided anatomy and physiology be passed together.

The Second examination may be passed at any time after the completion of the first. The subjects of medicine, surgery, and midwifery must be passed at the same examination, but candidates are allowed to present themselves in pathology at a separate examination.

Diploma in Public Health.—An examination is held yearly in Michaelmas Term, open to all registered medical practitioners. No one is admitted as a candidate unless his name has been on the "Medical Register" for twelve months.

Scholarships, &c.—Scholarships in some branch of natural science (chemistry, physics, biology), of the average value of £80 per annum, tenable for four years, and renewable under certain conditions for a fifth year, as well as exhibitions of less annual value, are awarded after competitive examinations every year by some of the Colleges. Notices of vacancy, &c., are published in the "University Gazette." In February there is competed for annually, by those who, having obtained a first-class in any school (moderations or final), or a scholarship or prize open to general competition in the University, have passed all the examinations for the degree of B.A. A Radcliffe Travelling Fellowship is tenable for three years, of the annual value of £200. The examination is partly scientific, partly medical. A Rolleston Memorial prize is awarded once in two years to members of the Universities of Oxford and Cambridge of not more than ten years' standing for an original research in some biological subject, including physiology or pathology.

More detailed information may be obtained from the "Examination Statutes" with the "Regulations" for the current year, published annually in June by the Clarendon Press, price 1s.

CAMBRIDGE.

At the University of Cambridge five years of medical study are required for the M.B. and B.C. degrees. The candidate must have resided nine terms (three years) in the University, and have passed the "previous" examination in classics and mathematics. There are three examinations: The first in (1) chemistry and physics, and (2) biology; the second in human anatomy and physiology; and the third in (1) pharmacology and general pathology, (2) in surgery, midwifery, and medicine. The first and the third examinations are divided into two parts, which can be taken separately. Subsequently to the third examination an Act has to be kept which consists in reading an original thesis, followed by an oral examination on the subject of the thesis. As the subjects for the examination for the degree in surgery are included in the third examination for the M.B. degree, candidates are admitted to the degree of Bachelor of Surgery on passing the third examination for Bachelor of Medicine.

The M.D. degree may be taken three years after the M.B. An Act has to be kept, with oral examinations and an essay to be written extempore. There is also the degree of Master of Surgery, for which the candidate,

having already passed for B.C., or being M.A., has otherwise qualified in surgery, has to pursue extra study in surgery, and has a special examination or submits original contributions of merit to the science or art of surgery. The yearly expenditure of a student who keeps his term by a residence in a college is from £150 to £200 a year. This, however, may include all payments to the University and the College—all fees as well as clothes, pocket money, travelling expenses, &c. Non-collegiate students have only to pay the University fees, which are not large. They lodge and board as they like; their expenses, therefore, are entirely in their own hands.

The University degree grants a diploma in public health without the necessity of residence, the examination being in so much of State Medicine as is comprised in the functions of officers of health, and subject to the latest requirements of the General Medical Council. These examinations are held in Cambridge the first week in April and October. Candidates, whose names must be on the "Medical Register" of the United Kingdom, and need not be members of the University, should send in their applications to the Secretary of the State Medicine Syndicate a fortnight in advance. Every candidate who has passed both parts of the examination to the satisfaction of the examiners will receive a testimonial testifying to his competent knowledge of the subjects comprised in the duties of a medical officer of health.

An abstract of all Regulations may be obtained upon sending a stamped directed envelope to the Assistant Registrary, Cambridge. Full information is contained in the University Calendar.

UNIVERSITY OF LONDON.

The Medical Faculty grants the degrees of Bachelor of Medicine and Surgery, Doctor of Medicine and Master in Surgery. Under the new regulations the students are divided into "Internal" and "External." An internal student is one who has matriculated at the University and is studying in a school approved by that body, or under the teachers of the University. An external student is one who has adopted an alternative course of study. The regulations differ somewhat in their application to the two groups of students. We only propose to deal with them as they affect *internal* students, since the special information required by the others had best be obtained direct from the Registrar. Under no circumstances will a student be admitted to the final examination for a degree until at least three years has elapsed since matriculation or other examination entitling to registration as a medical student.*

The Matriculation Examination will take place three times in each year—in January, June (or July), and September. Application for admission to it must be made on a special form about six weeks beforehand, and the candidate must have completed his 16th year at the date of the examination. Candidates must show a competent knowledge of five subjects, among which *must* be English and elementary mathematics. The other three (one of which a language) may be selected from the following:—Latin, Greek, French, German, Arabic,* Sanscrit,* Spanish,* Portuguese,* Italian,* Hebrew,* Ancient History, Modern History, Logic, Physical and General Geography, Geometrical and Mechanical Drawing, Mathematics (more advanced than in the compulsory examination), Elementary Mechanics, Elementary Chemistry, Elementary Biology (Botany), Elementary Biology (Zoology),* Elementary Physics, Heat, Light, and Sound, Electricity, and Magnetism. Candidates who desire to be examined in the subjects against which an asterisk is affixed must give at least two months' notice.

The Preliminary Scientific Examination will take place twice in each year, in January and July. It will consist of papers in chemistry, biology, and physics, and there will be a practical examination in each subject. Examiners will also be at liberty to test candidates *viva voce*. A student may present himself for examination in each of the three subjects, separately or in all at the same time.

The Intermediate Examination in Medicine will take place twice a year, January and July. Candidates must have passed the Preliminary Scientific Examination at least two years previously. The subjects of examination are Anatomy, Physiology, and Pharmacology. Candidates who have failed in one subject only at this examination may offer themselves for re-examination in that subject, if permitted to do so by the examiners. Three scholarships, one of the value of £40 in Anatomy, another of the same amount in Physiology, and one of £30 in Pharmacology may be awarded by the examiners to any candidate who has passed the whole of the examination at one time.

The Final M.B., B.S., Examination will take place twice a year, in October and May. No candidate will be admitted to this examination unless he has completed the course of study prescribed in the schedule or in less than two academic years from the date of passing the Intermediate Examination in anatomy and physiology.

The subjects of the examination are Medicine (including Therapeutics and Mental Diseases), Pathology, Forensic Medicine and Hygiene, Surgery, and Midwifery and Diseases of Women. The subjects may be divided into two groups, one of which shall comprise Medicine, Pathology, Forensic Medicine and Hygiene; and the other Surgery, Midwifery and Diseases of Women. Either group may be taken first at the option of the candidate, or the groups may be taken together.

Only candidates who show a competent knowledge of all the subjects comprising a group will be passed. The examiners will be empowered to recommend the award of a University Medal to the candidate who has most distinguished himself in the whole examination.

A diploma under the seal of the University, constituting a licence to practise, will be delivered to each candidate when he has passed in both groups of the examination.

Doctor of Medicine.—The examination for the degree of Doctor of Medicine will be held twice in each year, in December and July. Every candidate must have passed the examination for the M.B., B.S., of this University. Candidates may present themselves for examination in one of the following branches: (1) Medicine, (2) Pathology, (3) Mental Diseases, (4) Midwifery and Diseases of Women, (5) State Medicine; and if they wish, may pass also in another branch at a subsequent examination. Candidates for Branches 1 to 4 who have taken honours at the M.B., B.S., examination in the subject in which they present themselves for the M.D. degree, or who, subsequently to taking the M.B., B.S., have conducted a piece of original work approved for the purpose by the University, or have had special experience approved by the University, may present themselves for the M.D. examination one year after taking their Bachelor's degree. Other candidates must show that they have taken the degree of M.B., B.S., not less than two years previously; and as regards candidates in Branches 1 to 4, that subsequently to taking that degree they have held for at least six months a resident or non-resident medical hospital appointment, or that they have been in qualified practice for not less than five years, while candidates in Branches 2 and 3 must show that they have held in the one case a pathological and in the other an asylum appointment. In each branch there will be (1) two papers on the special subject of the branch; (2) a clinical examination; (3) an essay to be written on one of two given subjects connected with the

* May obtain registration as Internal or External students on presentation of documentary evidence as to their condition and a payment of £2: Graduates of such British, Colonial, and foreign Universities as are approved by the Senate for that purpose, and those who have passed all the examinations required for a degree in those Universities, also women who have obtained Tripos certificates granted by the University of Cambridge, and women who have obtained certificates showing that, under the conditions prescribed by the Delegacy for Local Examinations at Oxford, they have passed the Second Public Examination of that University or have obtained honours in the Oxford University Examination for Women in Modern Languages, and students who hold the Scotch School Leaving Certificate, having passed on one and the same occasion, in the Higher or Honours Grade in all the subjects required by the regulations for the Matriculation Examination, and those who hold the Zeugniss der Reife from a Gymnasium or Real-gymnasium within the German or Austrian Empire, or the Maturitäts-Zeugniss of a Swiss Gymnasium or Oberrealschule, or the Eidgenossische Maturitäts-Zeugniss of Switzerland.

branch. In Branch 1 there will also be a paper on pathology, and in Branches 2, 3, and 4 a paper in medicine, while in Branch 2 a laboratory examination will be substituted for the Clinical Examination held in the other branches.

Candidates in Branch 5 (State Medicine) must show that they have taken the degrees M.B., B.S. not less than two years previously, and that subsequently to taking those degrees they have had (1) six months' practical instruction in an approved laboratory; (2) six months' practical instruction from a medical officer of health, of which three must not coincide with the laboratory work, and three months' practice at a hospital for infectious diseases. The interval between passing the M.B., B.S. and proceeding to the M.D. State Medicine may be reduced to one year, subject to conditions corresponding to those affecting Branches 1, 2, 3, and 4.

Master of Surgery.—The examination for the degree of Master in Surgery will take place twice in each year, commencing on the same dates as the foregoing, and the general regulations already quoted with regard to the M.D. will practically apply to it, surgery being substituted for medicine. The examination will consist of (1) two papers on surgery (one of which may be a case for commentary); (2) an essay to be written on one of two subjects which may be selected from any branch of surgery; (3) two papers on surgical pathology and surgical anatomy; (4) a clinical examination; (5) operations on the dead body; (6) a *viva voce* at the discretion of the examiners. Competent knowledge in every subject of the examination must be shown in order to pass.

For the M.S. degree and all branches of the M.D. a candidate is at liberty to forward a thesis or copies of published works embodying the result of independent research in the subject in which he presents himself for a degree and also any printed contributions to the advancement of professional knowledge published either separately or conjointly. If the examiners consider such thesis or works of sufficient merit they are empowered to exempt a candidate partly or entirely from examination in the subject to which such work refers. They also have power to award a University Medal to the candidate who at the examination in any branch passes with most distinction.

Fees.—For the Matriculation: £2 and £1 on re-examination in any one subject, and £2 for more than one. Preliminary Scientific Examination: £5 for each entry to the whole examination, and £2 for each subject when less than the whole examination is taken at one time. Intermediate Examination: £10 for each entry to the whole examination, and £5 for examination in one subject. M.B., B.S. Examination: £10 for each entry to the whole examination, and £5 for examination or re-examination in either group. M.D. and M.S. Examinations: £20 for each entry.

UNIVERSITY OF DURHAM.

One diploma and six degrees in Medicine and Hygiene are conferred, *viz.*, the degrees of Bachelor in Medicine, Bachelor in Surgery, Master in Surgery, Doctor in Medicine, Bachelor in Hygiene, and Doctor in Hygiene, and Diploma in Public Health. These degrees are open to both men and women.

For the degree of Bachelor in Medicine (M.B.) there are four professional examinations. The subjects for the first are: Elementary anatomy and elementary biology, chemistry, and physics. For the second: Anatomy, physiology, materia medica, therapeutics, and pharmacology. For the third: Pathology, medical jurisprudence, public health, and elementary bacteriology; and for the fourth: Medicine, clinical medicine and psychological medicine, surgery and clinical surgery, midwifery, and diseases of women and children

It is required that one of the five years of professional education shall be spent in attendance at the University College of Medicine and the Royal Infirmary, Newcastle-upon-Tyne First and second year students (dating from registration) are not required to comply with the regulation regarding attendance on hospital practice.

Candidates who have passed the First and Second Examinations of the University will be exempt from the First and Second Examination of the Conjoint Board.

For the degree of Bachelor in Surgery (B.S.) every candidate must have passed the examination for the degree of Bachelor of Medicine of the University of Durham, and must have attended one course of lectures on operative surgery, and one course on regional anatomy. Candidates will be required to perform operations on the dead body, and to give proof of practical knowledge of the use of surgical instruments and appliances.

For the degree of Master in Surgery (M.S.) candidates must not be less than twenty-four years of age, and must satisfy the University as to their knowledge of Greek. In case they shall not have passed in this subject at the Preliminary Examinations in Arts for the M.B. degree, they must present themselves at Durham for examination in it at one of the ordinary examinations held for this purpose before they can proceed to the higher degree of M.S. They must also have obtained the degree of Bachelor in Surgery of the University of Durham, and must have been engaged for at least two years subsequently to the date of acquirement of the degree of Bachelor in Surgery in attendance on the practice of a recognised hospital, or in the naval or military service, or in medical or surgical practice.

For the degree of Doctor in Medicine (M.D.) candidates must be of not less than twenty-four years of age, and must satisfy the University as to their knowledge of Greek. In case they shall not have passed in this subject at the Preliminary Examinations in Arts for the M.B. degree, they must present themselves at Durham for examination in it at one of the ordinary examinations held for this purpose before they proceed to the higher degree of M.D. They must also have obtained the degree of Bachelor of Medicine of the University of Durham, and must have been engaged for at least two years, subsequently to the date of acquirement of the degree of Bachelor of Medicine, in attendance on the practice of a recognised hospital or in the naval or military services, or in medical or surgical practice.

Each candidate must prepare an essay, which must be typewritten, based on original research or observation, on some medical subject selected by himself, and approved by the Professor of Medicine, and must pass an examination thereon, and must be prepared to answer questions on the other subjects of his curriculum, so far as they are related to the subjects of the essay.

For regulations for degrees in Hygiene and for the diploma in Public Health see Calendar 1903-4.

Candidates for any of the above degrees must give at least twenty-eight days' notice to the Secretary of the College of Medicine, Newcastle-on-Tyne. In the case of the M.D. (Essay) Examination, candidates must send in their essays six weeks before the date of the examination.

Residence can be had in a separate hostel for female students at moderate inclusive fees for board, &c., particulars of which and any other college information will be given on application to Prof. Howden, Secretary, University of Durham College of Medicine, Newcastle-on-Tyne.

VICTORIA UNIVERSITY OF MANCHESTER.

Candidates for degrees in medicine and surgery must attend classes in one of the colleges of the University during at least two years.

The degrees in the Faculty of Medicine are Bachelor of Medicine (M.B.), Bachelor of Surgery (Ch.B.), Doctor of Medicine (M.D.), and Master of Surgery (Ch.M.). All candidates for degrees in medicine and surgery are required to pass the Preliminary Examination, or to have passed such other examination as may from time to time be recognised for this purpose by the University.

The subjects of the Preliminary Examination are—1, Latin; 2, Elementary mathematics; 3, Elementary mechanics; 4, English; 5, one of the following:—(*a*) French; (*b*) German; (c) Greek; (*d*) Italian; (*e*) Spanish; (*f*) any other modern language, permission to

present which has been obtained from the Board of Studies. Notice of intention to present either Italian or Spanish must be given before March 1st in each year.

Before admission to the degrees of Bachelor of Medicine and Surgery candidates are required to send in the usual certificates of age and study as at the other Universities.

All candidates for these degrees must pass three examinations, namely—the First Examination; the Second Examination; and the Final Examination.

First Examination.—The subjects of the examination are, 1, Chemistry; 2, Elementary biology; 3, Physics.

Candidates must have attended, during at least one year, courses of both lectures and laboratory work in each of the above-named subjects.

Second.—1, Anatomy; 2, Physiology (including physiological chemistry and histology); 3, Materia medica and pharmacy.

Candidates must have passed the First Examination, and have attended courses of instruction in anatomy (systematic and practical) during two winter sessions and one summer session, in physiology for *two* winter sessions, in materia medica and pharmacy for *one* summer session. Candidates may present themselves separately in (*a*) anatomy and physiology, (*b*) materia medica and pharmacy.

Final.—The examination is divided into two parts, which may be passed separately or on the same occasion, but the first part cannot be taken before the end of the third year, and the second part cannot be taken less than two years after passing Second M.B., or before the fifth year of medical study in accordance with the University regulations. The subjects of examination are as follows: 1, Pharmacology and therapeutics; 2, General pathology and morbid anatomy; 3, Forensic medicine and toxicology and public health; 4, Obstetrics and diseases of women; 5, Surgery, systematic, clinical, and practical; 6, Medicine, systematic and clinical, including mental diseases and diseases of children. Candidates may select as a first part of the examination two or three of the subjects 1, 2, and 3.

The certificates required from candidates at the final examination are practically the same as for the corresponding examination at the London University, and only those who have previously passed the Second Examination are admitted to it. The regulations relating to the M.D. and Ch.M. degrees can be obtained on application to the Registrar.

Fees.—Preliminary examination, £2; for any subsequent examination, £1. First Examination, £5; for any subsequent examination, £2. The fees for the Second Examination, for the Final Examination, and for the examination for the degree of Ch.M. are the same as for the First Examination. A fee of £10 is payable on the conferring of the degree of M.D., a fee of £4 on the conferring of the degree of Ch.M.

The Preliminary Examination is held in June and about the end of September. The first M.B. and Ch.B. is held in June; also about the end of September. The Second and Final Examinations are held in March and July, the examination for Ch.M. in July only.

UNIVERSITY OF BIRMINGHAM.

The University of Birmingham grants degrees of M.B., Ch.B., M.D., Ch.M., and also a B.Sc. in the subject of Public Health. In order to obtain any of these degrees it is necessary that a student shall have passed at least the first four years of his curriculum in attendance upon the classes of the University.

Degrees of Bachelor of Medicine and Bachelor of Surgery.—The student must have passed either the Matriculation Examination of the University or one of the following examinations, which will be accepted in lieu thereof for the present:—(*a*) The previous examination of the University of Cambridge; (*b*) Responsions of the University of Oxford; (*c*) The matriculation examination of any other University in the United Kingdom; (*d*) The leaving certificate (higher) of the Oxford and Cambridge Boards; (*e*) The Oxford or Cambridge junior local examination (first or second class honours); (*f*) The Oxford or Cambridge senior local examination (honours); (*g*) The College of Preceptors examination for first-class certificate.

Matriculation Examinations are held in June and September each year.

Degrees of Doctor of Medicine and Master of Surgery.—Candidates for either of these degrees will be required either—(*a*) To present a thesis embodying original observations in some subject embraced in the medical curriculum and approved by a Board of Medical Examiners; or (*b*) to pass a general examination (written and practical) in medicine or surgery, according to the degree desired. The University also grants degrees in public health, for which ample provision has been made.

Dental Department.—The University grants the Degrees of Bachelor and Master of Dental Surgery (B.D.S. and M.D.S.).

The General and Queen's Hospitals.—The practices of these hospitals are amalgamated for the purpose of clinical instruction under the direction of the Birmingham Clinical Board, by whom all schedules will be signed and all examinations conducted. The hospitals have a total of upwards of 400 beds. 6,000 in-patients and 80,000 out-patients are treated annually, and many valuable posts are open to students at both.

Further information can be obtained from Professor Windle, Dean, Medical Faculty.

UNIVERSITY OF LIVERPOOL.

Students may now enter for the degrees of the University of Liverpool, or may study for the degrees and qualifications of the various other licensing bodies.

Hospitals.—Students may take out their clinical work at the Liverpool Royal Infirmary, the David Lewis Northern Hospital, the Royal Southern Hospital, or the Stanley Hospital. Particulars as to fees, appointments, &c., may be obtained from the Secretaries of the Medical Boards of these institutions. The practice of the Lying-in, Eye and Ear, Women's, Children's, Dental, and Skin Hospitals is also open to students of the Faculty of Medicine.

Fellowships and Scholarships.—Fellowships, Scholarships, and Prizes of over £700 are awarded annually. (*a*) A Holt Fellowship in Pathology and Surgery, of the value of £100 for one year, is awarded annually by the Medical Faculty to a senior student possessing a medical qualification. The successful candidate is required to devote a year to tutorial work and investigation in the Pathological department. (*b*) A Holt Fellowship in Physiology, awarded under similar conditions, also of the value of £100 for one year. (*c*) A Robert Gee Fellowship in Anatomy, awarded under similar conditions, of the value of £100 for one year. (*d*) An Alexander Fellowship for Research in Pathology of the annual value of £100, renewable. (*e*) A Johnson Colonial Fellowship in Pathology and Bacteriology (£100 a year, renewable). (*f*) A John W. Garrett International Fellowship in Physiology and Pathology (£100 a year, renewable). (*g*) An Ethel Boyce Fellowship in Gynæcological Pathology (£100 a year, renewable). (*h*) Two Lyon Jones Scholarships, of the value of £21 each for two years, are awarded annually—a Junior Scholarship, open at the end of the first year of study to Liverpool University students in the subjects of the first M.B. Examinations, and a Senior Scholarship, open to all students in the school at the end of the second or third year of study, in the subjects of Anatomy, Physiology, and Therapeutics. (*i*) The Derby Exhibition of £15 for one year is awarded in Clinical Medicine and Surgery in alternate years. Students may compete in their fourth and fifth years. In 1903 the subject will be Clinical Medicine. (*j*) The Torr Gold Medal in Anatomy, the George Holt Medal in Physiology, the Kanthack Medal in Pathology, the Robert Gee Book Prize, of the value of £5, for Children's Diseases, and numerous class prizes are awarded annually.

Entrance Scholarships.—Four Robert Gee Entrance Scholarships, of the value each of £25 for one year, are offered annually for competition. The holder is

required to take out the Science Course for the University Degree in Medicine.

Communications should be addressed to the Dean, Professor Benjamin Moore, M.A., D.Sc., the University, Liverpool.

THE ENGLISH COLLEGES.

THE medical corporations in England are the Royal College of Physicians of London, the Royal College of Surgeons of England, and the Society of Apothecaries of London. The two Royal Colleges now co-operate to hold a series of examinations, on passing which the candidate receives the diploma of Licentiate of the Royal College of Physicians (L.R.C.P.), and Member of the Royal College of Surgeons (M.R.C.S.). The Society of Apothecaries grants a complete diploma in medicine, surgery, and midwifery.

CONJOINT EXAMINING BOARD IN ENGLAND.

Candidates for the above licences are required to complete five years of professional study at recognised medical schools and hospitals, after passing the preliminary examination, of which six months may be spent at an institution recognised by the Board for instruction in chemistry, or one year may be passed at an institution recognised by the Board for instruction in chemistry and biology, to comply with the following regulations and to pass the examinations hereinafter set forth.

Professional Examinations.—There are three examinations, each being partly written, partly oral, and partly practical. These examinations will be held in the months of January, April, July, and October, unless otherwise appointed, fourteen clear days' notice before the day on which the examination commences being required, the candidate transmitting at the same time the required certificates.

The subjects of the first professional examination are chemistry and physics, practical pharmacy, and elementary biology. A candidate is allowed to take this examination in three parts at different times. Rejection entails a delay of not less than three months from the date of rejection, and the candidate will be re-examined in the subject or subjects in which he has been rejected. If referred in chemistry or biology, he must produce evidence of further instruction at a recognised institution. Practical pharmacy may be passed at any time during the curriculum. Any candidate who shall produce satisfactory evidence of having passed an examination for a degree in medicine on any of the subjects of this examination conducted at a University in the United Kingdom, India, or in a British Colony, will be exempt from examination in those subjects in which he has passed.

The fees for admission to the first examination are as follows :—For the whole examination, £10 10s. ; for re-examination after rejection in Part I., £3 3s. ; and for re-examination in each of the other parts, £2 2s.

The subjects of the second examination are anatomy and physiology. Candidates will be required to pass in both subjects at one and the same time. Candidates will be admissible to the second examination at the expiration of two winter sessions and one summer session (or fifteen months during the ordinary sessions) from the date of registration as medical students, and after the lapse of not less than nine months from the date of passing Parts I. and III. of the first examination.

A candidate referred at the second examination will be required, before being admitted to re-examination, to produce a certificate that he has pursued, to the satisfaction of his teachers, in a recognised place of study, his anatomical and physiological studies during a period of not less than three months subsequently to the date of his reference.

The fees for admission to the second examinations are : £10 10s. for the whole examination, and £6 6s. for re-examination after rejection.

The subjects of the third and final examinations are : —Part I. Medicine, including medical anatomy, pathology, practical pharmacy, therapeutics, forensic medicine and public health. Candidates who have passed in practical pharmacy at the first examination will not be re-examined in that subject at the third examination. Part II. Surgery, including pathology, surgical anatomy, and the use of surgical appliances. Part III. Midwifery and gynæcology. Candidates may take this examination in three parts separately, or they may present themselves for the whole examination at one time.

Fees for admission to the third or final examination are as follows :—For the whole examination, £15 15s. Part I.—For re-examination in medicine, including medical anatomy, pathology, therapeutics, forensic medicine, and public health, £5 5s. ; for re-examination in practical pharmacy (if taken at this examination), £2 2s. Part II.—For re-examination in surgery, including pathology, surgical anatomy, and the use of surgical appliances, £5 5s. Part III.—For re-examination in midwifery and gynæcology, £3 3s.

A candidate referred on the third or final examination will not be admitted to re-examination until after the lapse of a period of no less than three months from the date of rejection, and will be required, before being admitted to re-examination, to produce a certificate, in regard to medicine and surgery, of having attended the medical and surgical practice, or the medical or surgical practice, as the case may be, during the period of his reference ; and in regard to midwifery and diseases peculiar to women a certificate of having received, subsequently to the date of his reference, not less than three months' instruction in that subject by a recognised teacher.

REGULATIONS FOR COLONIAL, INDIAN, AND FOREIGN CANDIDATES, AND UNIVERSITY CANDIDATES.

Persons holding a Colonial, Indian, or a foreign qualification entitling them to practise medicine in the country of origin, and conferred after a course of study and examinations equivalent to those required by the Royal Colleges, are admissible to the second and third (final) examinations forthwith.

Members of a University in the United Kingdom are, under certain conditions, eligible for admission to the third (final) examination two years after passing at their University in the subjects included in the first and second examinations of the Board.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

Licentiates.—Candidates are now subject to the regulations of the Conjoint Examining Board in England.

The following by-laws, amended in conformity with the revised regulations of the Conjoint Examining Board, were re-enacted as follows :—

" Every candidate for the College licence (unless specially exempted) shall be required to produce satisfactory evidence of having passed before the commencement of professional study a preliminary examination on subjects of general education recognised by the College.

" Every candidate shall be required to produce satisfactory evidence of having completed five years of professional study, after passing a recognised preliminary examination before admission to the final examination.

" A candidate shall not be admitted to the second examination until the completion of two winter sessions and one summer session (or 15 months during the ordinary sessions) at a recognised medical school, nor until the expiration of one winter and one summer session after passing Parts I. and III. of the first examination.

" A candidate shall not be admitted to the third (or final) examination till the expiration of five winter and five summer sessions from the date of passing the preliminary examinations and of four winter and four summer sessions after passing Parts I. and III. of the first examination, and of two winter and two summer sessions after passing the second examination."

Members.—The membership of the College is granted after examination to persons above the age of 25 years who do not engage in trade, do not dispense medicine, and do not practise in partnership. This diploma is only granted to persons already registered, or who have passed the final examination for the licence.

Medical graduates of a recognised University are admitted to a pass examination, but others must have

passed the examinations required for the licence of the College. The examination, which is held in January, April, July, and October, is partly written and partly oral. It is directed to medicine, and is conducted by the president and censors. Candidates under 40, unless they have obtained a degree in arts in a British University, are examined in Latin, and either Greek, French, or German. Candidates over 40 are not so examined, and the examination in medicine may in their case be modified under conditions to be ascertained by application to the Registrar. The fee for the membership is £42, but if the candidate is a licentiate £15 5s. is deducted. In either case £6 6s. has to be paid before examination.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

MEMBERSHIP.—The candidates are now subject to the regulations of the Conjoint Board.

FELLOWSHIP.—The Fellowship of the College of Surgeons is granted after examination to persons at least 25 years of age, who have been engaged in professional studies for six years. There are two examinations—the first in anatomy and physiology, which may be passed after the third winter session; the second chiefly directed to surgery, which may be passed after six years of professional study. The second examination may be passed before attaining the age of 25, but the diploma is not granted until that age is reached. Candidates for this part of the examination must have passed the final examination of the Conjoint Board in England, and have been admitted members of the College before they can be admitted thereto, except in the case of graduates in medicine and surgery of recognised Universities of not less than four years' standing.

FEES.—First examination, £5 5s.; second examination, £12 12s. The total fee payable on admission to the Fellowship is £31 10s., except for members, when the fee is £21. (The examination fees to the extent of £17 17s. count as part of the total fee.) Further information can be obtained on application to the Secretary of the Royal College of Surgeons, Lincoln's Inn Fields, London, W.C.

There are two examinations—primary and final. The primary examination is held quarterly on the first Wednesday, and on the Monday and Tuesday in the same week, in the months of January, April, July, and October. The final examination is held monthly.

SOCIETY OF APOTHECARIES OF LONDON.

PRIMARY EXAMINATION.—This examination consists of two parts: Part I.—Elementary biology, Chemistry, Chemical physics, including the elementary mechanics of solids and fluids; Heat, Light, and Electricity. Practical chemistry, Materia medica, and Pharmacy. A synopsis indicating the range of the subjects may be obtained on application. Part II.—Anatomy and Physiology and Histology. The examination is held in January, April, July, and October.

The final examination is held monthly, and is divided into Sections 1 and 2.

Section 1 consists of three parts.

Part I. includes: Principles and Practice of Surgery, Surgical Pathology, and Surgical Anatomy, Operative Manipulations, Instruments and Appliances.

Part II. includes: (*a*) The Principles and Practice of Medicine, including Therapeutics, Pharmacology, Pathology, and Morbid Histology. (*b*) Forensic Medicine, Hygiene, Theory and Practice of Vaccination; and Mental Diseases.

Candidates passing either (*a*) or (*b*) will not be re-examined therein.

Part III. includes: Midwifery, Gynæcology, and Diseases of New-born Children, Obstetric Instruments and Appliances. Candidates may enter for Parts I., II., and III. together or separately.

Section 1 of the Final Examination, or any part thereof, cannot be passed before the expiration of 45 months from the date of registration as a medical student.

Section 2.—This section consists of two parts.

Part I.—Clinical Surgery.

Part II.—Clinical Medicine and Medical Anatomy.

Section 2 cannot be passed before the expiration of the fifth year.

FEES.—Primary examination, £10 10s.; final examination, £10 10s.; total fee, £21.

Further information, with particulars as to the course of study and of the certificates required, can be obtained from the Secretary to the Court of Examiners, Apothecaries' Hall, E.C.

This licence is a registrable diploma in Medicine, Surgery, and Midwifery, and qualifies the holder to compete for medical appointments in the Army, Navy, and Indian Services, also for Poor-law, Civil, and Colonial appointments.

The Gillson scholarship in Pathology is of the annual value of £90, tenable for one year, is open to Licentiates of the Society and to candidates for the diploma who obtain it within six months of election to the scholarship. An annual examination in the art of prescribing is held annually, in January, at which the following prizes are awarded:—A gold medal of the value of £6; a silver medal, and a prize of books to the two best candidates.

Ireland.

THE IRISH MEDICAL SYSTEM.

THE system of medical teaching in Ireland differs from that in England in important particulars. In London each clinical hospital has its attached medical school, which is fully equipped, and which educates the students of that hospital and very seldom those of any other. In Dublin, on the contrary, the hospitals and schools are entirely separate (except that Sir Patrick Dun's Hospital is officially connected with Trinity College), and a student of any hospital is free to enter for the whole or any part of his course at any school or hospital he pleases. As might be expected, religion, social rank, and locality of residence have their influence in causing certain classes of students to resort to schools and hospitals suitable to their condition. But scholastic or collegiate regulations impose no restrictions as to the place of study, and as the school and hospital fees are paid in detail in Dublin, and not in a lump sum, as in London, the pupil is free to do as he pleases.

BOARD AND RESIDENCE.

There is in Dublin no organisation for domestic accommodation of medical students, save for those who are passing through Trinity College, in whose case rooms and "commons" (*i.e.*, dinner) are provided at fixed rates. Those who can afford to pay £6 6s. or £7 7s. per month for their lodging and maintenance may find accommodation in the family of some medical man who receives boarders, in which case they become members of the family for the time being. The majority of Dublin students, however, take a lodging in some economical locality, or they "chum" with some other student for the purpose. It is usual to contract with the lodging-house keeper for board or partial board, but some students cater for themselves.

COST OF MEDICAL EDUCATION IN IRELAND.

The cost of obtaining a medical qualification depends to some extent on the qualification sought. In this connection the following tables may be of use to the prospective student:—

COST OF MEDICAL EDUCATION.

School.	Cost.
School of Physic, Dub. Univ. ..	£119 14s.
Royal College of Surgeons School	£124 19s.
Catholic University School ..	£124 19s.
Queen's College	About £110

COST OF DIPLOMAS OR DEGREES.

Qualifying Body.	Cost.
Dublin University;	£27 (to this must be added £83 4s., the cost of obtaining an Arts degree),
Royal University	£15.
Conjoint Royal Colleges ..	£42.
Apothecaries' Hall	£22 1s.

Thus, the absolute payment will amount to somewhere between £125 and £229 18s., according as the teaching of the Queen's Colleges and the degrees of the Royal University. or the teaching and degrees of Dublin University, are taken. For the Conjoint Colleges the entire cost is £166 19s., taking the minimum mode of payment. So that, assuming that extras or voluntary costs are incurred the total will vary, say, from £170 to £200. "Grinding" usually costs £5 5s. for each of the four examinations, but if a student needs private instruction in special subjects he must pay extra for it.

This sum, or something like it, may be expended by the student or his parent in paying for lectures, &c., and examination fees as they fall due, and there is no difficulty in obtaining the needful information for his guidance if he likes to pay for his course in this fashion. If, on the other hand, he prefers to pay a large sum down, he can "apprentice" himself to a teacher who will undertake all monetary responsibility for his education, and who may be able to give him some special advantage as his own pupil at hospital. This so-called "apprenticeship," is very generally a simple contract for the payment of fees, and involves but little special teaching. All the Dublin schools require fees to be paid in advance.

DATE OF ENTRY.

The entry of names and commencement of study in Ireland is *supposed* to date from the 1st of October in each year, but the session really dates from the 1st of November, and the entry of names may be delayed by the dilatory to the 25th of the same month. It should, however, be recollected that no credit is given for studies or attendance until the entry is regularly made. The student must attend three-fourths of the lectures delivered, and if he loses a fortnight at the beginning he must make up for it afterwards by constant attendance.

The student begins work by attending a recognised medical school each morning at ten o'clock, and occupying his day, to five p.m., between lectures and dissections. His vacations are a fortnight at Christmas and a week at Easter, and he finally returns home at the end of June.

PRELIMINARY EXAMINATIONS.

The first act of the student is to pass a preliminary examination, without which he cannot get credit for any medical studies pursued. The next is to commence medical study. This he does by entering for lectures at a medical school. From the school registrar he gets a form of certificate, and his third act is to take it or send it to the Branch Medical Council, 35 Dawson Street, Dublin. He is thereupon placed upon the Register of Medical Students (without fee), and his period of study counts from that date. He must register at the earliest possible moment, or he may lose credit for his work.

The only preliminary examination held specially for medical students is that held conjointly by the Royal Colleges of Physicians and Surgeons, but other examinations, *e.g.*, the public entrance at Trinity College, the matriculation of the Royal University, the Intermediate Education passes in the required subjects, and all other examinations recognised by the General Medical Council are accepted as equivalent.

The subjects of examination as prescribed by the General Medical Council are as follows:—1. English language, including a specified author, dictation, grammar, and composition; also parsing and analysis from the book specified. 2. Latin, including grammar, translation from specified authors, and translation of easy passages not taken from such authors. 3. Elements of mathematics, comprising (*a*) arithmetic, including vulgar and decimal fractions; (*b*) algebra, including simple equations; (*c*) geometry, Euclid, Books I., II., and III., with easy deductions. 4. One of the following optional subjects:—(*a*) Greek, (*b*) French, (*c*) German. The books specified are:—1. English—Shakespeare, "Merchant of Venice." 2. Latin—The first and second books of the "Æneid," or the "Jugurthine Wars," or the third book of Livy. 3. Greek—The first book of the "Iliad," or the first book of Xenophon's "Anabasis." 4. French—Fénélon's "Télémaque," Books I., II., III. 5. German—Schiller's "Wilhelm Tell.'

QUALIFICATION IN IRELAND.

The Medical Licensing Bodies of Ireland are four in number, and, as a rule, students gravitate into one or other of five classes:—*a.* Those who enter Trinity College, and take a full graduation in Arts in addition to their professional degrees. *b.* Those who take the licence of the conjoint Royal Colleges of Physicians and Surgeons. *c.* Those who take the licence of the Apothecaries' Hall. *d.* Those who take their qualifications at the Royal University of Ireland, where graduation in Arts is not necessary. *e.* Those who pursue their studies in Ireland, but who migrate to London, Edinburgh, or Glasgow for their licences. Almost all these last-named emigrants come from the Queen's Colleges, and the greater number of them from Belfast, while the Dublin students qualify, as a rule, in Dublin.

We do not attempt to give details as to the requisite courses of instruction for degrees or diplomata, as our epitome must necessarily be insufficient for the information of the student, and we can occupy our available space with information more useful to him. The official information upon which students may depend can be obtained by sending a note to the Registrars of the Licensing Bodies or Schools.

The Irish Licensing Bodies are as follows;—

THE UNIVERSITY OF DUBLIN.

The University of Dublin grants the degrees of M.B., B.Ch., and B.A.O. to students who have obtained their Arts degree, and who have been for at least five academic years on the books of the Medical School, and the higher degrees of M.D., M.Ch., and M.A.O. to those who have held, or have been qualified to hold, for at least three years, the grade of M.B. and B.Ch. It does not grant degrees to any but full graduates in Arts, consequently its degrees hold the highest rank of social and educational qualifications, and are sought for by those who look forward to occupying the best positions in the profession.

The expense of obtaining the degrees of M.B., B.Ch., and B.A.O. is approximately as follows:—Lectures, £64 11s. 6d.; Hospitals, £55 13s.; Degree Fees, £27.—Total, £147 4s. 6d.

The expense of the B.A., amounting altogether to £83 4s., should be added, making the total cost £230 8s. 6d.

In addition to its ordinary qualifications the University grants the following higher degrees:—

Doctor of Medicine.—To obtain this the candidate must have obtained the degree of M.B., or have been qualified to have obtained it for three years. He must then read a thesis before the Regius Professor of Medicine. Total fee for this degree, £13.

Master of Surgery.—The candidate must be a Bachelor in Surgery of three years' standing, and must then pass an examination in clinical surgery, operative surgery, surgical pathology, surgery, and surgical anatomy (on the dead subject). Fee for degree, £11.

Master in Obstetric Science.—The candidate must have passed the M.B. and B.Ch. examinations, and have completed, in addition to the courses for M.B., B.Ch., a course of obstetric medicine and surgery. He is then required to pass an examination in the following subjects:—Practice of midwifery, gynæcology, anatomy of female pelvis and elementary embryology, and clinical gynæcology. Fee for this degree, £5.

Diplomate in Medicine, Surgery, and Midwifery.—Candidates for the diplomas in Medicine, Surgery, or Obstetric Science must be matriculated in Medicine, and must have completed two years in Arts and five years in Medical studies. The course and examination is the same as for the degrees, except that the lectures and examinations in botany and zoology need not have been taken out or passed, and that the candidate need not

have obtained an Arts degree. Fee for the diplomas in medicine, surgery, and midwifery, £21. A diplomate, on completing his course in Arts and proceeding to the degree of B.A., may become a Bachelor by attending the lectures on botany and zoology, passing the previous medical examination in those subjects, and paying the degree fees.

Qualification in State Medicine.—The candidate must be an M.D. of Dublin, Oxford, or Cambridge, must have completed, subsequent to registration, six months' practical instruction in a laboratory, and also have studied practically outdoor sanitary work for six months, under an approved Officer of Health (*v.* also page 304.).

THE ROYAL UNIVERSITY OF IRELAND.

The Royal University of Ireland is purely an examining body. Its degrees are granted on one year's acts, *i.e.*, the matriculation examination of this University (none other will suffice) and a "first University examination" at the termination of the first year. The cost of the M.B. and M.Ch. of the University, with all the necessary curriculum, is about £125. Some of the Arts examinations are conducted, not only in Dublin, but at certain local centres.

The University confers the following medical degrees:—

M.B., B.Ch., B.A.O., and the higher degrees of M.D., M.Ch., and M.A.O. It also confers a diploma in sanitary science and a diploma in mental diseases.

All degrees are open to persons of either sex.

The University examinations are held in the spring, beginning about May 1st, and in the autumn, beginning about October 1st.

All candidates for any degree must pass the matriculation examination and the first University examination.

The course for the degree of M.B., B.Ch., B.A.O., extends over five years.

Students will be admitted to the first University examination after one year from matriculation. Fee, £1.

The medical course consists of three previous examinations, one at the end of each year, and one degree examination at the end of the fifth year. Fee for each previous examination, £1; for the degree examination, £2; for the diploma. £10.

In addition, the following degrees are granted:—Diploma in Sanitary Science.—Conferred only on graduates in medicine of the University of at least twelve months' standing. Fee, £2. Subjects.—Climatology, chemistry, geology, physics, vital statistics, hygiene, sanitary law.

The M.D. Degree.—Conferred only on graduates in medicine of the University of three years' standing. They must at the same time produce a certificate of having been, for at least two academical years, engaged in hospital or private, medical, surgical, or obstetrical practice, or in the military or naval medical service. Fee, £5. The examination comprises medical diseases and the theory and practice of medicine, including pathology. Every candidate will be examined at the bedside, and required to diagnose at least three medical cases, and prescribe treatment, and to write detailed reports on at least two cases to be selected by the examiners and to discuss the questions arising therefrom.

The M.Ch. Degree.—Conferred only on graduates in medicine of the University of three years' standing, and who can produce a similar certificate of practice to that required for the M.D. degree. Fee, £5.

The examination comprises surgery, both theoretical and operative; surgical anatomy; ophthalmology and otology.

The Mastership of Obstetrics.—Conferred only on graduates in medicine of the University of three years' standing, and who can produce a similar certificate of practice to that required for the M.D. and M.Ch. degrees. Fee, £5.

The examination comprises midwifery and diseases of women and children.

Prizes, &c.—First examination in Medicine. Two first-class exhibitions of £20 each, and two second of £10 each.

Second Examination in Medicine.—Two first-class of £25, and two second-class of £15, and the Dr. Henry Hutchinson, Stewart Medical Scholarships, value £10.

The Henry Hutchinson, Stewart Medical Scholarships in psychological medicine, diseases of the nervous system, and anatomy, physiology and pathology of brain, cord, and nerves. Competition among medical graduates of not more than two years' standing. Fee £2.

Third Examination in Medicine.—Two first-class exhibitions of £30 each, and two second of £20 each.

Medical Degrees Examination.—Two first-class exhibitions of £40 each, and two second of £25 each. One travelling medical scholarship of £100. One medical studentship of £200 per annum, tenable for two years.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.

The examinations held conjointly by the two Colleges are the inlet of most Irish students to the profession, especially of those educated in Dublin. The course, as in other bodies, extends over five years, with examinations at the end of the first, second, third, and final years. These examinations are conducted by examiners chosen by each of the colleges for the subjects appropriate to them. The curriculum has recently been revised, and made of a more practical nature. In common with the English Colleges, the subjects of the First Professional examination may be studied either at a medical school or at an institution other than a medical school recognised by the Colleges, after due inspection, for instruction in these subjects. We recommend students to apply for the official programme to the Secretary of the Committee of Management, Royal College of Physicians, or to the Registrar of either College. In the case of the Preliminary Examination seven clear days' notice must be given to the Secretary; fourteen days' notice are required from candidates for the Professional examination.

The total of the examination fees, spread over the four examinations, is £42, while the school and hospital fees, if taken in Dublin, amount to £124 19s., making altogether £166 19s., exclusive of re-examination fees, which have to be paid in case the candidate fails to pass his examination.

The conjoint Colleges also confer a diploma in Public Health, of which information will be found on page 304.

ROYAL COLLEGE OF PHYSICIANS IN IRELAND.

This College issues a licence in Medicine and a licence in Midwifery to registered medical practitioners.

The subjects of examination for the former qualification are:—Practice of medicine, clinical medicine, pathology, medical jurisprudence, midwifery, hygiene and therapeutics.

The candidate for the licence in Midwifery must produce certificates of having attended a course of lectures on midwifery, and of having attended practical midwifery and diseases of women for six months, at a lying-in hospital or maternity recognised by the College; or, where such hospital attendance cannot have been obtained during any period of the candidate's course of study, of having been engaged in practical midwifery under the supervision of a registered practitioner holding a public medical appointment, the certificate in either case to state that at least twenty labour cases have been actually attended. A registered medical practitioner of five years' standing is exempted from the examination by printed questions.

Fees.—Fee for the licence to practise medicine, £15 15s. Fee for examination for the licence to practise midwifery, £3 3s.

Membership.—The Examinations for Membership are held in January, April, July, and October.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

This College grants a licence in Surgery to registered medical practitioners. Candidates who hold registrable surgical diplomas, including the licence of the Apothe-

caries' Society of London, granted since October, 1886, are admitted to examination without further evidence of study, but candidates who hold medical qualifications only, including the L.S.A. granted before October, 1886, will be required to produce certificates of two courses of lectures in anatomy and dissections, one course of practical histology, one course of lectures in surgery, and one course of operative surgery.

Candidates are examined in surgery, clinical and operative; surgical appliances; and ophthalmic surgery. The fee is £26 5s. The fee for a special examination is £31 10s.

A diploma in Midwifery is also granted after examination to registered medical practitioners. Candidates must produce evidence of (*a*) attendance on a course of lectures on midwifery and diseases of women and children in a recognised school; (*b*) attendance on six months' practice at a recognised lying-in hospital or recognised dispensary for lying-in women and children; and (*c*) of having conducted at least thirty labour cases. The fee for the examination is £15 15s.

Fellowship.—Candidates for the Fellowship of the College must enter their names with the Registrar at least a month before the date of examination, in order that the Council may decide whether to approve of the application. Examinations are held the third Mondays in February, May, and November. If the application is approved, the candidate will be admitted to the next sessional examination or to a special examination if granted by the Council. Candidates are divided into two grades:—

Grade 1.—Licentiates or graduates in surgery of less than ten years' standing.

Grade 2.—Licentiates or graduates in surgery of more than ten years' standing.

Candidates in Grade 1 must pass two examinations—Primary (in anatomy and physiology) and Final (in surgery). Candidates in Grade 2 need pass but one examination in surgery.

Fees.—Grade 1.—For Licentiates of College; Primary examination, £15 15s.; Final examination, £10 10s. Licentiates in Surgery of other licensing bodies: Primary examination, £26 5s.; Final examination, £15 15s. Students of the College: Primary examination, £5 5s.; Final examination, £21. Students of other licensing bodies: Primary examination, £10 10s.; Final examination, £31 10s.

Grade 2.—Licentiates of the College, £26 5s.; Licentiates in Surgery of other licensing bodies, £42.

APOTHECARIES' HALL OF IRELAND (L.A.H.).

This body is authorised to grant a complete qualification in medicine, surgery, and midwifery, recognised and registrable under the Medical Act of 1886, and entitling the holder to occupy medical appointments in all the public services. It also confers the legal right to dispense medicines in Ireland. The examinations are held on the third Monday in January, April, July and October, and the requirements in respect of studies are approximately the same as those of the Conjoint Examinations of the Royal Colleges of Physicians and Surgeons in Ireland. The examination fees payable for the qualifications of L.A.H. are as follows:—First professional, £5 5s.; second, £5 5s.; third, £5 5s.; Final examination, £6 6s.

The fees for re-examination are £1 1s. for each subject, excepting in the subjects of chemistry and ophthalmology, the fees for which are £2 2s.

The fee for final alone is £15 15s., when the other examinations have been taken elsewhere. Candidates may be admitted to a special examination under special circumstances, at an extra fee of ten guineas.

Each candidate must produce evidence of having before entering on medical studies passed a preliminary examination in general education recognised by the General Medical Council, and of having been registered by that Council as a student in medicine. Certificates of medical study will not be recognised if the commencement of the course to which the certificate refers dates more than fifteen days prior to such registration, except in the subjects of physics or biology. This registration is not undertaken by the Hall, but the student must apply to the Registrar of the General Medical Council that he may be so entered. The details of the course of education required and syllabus of the examinations will be supplied an application to the Registrar at 40 Mary Street, Dublin.

Candidates already on the "Register" will receive the diploma of the Hall on passing an examination in medicine, surgery, midwifery, and pharmacy, and paying a fee of ten guineas. If medicine or surgery are required two guineas extra will be charged. The candidate will be exempt from each of the above subjects, which are covered by his previous qualification or qualifications.

In addition to the qualifying diplomas awarded by the above bodies there are diplomas in special subjects awarded as well. These are the licence in Dentistry and the diploma in Public Health.

LICENCE IN DENTAL SURGERY.

THERE is probably no specialty in surgery which gives as great a number of its practitioners a living and the prospect of an income as dentistry. A young man who has got his diploma and knows something of his business, and is willing to attend to it, seldom fails to get a substantial foothold in Ireland in a few years. The Irish L.D.S. is granted by the Royal College of Surgeons.

Course of Study for the Licence in Dentistry.—Candidates are required to pass three examinations, *viz.*:—Preliminary (in General Education), Primary Dental, and Final Dental.

The Primary Dental examination is in (1) Physics, (2) Chemistry, including metallurgy, (3) Anatomy, (4) Physiology and histology, (5) Surgery—all these subjects with special reference to dentistry. The examination fee is £10 10s. The Final examination is in (1) Dental surgery—theoretical clinical, and operative; (2) Dental mechanics—theoretical, clinical, and practical, including metallurgy. The fee for this examination is, for a Licentiate of the College, or Students who have passed the Primary Dental or third Professional, £10 10s.; for any other candidate, £26 5s. Each of these examinations must be preceded by complete courses of study in these subjects.

Exemptions.—Candidates educated in England or Scotland are admitted to the examination on the production of the certificates that would be necessary for both Primary and Final examinations in their own countries. Furthermore, the College may admit to examination, *sine curriculo*, candidates whose names are on the "Dental Register," and who are unable to furnish the certificates required by the foregoing regulations, on presentation of a special schedule of application, accompanied by such certificates they may have of general or professional education, and pay the required fee.

THE DIPLOMA IN PUBLIC HEALTH.

This diploma is granted by Dublin University, the Royal University, and the conjoint Royal Colleges. Every candidate must be a registered medical practitioner. The examination is in:—(1) Chemistry (including chemical physics). (2) Engineering and architecture. (3) Sanitary law and vital statistics. (4) Hygiene. (5) Bacteriology. (6) Meteorology. The General Medical Council recommend that all candidates shall have studied in a special bacteriological laboratory, also for six months as pupil of a working medical officer of health, described, for Ireland, as "the medical officer of health of a county or of one or more sanitary districts having a population of not less than 30,000; or a medical officer of health who is a teacher in Public Health of a recognised medical school."

In addition to taking the prescribed course a candidate for the D.P.H. of the University of Dublin must be a Doctor in Medicine or a graduate in Medicine, Surgery, and Midwifery of Dublin, Oxford, or Cambridge, and his name must have been on the "Medical Register" for at least twelve months before the examination. The Royal University only confers its diploma on its own graduates.

THE IRISH MEDICAL SCHOOLS.

The Irish Medical Schools are as follows:—

THE SCHOOL OF PHYSIC OF DUBLIN UNIVERSITY —

This school is formed by an amalgamation of the School of Trinity College and of the College of Physicians.

Every student of the school must be matriculated by the Senior Lecturer, for which a fee of 5s. is payable, but he need not attend any of the Arts course unless he desires to obtain a University licence or degree in medicine, surgery, and midwifery. No student is permitted to matriculate unless he has passed the entrance examinations of the University, of the Royal University, of the College of Surgeons, or some other examination recognised by the General Medical Council.

Two medical scholarships are given annually at the School of Physic, value £20 per annum, tenable for two years, the examinations for which are held each year in June; one scholarship is given in anatomy and institutes of medicine; the other in zoology, chemistry, botany, and experimental physics.

A prize of £100 is awarded by the Board to the successful candidate at a special examination in alternate years in medicine or in surgery, provided that the merit be deemed sufficient. The successful candidate is required to spend three months in the study of medicine or surgery, as the case may be, in Berlin, Paris, or Vienna. Before he can obtain the first instalment of £50 he must satisfy the Senior Lecturer that he possesses sufficient knowledge of a Continental language to derive full benefit from the prize. The examination is held in June, and is open to students who have passed the Final Examination in Medicine or in Surgery, as the case may be, within two years of the examination.

In order to obtain the second sum of £50 the prizeman must have furnished to the Regius Professor his formal report on the hospitals attended by him within two years from the time of obtaining the prize.

Class prizes are given at the end of the session of between £5 and £10 in value.

The John Mallet Purser Medal, founded by Prof. Purser's past pupils, is awarded annually to the student who, at the ordinary June "Half M.B." Examination in Anatomy and Institutes of Medicine, shall obtain highest marks in Physiology and Histology, provided that he passes the examination in full.

THE ROYAL COLLEGE OF SURGEONS IN IRELAND. SCHOOLS OF SURGERY.—By the amalgamation of the Carmichael College and the Ledwich School with the School of the Royal College of Surgeons, the combined schools form one of the largest medical teaching bodies in Ireland. These schools are attached by Charter to the Royal College of Surgeons. They are carried on within the College building, and are specially subject to the supervision and control of the Council, who are empowered to appoint and remove the Professors, and to regulate the methods of teaching pursued. The buildings have been reconstructed, the capacity of the dissecting room nearly trebled, and special histological, pathological, bacteriological, public health, and pharmaceutical laboratories fitted with the most approved appliances in order that students may have the advantage of the most modern methods of instruction.

The diplomas of the College are open to students of either sex. Separate rooms have been provided, and careful provision made for the instruction and comfort of women students.

Prizes.—The Barker Prize, £21; the Carmichael Scholarship, £15; the Mayne Scholarship, £15. The Gold and Silver Medals in Surgery and the Stoney Memorial Gold Medal in Anatomy.

Class Prizes of £2 and £1, accompanied by medals if sufficient merit is shown, will also be given in each subject. Prospectus and Student's Guide can be obtained on written application to the Registrar, Royal College of Surgeons, Dublin.

THE CATHOLIC UNIVERSITY SCHOOL is situated in Cecilia Street, Dame Street. It prepares students for all medical examinations, particularly those of the Irish Colleges of Physicians and Surgeons, and the Royal University of Ireland. The school has recently been rebuilt and refitted, its working space having thereby been nearly doubled, and several new laboratories, including those for the study of bacteriology and public health, have been added. The institution has also been recently chartered, under the Educational Endowment (Ireland) Act, and it is now controlled by a Board of Governors. The total fees for school and hospital courses is £160, payable as the courses are taken out.

The following Exhibitions are awarded annually:—Two first year's, value £12 10s. each; two second year's, value £10 each; one third year's Royal Exhibition of £12 10s.; one final Conjoint Colleges' Exhibition of £12 10s.; two large gold medals, besides several other class medals.

A Guide for Medical Students, which gives all the information required by parents, and by students who desire to join the medical profession, may be obtained free on application to the Registrar.

THE QUEEN'S COLLEGES—BELFAST, CORK, AND GALWAY.

These three important academic institutions were the special schools of the Queen's University. They have ceased to have any direct relation to a central examining body, but educate students for all colleges and degrees, and are maintained, as hitherto, by a handsome Government grant. The same curriculum as that formerly adopted is continued, and the various exhibitions and scholarships are still available. Each college has the disposal of about £1,500 per annum in scholarships and prizes. The curriculum is generally well adapted for preparation for the Royal University examination. The colleges are well adapted for high-class technical education, having lecture rooms provided with every appliance necessary in the modern training of a medical student. The colleges are completely equipped with students' reading rooms and lending libraries and refreshment rooms, and with all adjuncts to collegiate life, such as literary societies and athletic organisations. The expense of living in the collegiate towns is quite moderate. The course of lectures in the winter session must be diligently attended, no student obtaining a certificate who has not put in three-fourths of a course. The scholarship examinations are held in October.

QUEEN'S COLLEGE, BELFAST.

The total cost of the medical curriculum of the Royal University of Ireland, including examination fees and perpetual fee for the Royal Hospital, but not including fees for the special hospitals, is about £95. If the Conjoint Examination of the Royal Colleges is taken the expense is almost the same.

Clinical instruction is given at the Royal Victoria Hospital. The Maternity Hospital, the Ulster Hospital for Women and Children, the Hospital for Sick Children, the Ophthalmic Hospital, the Ulster Eye, Ear, and Throat Hospital, and the District Lunatic Asylum are also open to students.

Prizes.—(1) Ten medical scholarships each year, value £20 each; (2) two Dunvile studentships (one each alternate year), value £145 each; (3) one Andrews studentship each alternate year, value £145; (4) numerous sessional prizes.

During the summer session special classes are formed in bacteriology and clinical pathology, and during the winter facilities are afforded to medical men to work at these subjects in the pathological laboratories. From time to time lectures and demonstrations are given in the anatomical department on the Advanced Anatomy of the Nervous System, or some other department of applied anatomy.

A pamphlet containing full information can be had on application to the Registrar, Queen's College, Belfast.

QUEEN'S COLLEGE, CORK.

The arrangements in the Faculty of Medicine are made chiefly with reference to the requirements of the Royal University of Ireland, but students proceeding for the examinations of the Conjoint Boards of England, Scotland, or Ireland, the Society of Apothecaries of London, or the Apothecaries Hall of Ireland, can arrange the course of lectures which they attend, and the order in which they attend them, to meet the requirements of those bodies. Certificates of attendance in the college are also accepted by the University of Cambridge. The total fees for the college lectures and

Hospital attendances required by the Royal University of Ireland is about £85.

Clinical instruction is given at the North and South Infirmaries. Students can also attend the Mercy Hospital, the Cork Union Hospital, the County and City of Cork Lying-in Hospital, the Maternity, the Hospital for Diseases of Women and Children, the Fever Hospital, the Ophthalmic and Aural Hospital, and the Eglinton Lunatic Asylum. The winter session commences on October 27th, and ends at the end of April. The courses of the summer session are delivered in the months of April, May, and June.

Scholarships and Prizes.—Eight medical scholarships, two in each of the first four years, of the value of £25 each, and in the fifth year the Blaney Scholarship of the value of £35, and a Senior Exhibition, value £30. Three Exhibitions, one in practical medicine, one in practical surgery, and one in practical midwifery, each of the value of £15. Book prizes at the sessional examinations.

Further information can be obtained in the College Regulations, or on application to the Registrar, Queen's College, Cork.

QUEEN'S COLLEGE, GALWAY.

Clinical teaching is carried on in the Galway Hospital, established as a Public General Hospital (in the place of the County Galway Infirmary) by Act of Parliament (1892). The Galway Fever Hospital is also open to students. The medical lectures are recognised by the Royal University of Ireland and the various Licensing Bodies in the United Kingdom.

Prizes.—There are eight Junior Scholarships in Medicine of the annual value of £25 each. Two are tenable by matriculated students of the first, second, third, and fourth years. The Council has power to award exhibitions for distinguished answering. Sessional prizes are offered in each subject. A Senior Scholarship in Anatomy, value £40, the holder of which is usually appointed Demonstrator, is offered annually for competition, tenable for one year by a student who shall have attended the Medical School of the College for at least two sessions, and shall have obtained a Degree in Arts or Medicine, or a Diploma in Medicine, from a Licensing Body. Scholarship examinations are held at the commencement, and those for Sessional Prizes at the close, of each session.

THE PHARMACEUTICAL SOCIETY OF IRELAND.

The Pharmaceutical Society of Ireland issue two qualifications and a certificate. The qualification of Registered Druggist; the qualification of Pharmaceutical Chemist; and the certificate of competency as Assistant to a Pharmaceutical Chemist.

Registered Druggist.—This qualification entitles the holder to keep open shop for the selling, retailing, and mixing of poisons. In order to obtain it, a person must now have served an apprenticeship or assistantship of four years to an apothecary, pharmaceutical chemist, or to a person who was, or would have been entitled to become, a registered chemist and druggist or a registered druggist. He shall be examined with respect to his knowledge of English orthography and composition, arithmetic, and the weights and measures of the British Pharmacopœia, the appearance and properties of the various drugs and chemicals in general use, and as to the provisions of the Poisons Act. The fee is four guineas—two for examination and two on registration.

Examinations in Dublin (also in Belfast and Cork or other place if 12 candidates offer) on the second Tuesday of January, April, July, and October.

Pharmaceutical Chemist.—The qualification of a pharmaceutical chemist in Ireland confers greater privileges than is the case in England.

The subjects of examination are divided between the "Preliminary" and the "Licence."

The Preliminary examination is held on the first Tuesday and following days of January, April, July and October.

The fee is £2 2s. for the first attempt, and 10s. 6d. for each subsequent examination. Further particulars with reference to the subjects for examination may be obtained from the Registrar. The British Society's examination is accepted in lieu of this, as well as those recognised by the General Medical Council as a preliminary to medical studies.

Pharmaceutical Licence Examination.—This examination confers the title of Pharmaceutical Chemist and the right to compound medical prescriptions. Candidates must be 21 years of age, and must have passed the Preliminary at least a year previously. They must, unless having passed the Preliminary previous to 1884, produce certificates of having served four years as assistant or apprentice to an apothecary or dispensing chemist and four years to a druggist, also a certificate of having attended a course of practical chemistry of not less than three months' duration, and of having actually worked at the bench for 100 hours during the said course at a recognised school. The fee for examination is five guineas, and for re-examination a guinea a id a half. Examinations will be held in Dublin on the second Wednesday and following days of January, April, July and October.

Assistant to a Pharmaceutical Chemist.—The examination for the certificate of competency as an assistant may be described, in brief, as the same as that for the Licence, minus the examination in chemistry and botany, with the fee reduced to one guinea (half a guinea on the second and subsequent attempts). The Preliminary examination must be passed as for the Licence, and the usual 14 days' notice must be given. Candidates must have been engaged in practical pharmacy for four years.

Examinations will be held on the second Mondays of January, April, July, and October, or on such days as the Council may direct.

DEPARTMENT OF AGRICULTURE AND TECHNICAL INSTRUCTION FOR IRELAND.

ROYAL COLLEGE OF SCIENCE FOR IRELAND.

SESSION 1902-1903.

This College, situate in Stephens Green, Dublin, supplies a complete course of instruction in science applicable to the industrial arts, especially those which may be cast broadly under the heads of chemical manufactures, engineering, physics, and natural science. A diploma of Associate of the College is granted at the end of the three years' course. Non-associate students may join for any course required. There are four Royal scholarships of the value of £50 each yearly, with free education, tenable for two years. Two are competed for by the associate students at the end of each session. The chemical, physical, zoological and botanical, geological and mineralogical laboratories and drawing schools are open daily for practical instruction. The Session commences on Thursday, October 1st.

The courses of chemistry, physics, botany, geology, and mineralogy and zoology are recognised by the Royal University of Ireland, and certificates of attendance are granted to medical and other students attending these courses, as also the courses of the chemical, physical, zoological, botanical, and geological laboratories.

THE DUBLIN HOSPITALS.

The clinical hospitals in Dublin are ten in number, exclusive of three lying-in hospitals. There are also two children's hospitals, an orthopædic hospital, a fever hospital, an ophthalmic hospital with two centres, a dental hospital, and other special institutions. Some of the clinical hospitals, though they have no actual or official connection with any school, are in close affinity with certain teaching bodies; while others, again, are without any special connection with any school. While, however, such affiliation of a school or hospital may exist, it should be remembered that the Dublin schools and hospitals are open to all comers, and the student is competent to attend any hospital or any school he wishes, and to change his place of instruction from year to year as he may see fit.

The Irish Licensing Bodies require attendance on hospitals for twenty-seven months, *i.e.*, three winter sessions of six months and three summers of three

months, with the five years of study. The fee at all general hospitals is £8 8s. in winter, and for the summer £6 6s., or £12 12s. for the entire session of nine months if taken together.

GENERAL HOSPITALS.

RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.—The accommodation at these hospitals is as follows:—Hardwicke Hospital, 120 beds; Whitworth Hospital, 82 beds; Richmond Hospital, 110 beds—total, 312 beds. These hospitals are visited each morning at nine o'clock by the physicians and surgeons, and, in addition to the usual bedside instruction, clinical lectures are delivered on the most important cases. Instruction is also given on various special branches of medicine and surgery. The Truss Establishment, for the distribution of trusses to the ruptured poor of Ireland, is connected with these hospitals. There are very large ophthalmic, aural, throat, and gynæcological dispensaries, and instruction in these important subjects is given. Eight resident clinical clerks are appointed each half-year, and provided with furnished apartments, fuel, &c. The appointments are open not only to advanced students, as formerly, but also to those who are qualified in medicine or surgery. A house surgeon for the Richmond Hospital and a house physician for the Whitworth and Hardwicke Hospitals are elected annually, and receive a salary. The Richmond Lunatic Asylum, containing 1,600 beds, adjoin these hospitals.

MEATH HOSPITAL AND CO. DUBLIN INFIRMARY.—This hospital was founded in 1753, and now contains 160 beds available for clinical teaching. A new building for the isolated treatment of fevers, containing 40 beds, has recently been added. The certificates of this hospital are recognised by all the Universities and licensing bodies of the United Kingdom. Medical and surgical resident pupils and clinical clerks and dressers are appointed every six months, and a house surgeon is elected annually. A prospectus giving the complete arrangements for medical and surgical classes for the coming session may be obtained from the Secretary of the Medical Board, Mr. Lane Joynt, F.R.C.S.I., 84 Harcourt Street. Dublin.

THE ADELAIDE MEDICAL AND SURGICAL HOSPITALS are in Peter Street, and occupy a central position within a few minutes' walk of the College of Surgeons and Trinity College. From October 1st, the physicians and surgeons visit the wards and give instruction at the bedside at the advertised hours. There is a large detached fever hospital, and also wards for infants and children. Operations are performed, except in cases of urgency, at 10 a.m. on Tuesday, Thursday, and Saturday. Special hours are devoted to clinical instruction in the diseases peculiar to women, and students are individually instructed in the use of the stethoscope, ophthalmoscope, laryngoscope, and microscope; also special instruction is given on practical pathology and X-ray photography. Three resident pupils are selected half-yearly and a house surgeon annually. Prize examinations, including examinations for the Hudson Scholarship, £30 and a gold medal, and a senior prize of £10 and a silver medal, in addition to surgical and medical prizes, are held at the termination of the session. The large dispensaries afford facilities for the study of eye, ear, throat, and cutaneous diseases, as well as of minor surgery and dentistry. Further particulars from Mr. Heuston, F.R.C.S.I., 15, Stephens Green North

THE ROYAL CITY OF DUBLIN HOSPITAL.—This hospital is situated in Upper Baggot Street, about ten minutes' walk from the Royal College of Surgeons and Trinity College. It has just been enlarged and improved to a very considerable extent. A special course of instruction is given on ophthalmic and aural disease. There are special wards for the treatment of diseases of the eye, of children, and of women, and practical instruction is given on diseases peculiar to women; there is also a separate building for infectious diseases. Clinical clerks to the physicians and dressers to the surgeons are appointed from the most deserving of the class. A new operation theatre, sterilising room, and anæsthetic room have been constructed in accordance with the most modern surgical requirements. A Röntgen-ray and light treatment of lupus department has recently been added. A resident medical officer is elected annually, and resident medical and surgical pupils are appointed from among the past and present students of the hospital. Operations are performed on Tuesdays, Thursdays, and Saturdays, at 10 a.m. Full particulars can be had on application to Mr. G. Jameson Johnston, M.B., F.R.C.S.I., Hon. Sec. Med. Board.

SIR PATRICK DUN'S HOSPITAL is situated on the south-eastern side of the city, and about half a mile from the University School of Physic. It is officered exclusively by the professors and examiners in that school. Formerly all University students were compelled to attend this hospital, which was purely a medical institution, but some years ago the obligation was removed, and the hospital was opened for surgical cases. It is now free to all students. There is a special wing devoted to fever cases, and regular clinical instruction is given by the members of the medical staff throughout the winter and summer sessions. Special classes for students commencing their hospital studies will be held in these departments during the months of October, November, and December. They will embrace the elements of medicine and surgery, including note-taking. Opportunities are also afforded to students for examining cases of throat, ear, and eye diseases, as well as for performing minor surgical operations and bandaging. In the X-ray Department opportunities are given the members of the hospital class of seeing the various applications of the X-rays to the diagnosis and treatment of injury and disease.

MATER MISERICORDIÆ HOSPITAL.—This hospital, containing 335 beds, is open at all hours for the reception of accidents and urgent cases. Fifty beds are specially reserved for the reception of patients suffering from fever and other contagious diseases. A course of lectures and instruction on fever will be given during the winter and summer sessions. A certificate of attendance upon this course to meet the requirements of the various licensing bodies may be obtained. Opportunities are afforded for the study of the diseases of women in the wards under the care of the obstetric physician, and at the dispensary, held on Tuesdays and Saturdays. Lectures on clinical gynæcology will be delivered on Saturdays at 11 a.m. Ophthalmic surgery will be taught in the special wards and dispensary. A special course of instruction in pathology and bacteriology, as applied to medicine, will be given. Connected with the hospital are extensive dispensaries, which afford valuable opportunities for the study of general, medical and surgical diseases, accidents, &c. Leonard Prizes: One gold and one silver medal will be offered for competition annually in the subject of medicine, and one gold and one silver medal in the subject of surgery. Junior Leonard Prizes: Two prizes of the value of £3 and two prizes of the value of £2 will be offered for competition in medicine and surgery respectively.

MERCER'S HOSPITAL.—This hospital, founded in 1707, is situated in the centre of Dublin, in the immediate vicinity of the Schools of Surgery of the Royal College of Surgeons, the Catholic University School of Medicine, and within fifteen minutes' walk of Trinity College. It contains 120 beds for medical and surgical cases, and arrangements have been made with the medical officers of Cork Street Fever Hospital whereby all students of this hospital are entitled to attend the clinical instruction of that institution and become eligible for the posts of resident pupil, &c. There is a large out-patient department, and a special department for diseases peculiar to women. There are also special wards for the treatment and study of children's diseases. During the past few years the hospital has undergone extensive alterations in order to bring it up to modern requirements. A house surgeon is appointed annually. Five resident pupils are appointed, each for six months, and clinical clerks and dressers are appointed monthly from among the most deserving members of the class. The certificates of this hospital are recognised by all the licensing bodies. For further particulars apply to

Mr. R. Charles B. Maunsell, M.B., F.R.C.S., 32 Lower Baggot Street, Dublin.

ST. VINCENT'S HOSPITAL, Stephen's Green, Dublin, was established in 1834. The hospital has 160 beds, and in connection with it there is a largely-attended dispensary, a convalescent home, and a nurse's institute. In addition to the ordinary clinical instruction, systematic courses of lectures are given in each department of medicine and surgery, and are illustrated by cases in the hospitals. The resident officers consist of a house surgeon, a house physician, and four resident pupils. Three clinical lectures are delivered daily in the wards, illustrated by selected cases, and beginning at 9 a.m. Two gold medals and other valuable prizes and certificates of merit are awarded at the end of each session. A prospectus can be had from Dr. Tobin, Stephens Green.

DR. STEEVENS' HOSPITAL, situated at Kingsbridge, is one of the oldest and largest of the clinical hospitals in Dublin, and contains over 200 beds. Recently, a very fine Nurses' Home has been added to the institution, with accommodation for over seventy nurses. And a new and thoroughly equipped dispensary and out-patient department has been completed and opened to patients. Licensing bodies recognise six months' residence as equivalent to a year's ordinary attendance at hospital. The manufactories and railway works in the neighbourhood supply this hospital with large numbers of accidents and other cases, while the special ward for venereal diseases affords exceptional opportunities for the study of this important subject.

JERVIS STREET HOSPITAL, Dublin.—Jervis Street Hospital is the oldest established in Dublin. The new hospital was completed in 1896, since which time it has been opened for the reception of patients. In addition to large medical and surgical dispensaries, the out-patient department includes special departments for the treatment of diseases of the skin, eye, ear, and throat, and diseases peculiar to women. Two resident surgeons are appointed annually. Clinical clerks and surgeons' dressers are selected from among the most attentive of the advanced students without the payment of any additional fee. Twelve interns are appointed annually, and are provided with apartments, &c., free of expense. Special certificates are given to resident pupils and dressers who have performed their respective duties to the satisfaction of the physicians and surgeons. Gold and silver medals are given after examinations held at the close of the summer session.

SPECIAL HOSPITALS.

The special hospitals of Dublin are the Rotunda, the Coombe, and the National Lying-in-Hospitals, Cork Street Fever Hospital, the Royal Victoria Eye and Ear Hospital (amalgamation of St. Mark's Ophthalmic Hospital and the National Eye and Ear Hospital), the Dental Hospital, the Throat Hospital, the Orthopædic Hospital, and the Children's Hospitals in Harcourt Street and in Temple Street.

THE ROTUNDA HOSPITAL.—This, the largest and best-known lying-in hospital of the United Kingdom, is every year becoming more appreciated as a school of midwifery, and as affording peculiar advantages both to the student and the practitioner for acquiring a thorough knowledge of gynæcology. It contains two distinct departments—*viz.*, the lying-in hospital, into which about 1,800 cases of labour are admitted annually, and the hospital for the treatment of diseases peculiar to women, into which some 500 patients are now admitted during the course of the year. The present master, Dr. Purefoy, was previously well known as Gynæcologist to the Adelaide Hospital. There is a large extern maternity in connection with the hospital, more than 2,000 women being attended during the past year at their own homes, and also a large daily dispensary for the treatment of the diseases peculiar to women. Every facility is afforded for the study of the special departments of medicine to which the hospital is devoted, and both students and midwives are granted a diploma on passing an examination. Students have access to a fully equipped Pathological Laboratory under Dr. Neville's direction. Two clinical clerks, at a salary of £50 per annum each, are appointed every six months from among the students who have attended the full course of instruction in the hospital. A considerable number of female pupils are also yearly trained as nurses and midwives.

COOMBE LYING-IN HOSPITAL.—This hospital, which has been rebuilt and considerably enlarged, and contains 70 beds, was founded in 1826 by Mrs. Boyle, and was incorporated by Royal Charter in 1867. This hospital is situated in the centre of a district densely populated by the poorest of the community, and thus affords the amplest opportunities for practice. It receives about 800 labour cases within its walls, while those attended as extern amount to more than 2,000 in number. Moreover, the gynæcological hospital for the reception of cases of the diseases peculiar to women gives admission to nearly 300 patients annually. A new wing for gynæcological cases has been added. The fee for attendance is £8 8s. for six months as extern, and £18 18s. as intern pupil. During that period, the pupil attends on given days and nights in each week, and takes charge in his turn of any case that may be admitted to the labour wards, or may call for his assistance outside. A clinical clerkship is obtainable half-yearly by all pupils who have obtained their midwifery diploma from the hospital, and special certificates are given. Lectures are delivered in the hospital, and clinical instruction is given daily at the bedside. Nurses who take out the usual hospital course of six months receive special instruction in midwifery, and can obtain their diplomas on the termination of the course.

NATIONAL MATERNITY HOSPITAL.—This institution, under the mastership of Dr. Barry and Dr. A. Horne, is situated in Holles Street.

SIR PATRICK DUN'S MATERNITY.—This is a branch of Sir P. Dun's Hospital, and is under the management of the King's Professor of Midwifery in Dublin University. The department is at present in process of being reorganised.

CORK STREET FEVER HOSPITAL is the only special fever hospital in Dublin. It is supported mainly by an annual Government grant, and capitation grants for patients. Regular clinical instruction is given during the winter and summer session to those who desire a special course in fevers. All particulars may be obtained on application to the Registrar and Resident Medical Officer.

*THE NATIONAL CHILDREN'S HOSPITAL for the treatment of all non-infectious diseases peculiar to children, with which the Pitt Street Children's Hospital, founded in 1821, was amalgamated, is capable of containing 50 beds for the reception of cases of deformity and all other forms of surgical disease. There is a large general dispensary for extern patients held daily from 10 to 11. Operations are performed on Saturday at 12 o'clock. Practitioners and students can attend on application to Mr. Ormsby, F.R.C.S.I.

THE INCORPORATED ORTHOPÆDIC HOSPITAL OF IRELAND.—This hospital was founded in 1876, and contains 65 beds. It is available for every class of deformity amenable to treatment. Particulars may be obtained on application to Mr. R. L. Swan, F.R.C.S.I., 32 Stephens Green.

THE ROYAL VICTORIA EYE AND EAR HOSPITAL consists—until the new combined hospital shall be opened, about January next—of the two institutions which have, heretofore, given special instruction in ophthalmology, separately. They are:—(1) St. Mark's Ophthalmic Hospital and Dispensary in Lincoln Place.—This hospital was founded by the late Sir William Wilde, and contains 50 beds. Clinical lectures are delivered each morning, and operations are performed daily as occasion requires. Instruction in aural surgery is also given. (2) National Eye and Ear Infirmary, Molesworth Street.—This hospital contain 30 beds. Clinical instruction in diseases of the eye, including the use of the ophthalmoscope, is given daily. Operations at at 12 o'clock. Instruction in aural surgery is also given. Afternoon classes for practical instruction in the use of the ophthalmoscope, &c., and for the demonstration

of cases, are formed from time to time by the assistant surgeons.

The Incorporated Dental Hospital, Lincoln Place.—This handsome hospital, recently erected, is the only special Dental Hospital in Dublin. It is officered by a very strong staff of the leading dental surgeons of Dublin, and has a large *clientèle* and extensive practice among the Dublin poor. The fees are £15 15s. for the first year's study, and £12 12s. for second, and proportionately smaller fees for shorter periods.

The City Hospital for Diseases of the Skin.—Senior students are admitted free to the practice of this hospital, which has a large out-patient attendance (nearly 7,000 for year ending August, 1902). Classes of instruction in the use of the Finsen light and X-ray treatment as applied to dermatology, with demonstrations on cases already undergoing treatment, will be held at regular intervals during the winter and summer sessions.

BELFAST HOSPITALS.

Hospital for Sick Children, Queen Street.—This institution, erected by voluntary donations, and supported by voluntary contributions, was opened for the reception of patients on April 24th, 1879. The hospital consists of a medical ward with twenty-eight beds, and one of a similar size for surgical cases. It is strictly non-sectarian in its principles, and is open to all denominations. Children from birth to the age of 12 years, and not suffering from contagious disease, are admissible as in-patients. A very large extern is conducted in the out-patient department between the hours of 9 and 10 a.m., where children from birth to 14 years are attended to. The convalescent home, which is situated at Newtownbreda, contains thirteen cots, and its situation and equipment render it an admirable adjunct to the after-treatment of the cases admitted to the hospital. During the winter session systematic courses of lectures and demonstrations in the medical and surgical diseases of infancy and childhood are delivered in the wards on Wednesday and Friday of each week at 9 a.m.

Mater Infirmorum Hospital.—Established 1883. 160 beds.

The Belfast Maternity Hospital (Incorporated).—Established 1794. 16 beds.—The practice of the Maternity Hospital, the certificate of which is recognised by the Royal University, &c., &c., is open to students. The fee for the session is £2 2s. Resident nurses are also received for training for a period of six months, and a diploma given which is recognised by public bodies. Conditions for such on application to the Matron. During the year 1902, 312 patients were treated in the hospital, and 251 patients at their own homes. Besides this, 538 patients were dealt with in the extern gynæcological department. Clinical lectures and bedside demonstrations are given by members of the staff during both the winter and summer sessions. Students wishing to attend should apply to Dr. H. D. Osborne, 32 Lonsdale Terrace, Belfast, Hon. Secretary to Medical Staff, on or before November 1st and May 1st.

Ophthalmic Institution and Eye and Ear Hospital, Great Victoria Street, Belfast.—Established 1844. New hospital erected, 1867. New extern department and operation theatre added, 1902. This hospital is situated on the main road between Queen's College and the Royal Victoria Hospital. It contains about 30 beds for intern patients, and a large extern department. The latter is open on Monday, Wednesday, and Friday at noon for eye cases, and on Monday and Thursday at noon for ear and throat cases. Special courses of instruction are given during the winter and summer sessions, but students can enter at any time, and can always obtain plenty of practice in ophthalmoscopic work. Full particulars may be had from Dr. Cecil Shaw, 16 College Square East, Belfast.

Royal Victoria Hospital.—Estabished 1814; incorporated by Royal Charter, 1875 and 1898. 209 beds; Convalescent Hospital, 30 beds; Children's Hospital, 40 beds; Consumptive Department, 10 beds.

Ulster Eye, Ear, and Throat Hospital.—Established 1871. New hospital opened 1874. 30 beds.

Ulster Hospital for Children and Women, Mountpottinger, Belfast, is the only hospital in the large part of the city situated on the County Down side of the river. It is placed in a working-class district, and has a great field for its charitable operations. There are in the hospital about twenty-two beds for children and eight for women. There is an extern department for children open every week-day, except Saturday, from 9 till 10, and for women at 11.30, and a special department for diseases of the eye, ear, and throat on Tuesdays and Fridays from 9 till 10. During the summer and winter sessions, clinical instruction is given to students daily, operations being chiefly performed on Wednesday and Saturday. There is a resident midwife for extern work, and every facility is afforded students for attending their cases in the district.

CORK HOSPITALS.

County and City of Cork Hospital for Women and Children.—Established 1874. 90 beds.

County and City of Cork Lying-in Hospital.—Established 1798. 17 beds.

Eye, Ear, and Throat Hospital, Western Road.—Incorporated 1898. 35 beds.

Fever Hospital and House of Recovery.—Established 1801. 110 beds.

Maternity.—Established 1872.

Mercy Hospital.—Established 1857. 80 beds.

North Charitable Infirmary.—Established 1774. 110 beds.

Cork South Infirmary and County Hospital.—Founded 1773. The hospital contains 100 beds, available for clinical instruction, 40 medical and 60 surgical. There are also special wards devoted to the treatment of diseases peculiar to women and children, and a large medical and surgical extern department.

Clinical instruction is given daily during the session from 9.30 to 11.30, in both the medical and surgical wards, and clinical lectures are regularly delivered.

The operation and sterilising rooms are thoroughly up to date. The X-ray department is fully equipped with the newest apparatus necessary for such work. Students are regularly instructed in the methods of using the rays by practical demonstration on the cases requiring their use.

The hospital has been largely availed of by students of the Cork School of Medicine.

GALWAY HOSPITALS.

County Hospital.—Established 1786. 60 beds.

IRISH PUBLIC SERVICES.

The Poor-law Medical Service.

Since the early part of 1899, a vital change has taken place in the Irish Poor-law Medical Service—the service which has, heretofore, absorbed most of the Irish rising medical generation. By the Irish Local Government Act the administration of the system, the appointment and payment and allocation of duties of medical officers was transferred from the old Boards of Guardians, composed in due proportion of members elected by the local voters and members who acted *ex-officio* in virtue of property qualifications, to new boards composed wholly of the elected representatives. This change has had the most disastrous effect upon the service. The *ex-officio* guardians, *i.e.*, the local gentry, were thereby eliminated, and the sole control of the service has been transferred to the elected Guardians, who have, we regret to say, sought to place considerations of economy before everything—before the welfare of the poor, and before the just rights of the medical officer. Questions of religion and politics are so rampant on Irish elected Boards that the medical officer who is at variance on these matters with the majority of the Board who governs him has not a pleasant life. The Irish Medical Association, whose work it is to safeguard the interests and improve the condition of the Poor-law Medical

officer, considers it an imperative duty to point out to young practitioners the following facts:—(1) That the Poor-law Medical Service is one in which there is no promotion. (2) That it is a service where few facilities exist for original research, and still less for further medical culture, especially in the rural districts. (3) That, while medical education has become wider in its requirements, and more costly and difficult to procure, the same or a less rate of payment given to less educated men forty years ago is still offered, and this, too, at a time when the rural prosperity of the country is less, and consequently lucrative private practice more difficult to obtain.

We need go no further than to say that the Irish Poor-law Medical Service is a service to avoid. To all who contemplate entering it we emphatically say, Don't. So important is it that young medical men should recognise what life in the Poor-law Medical Service means at present that we quote a short extract from a letter written by a member of it:—"We have no pay practically; no holidays. We are always on duty. We have no pension. We have no promotion. Consequently, every day spent in such a service is one day worse, which, I think, makes it fairly rank as the very worst service of any kind in the world, for any other service leads a man to promotion or pension. In addition, the fact of a man being in this service, as you know, lowers his social status. Everything points to it being a service to be shunned."

Reforms must come finally, but they will only come, as they have come in other services, in consequence of the dearth of candidates. The various branches of the Irish Medical Association through the country have found it necessary to adopt the following resolution:—"That henceforth no medical man shall apply for or accept any dispensary appointment at a smaller remuneration than £200 per annum, or workhouse appointment under £120 per annum, unless both be held conjointly, when the minimum salary shall be £300 per annum." Already the effect of this is being felt, and many dispensary districts are vacant. We desire to point out to the young qualified man the importance of, in all cases, supporting the interests of the profession as a whole on this important question.

There are 159 workhouses and about 813 dispensary medical officers, besides apothecaries. The number of vacancies that occur annually averages 100. The salary in this service used to average about £114, but is rapidly coming down, and when it is taken into consideration that in the vast majority of rural districts it is necessary to keep one or more horses, the average area being from forty to sixty square miles, it is plain that there will not be a large margin left from the public emoluments.

The medical officer is also *ipso facto* the registrar of births, marriages, and deaths, and medical officer of health for the district, under the Public Health Act, passed in 1873 and amended in 1878. The former office, in country districts, yields between £5 and £10 a year, and the emoluments of the latter appointment in very few cases reach £20, averaging about £12. The medical officer is also vaccinator for the locality, and is required to vaccinate everyone who wishes to come. For each patient a fee of 2s. is paid, along with his salary, by the guardians, and the sum total of those fees varies, according to the populousness of the district, from £4 to £100, an average for the provinces being about £10.

Qualifications.—The qualifications required by the Local Government Board are a licence in surgery, in medicine, and in midwifery; but registration in the "Medical Register," if effected since the passing of the Medical Act, in 1886, fulfils all requirements. The candidate must also be 23 years of age.

The appointment to both workhouse and dispensary lies with the guardians, who elect by vote. As politics and religious feeling run high in Ireland, these elements enter largely into the election of Poor-law medical officers. Family interests also possess great weight. In some districts an attempt has been made to insist upon the candidate being a member of the United Irish League. We need not—we trust—point out to any member of the medical profession that to endeavour to obtain a post on such a qualification is to commit an act which is unworthy of his profession.

Duties.—The duty of the dispensary doctor is twofold. He is to attend his dispensary on a given day or days in the week. Frequently there are two dispensaries in the district, separated from each other by several miles, and he will have, perhaps, to attend two days a week. He has also to visit at any hour of the day or night a sick person for whose relief a visiting ticket has been issued by a member of the committee or the relieving officer, and to continue his attendance as often as may be necessary to the termination of the case. Moreover, he has a great many registry books to keep and a multitude of returns to make, and in many districts he has to make up all the medicines for the poor.

The pressure of these duties is in a great degree dependent on the goodwill of the guardians. If the medical man be a favourite with his masters they will give him very little trouble with "scarlet runners," as the visiting tickets are, from the colour in which they are printed, humorously called, and will be unwilling to trouble him even with cases deserving of personal attendance. If, on the other hand, it is his misfortune to differ from the guardians in religion or politics, his position may become impossible. He may be peremptorily summoned in any weather, at any hour, and to any distance, to a case which he may probably find to be altogether trivial, or to a person whom he may know to be perfectly well able to pay.

Workhouse Hospitals.—The number of unions in Ireland in 159, to each of which is attached a medical officer, who is appointed and controlled by the board of guardians in the same manner as the dispensary surgeon. The salary is usually better than that of the dispensary doctor, and the duties of a more easy and satisfactory description, inasmuch as they are confined to daily attendance at the workhouse hospitals, and no night visits out of doors or long journeys across the country are involved.

THE IRISH LUNACY SERVICE.

This service, at present, affords a comfortable livelihood for 22 Resident Medical Superintendents and 32 Assistants. The Superintendents receive salaries and allowances ranging, according to the number of inmates of the asylum, from £500 to £1,000 a year, and the Assistants receive salaries and emoluments averaging about £200 a year. There are also Visiting Physicians receiving about £120 a year, but this class of officer is being allowed to die out, and no new appointments will be made. The Superintendents and Assistants must devote their whole time to their duties.

Heretofore the appointments of Medical Superintendents have been in the patronage of the Lord Lieutenant, but, under the new Local Government Act, they are in the hands of the County Councils, with the proviso that no one shall be appointed who is not a fully registered practitioner with five years' service as Assistant. The Assistant has been, heretofore, appointed by the Board of Governors, and will, in future, be appointed by the Committee of the County Council to which the management of the the asylum is entrusted. In addition to these officers, there are, in certain larger asylums, Clinical Residents, who receive about £50 a year and full allowances. These appointments afford excellent introduction to the higher places in the service.

OTHER APPOINTMENTS.

There are, in addition to those which we have mentioned, certain emoluments open to medical practitioners in special localities. They are:—

(1) Attendance on the Royal Irish Constabulary. (2) Attendance on the Coastguards. (3) Factory Surgeoncies. (4) Attendance upon the depôt soldiers who are not otherwise provided for.

The Constabulary are paid for at the rate of 2s. per month for each member of the force on duty in the district, including the wives and children of the men, but

not of the officers. This includes the supply of medicines. The appointment to this position rests with the Inspector-General of the Royal Irish Constabulary, who usually acts upon the advice of the local District Inspectors as to the convenience of the men, and, of course, the emoluments depend on the number of Constabulary stations and the number of men in each.

The Coastguard Service.—The duty of the Medical Officer is to attend the men when sick and to examine candidates either for admission or for superannuation. The fees vary from 5s. to 2s. 6d. per visit. The appointments rest with the Admiralty, but are usually secured for the local Poor-law Medical Officer. In this case, also, emoluments depend on the number of stations and men.

Factory surgeoncies are in the gift of the Chief Inspector of Factories in Whitehall. There is a set scale of payment by the factory owner to the inspector for this work, but we believe it is not adhered to, and, in some districts, at all events, the emolument is a matter of arrangement. The amount depends upon the size of the factory, the position being, in Dublin or Belfast, or in other large manufacturing centres, a lucrative one, but in other places scarcely worth taking. The attendance on the military depôts is not worth mentioning.

The names of the Professors, Lecturers, and Hospital Staffs of the foregoing Schools and Hospitals are not included in this place, being found in the advertisement of each Institution, as indicated below.

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		Richmond, Whitworth and Hardwicke	58
Schools.		**Mea h**	56
University of Dublin ...	55	**Adelaide**	56
Royal College of Surgeons ...	59	**Jervis Street**	56
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Catholic University	54	**City Hospital for Diseases of the Skin**	48
General Hospitals:		**Rotunda, Lying-in** ...	55
		Royal Victoria Eye and Ear	54
Royal City of Dublin	58	**National Children's**	53
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Scotland.

SCOTLAND still maintains her educational system at the high level to which it long ago attained, and, with a considerably less numerous population inhabiting her whole area than that of London alone, supports four venerable and historic Universities, each with an honoured past and a magnificent record. The Universities of Edinburgh, Glasgow, Aberdeen, and St. Andrews have sent forth many illustrious graduates in all the different branches of higher learning; few schools can show more gratifying results, and, now that the Carnegie Bequest is in full working order, a University education is within the reach of every Scotch lad, save the very poorest. In Edinburgh and Glasgow those who do not aspire to the honour of a University degree can obtain college diplomas and excellent medical teaching from extra-mural schools of almost equal renown.

The inhabitants of Scotland have always evinced a deeply-rooted dislike for constraint; the regulations of their Universities exemplify this. The student in Scotland is his own master; he lives where he likes, dines where he pleases, and can clothe himself in any kind of garment he chooses. In but one of the Universities have students to don gowns. No doubt the great freedom granted to students occasionally leads to unsatisfactory results, but the advantages which accrue from the system may be held to more than counterbalance the drawbacks. The student is only required by the authorities to attend with due regularity various compulsory classes, to give evidence of diligence in his work, and to conduct himself with proper decorum while within the University precincts. Several halls of residence for students have lately been established, but even here the students are their own masters. Absence of residential colleges implies the absence of college fees, and of the invariable large extras incurred by college life.

The co-existence of teaching and degree-granting Universities and extra-mural medical schools in Scotland forms one of the most important factors in the system of medical education in the country. That obtainable at the Universities is the best of its kind, comprising courses on all branches of special medicine and surgery; at the extra-mural schools the special subjects are perhaps even better treated, as they are taught by specialists themselves. In the way of expense, there is little between the University course and the obligatory curriculum for the Licence of the Colleges. The minimum cost for five years' attendance for the licence may be put down at £120, which includes class and examination fees; and at the Universities at £146, a difference of about £25 a year only.

Perhaps the one blot upon the Scottish system of medical education at Universities arises from the plan adopted at their professional examinations of delegating the examiners' duties to the professors themselves, along with only one coadjutor for each subject. As University students are now allowed to attend one-half of the total number of courses required for graduation outside the University walls, it happens now and again that those that have done so in a subject, upon which they are examined by the professor teaching it, are placed at a disadvantage in not being thoroughly conversant with subjects specially lectured on by examiners during the preceding session. The examining board for the diploma of the Scottish colleges, indeed, is largely made up of the extra-mural lecturers, but the number assigned to each subject is large enough to avoid the examination of a candidate by his own teacher in the majority of instances.

Apart from the educational attractions offered to students of medicine by the Scottish schools, a very important fact aids to explain the reason why so many students from all parts of the Empire enrol their names in their books; the cost of maintenance is less than in England or Ireland. As a general rule the higher the latitude the cheaper is the living in Great Britain. Edinburgh and Glasgow are more economical than London and Dublin; Aberdeen still less expensive.

THE CARNEGIE TRUST.

Through the munificence of Mr. Andrew Carnegie, LL.D., payment is now made "of the whole or part of the ordinary class fees exigible by the Universities from students of Scottish birth or extraction, and of sixteen years of age or upwards, or scholars who have given two years' attendance, after the age of fourteen years, at State-aided schools in Scotland, or at such other schools and institutions in Scotland as are under the inspection of the Scottish Education Department."

The Trust provides for the payment of the class fees of the above students proceeding to graduation in medicine or science. Application for payment of class fees under the conditions of the Trust should be made to the Secretary, Mr. W. S. McCormick, Merchants' Hall, Hanover Street, Edinburgh.

Scholarships, Fellowships, and Grants in aid of original research are now awarded annually by the Trust. For particulars, conditions, &c., apply to the Secretary.

UNIVERSITY OF EDINBURGH.

Four degrees in medicine are granted: Bachelor of Medicine (M.B.), Bachelor of Surgery (Ch.B.), Doctor of Medicine (M.D.), and Master of Surgery (Ch.M.). The first two must be taken together, the last two may be taken separately.

No one is admitted to the degrees of Bachelor of

Medicine and Bachelor of Surgery who has not been engaged in medical and surgical study for five years, after passing a preliminary examination in general knowledge in accordance with the medical ordinances. A degree in Arts or science of a British or other recognised University is held to supersede such preliminary examination. The subjects included in this general examination are English grammar and composition, English history and geography, Latin, arithmetic and the elements of mathematics, and, in addition, as optional subjects, Greek, French, or German.

The *annus medicus* of each year is held to be constituted by at least two courses of not less than one hundred lectures each, or by one of such courses, and two courses of not less than fifty lectures each, exclusive of the clinical courses, in which lectures are given twice a week during prescribed periods. Two years of the five must be spent at the University, the remaining three years at any University of the United Kingdom, or other Universities or Medical Schools recognised by the University Court.

During the first four years the student must attend elementary botany, elementary zoology, physics, practical chemistry, practical physiology, practical pathology, and medical jurisprudence during courses of not less than 2½ months each; public health, not less than thirty lectures; practical anatomy, during two courses of not less than five months each; chemistry, anatomy, physiology, pathology, surgery; materia medica and therapeutics, medicine, and midwifery and the diseases of women and children during courses of not less than five months each. Eight of these subjects must be taken at a University or college affiliated to a University entitled to grant the degree of M.D. He must attend a course of twenty-five lectures on practical pharmacy in a University or recognised school of medicine, or have dispensed drugs for a period of three months in a hospital or dispensary, or in an establishment recognised by the Pharmaceutical Society. He must attend a nine months' course in clinical medicine and in clinical surgery. During the fifth or final year he must be engaged in clinical study for at least nine months. In all, before graduation he must have attended for at least three years a hospital which accommodates no fewer than 80 patients, and possesses a distinct staff of physicians and surgeons, and he must have acted as clerk in the medical and dresser in the surgical wards of such a hospital, and the practice of a dispensary, or of a physician and surgeon. He must also have had approved opportunities of studying (1) operative surgery, (2) mental diseases at a recognised asylum, (3) at a recognised hospital, post-mortems, fevers, and diseases of the eye, and (4) one of the following: Diseases of children, of the ear, nose and throat, or of the skin, (5) vaccination.

He must personally attend at least twelve cases of labour under the superintendence of a registered medical practitioner, or six such cases, and, for at least three months, the practice of a midwifery hospital in which practical instruction is regularly given.

Every candidate must deliver on or before the date for lodging certificates for the final examination (in 1904, April 15th) to the Dean of the Faculty of Medicine

1. A declaration in his own handwriting that he has completed his twenty-first year, or that he will have done so on or before the day of graduation, and that he will not be, on the day of graduation under articles of apprenticeship to any surgeon or other master. (This declaration, along with a statement of studies, is appended to the schedule for the final examination, and must be signed before the schedule is given in.)

2. A statement of his studies, as well in literature and philosophy as in medicine, accompanied with proper certificates.

Each candidate is examined both in writing and *viva voce*:—

1. On zoology, botany, physics, and chemistry.

2. On anatomy, physiology, and materia medica and therapeutics.

3. On pathology.

4. On medicine, surgery, midwifery, forensic medicine, and public health.

The examinations in anatomy, chemistry, physiology, botany, and zoology, materia medica and pathology are conducted, as far as possible, by demonstration of objects placed before the candidates.

Candidates who are ready to submit to an examination in the subjects comprised in the first division, *viz.*, botany, zoology, physics, and chemistry, may be admitted to examination in all or any two of these subjects at any examination held after they have attended a full course in each of the subjects professed.

Candidates who have passed their examination in the subjects in the first division may go up for examination in those of the second division at the end of their third winter session, but may postpone their examination in materia medica and therapeutics until the close of the summer session following.

Candidates who have passed the first and second divisions may be examined in the third division at the end of the fourth winter session.

Candidates who have passed their examinations in the subjects comprised in the first, second, and third divisions may be admitted to examination in the fourth or final division, when they have completed the fifth year of study.

The degree of Doctor of Medicine may be conferred on any candidate who has obtained the degrees of Bachelor of Medicine and Bachelor of Surgery, and who is of the age of twenty-four years, and who produces a certificate of having been engaged, subsequently to his having received the degrees of M.B. and Ch.B., for at least one year in attendance on a hospital, or in scientific work bearing directly on his profession, or in the military or naval medical services, or for two years in practice other than purely surgical. The candidate shall submit to the Faculty of Medicine a thesis certified by him to have been composed by himself, and which shall be approved by the Faculty, on any branch of knowledge comprised in the professional examinations for the degrees of Bachelor of Medicine and Bachelor in Surgery, which he may have made a subject of study after having received those degrees. The candidate will also be examined in clinical medicine and must show practical acquaintance with advanced methods of diagnosis; he *may* take, at option, gynæcology, mental diseases, or diseases of children for one of his three cases. The degree of M.D. is conferred on holders of the degrees of M.B., C.M. (old regulations), on the submission of a thesis approved by the Medical Faculty, provided that the candidate shall have passed the medical preliminary examination in the subjects of Greek and logic, or moral philosophy. Should the candidate elect to do so, he may, however, take the M.D. degree under the new regulations, *i.e.*, substituting an examination in clinical medicine for that in Greek and logic. This course is usually pursued by those who did not pass in these subjects with the rest of their preliminary examinations.

The regulations for the degree of Ch.M. are very similar, the candidate being examined in surgical anatomy, operations on the dead body, clinical surgery, and some of the special branches.

Candidates settled abroad, who cannot appear personally to receive the degree, may, after satisfying the Senatus to that effect, have the degree conferred on them *in absentia*.

Fees:—The fee to be paid for the degrees of Bachelor of Medicine and Bachelor of Surgery is twenty-two guineas, and the proportion of this sum to be paid by a candidate at each division of the examination is registered from time to time in the University Court. The fee for the degree of Doctor of Medicine or of Master of Surgery is ten guineas (old regulations, £5 5s.).

The total expenses of the curriculum, including examination and matriculation fee, is £146.

Bursaries and scholarships open for Session 1903-1904: Among the bursaries and scholarships open during the ensuing year are:—Freeland Barbour Fellowship of £100 in Anatomy, and Physiology, and Pathology. Allan Fellowship of £48 15s. in Clinical

Medicine and Surgery. Heriot bursaries, applications to Treasurer, 20, York Place, before September 15th. Stark scholarship in Clinical Medicine, value £112. Mackay Smith scholarship in Chemistry, value £25. Two Mackie bursaries for students in second and third years, whose pecuniary circumstances need assistance. Applications to Dean by October 1st. Four Buchanan bursaries. Two Sibbald bursaries of £30 a year for three years, particulars from Messrs. Mackenzie, Innes, and Logan, W.S., 23 Queen Street, Edinburgh, before September 15th. Two Thomson bursaries of £25 for four years, one conferred at each preliminary examination in October and March. Five Grierson bursaries (natives of Crawford and Leadhills have a preference). Names must be sent in before October 1st. Two John Aitken Carlyle bursaries of £28 for one year for proficiency in class examinations in anatomy and chemistry or physiology. Four Mackenzie bursaries of £20, in practical anatomy. Renton bursary of £20 for one year, for students attending classes of natural physiology, mathematics, chemistry, or political economy, who also can show they are in need of pecuniary aid. Two Crichton bursaries of £50, for four years, one competed for at each preliminary examination. Buchanan scholarship of £40 10s., for proficiency in midwifery and gynæcology, as shown by class work and in the final examination. Other scholarships are:—The James Scott, £42 10s. annually, in midwifery; the Ettles, £31 5s. annually to the most distinguished graduate; two Hope prizes, £30 annually in chemistry; two Crichton, £100 annually, for research in anatomy and physiology. One Vans Dunlop scholarship in preliminary subjects, value £100. Mouat scholarship in practice of physic, about £55. Houldsworth scholarship in Pharmacology, £40.

Graduation in Science: The University of Edinburgh also possesses a Faculty of Science which may confer two degrees, Bachelor of Science (B.Sc.), and Doctor of Science (D.Sc.). These degrees are given in pure science and in applied science. Candidates for the degree of B.Sc. in pure science must attend at least seven courses of instruction in the subjects selected by them during the course of not less than three academical years. Three of these courses must be on subjects prescribed for the first science examination, and four on those for the final examination. Four of these courses must be taken in the University of Edinburgh. The subjects for the first science examination are:—1, Mathematics or biology (first professional in medicine not accepted as equivalent to latter); 2, Natural philosophy; 3, Chemistry. For the second examination they may be selected from among the following: Mathematics, physics, astronomy, chemistry, anatomy, physiology, geology, zoology, and botany. Graduates as B.Sc. may, after five years, proceed to the degree of D.Sc., undergoing an examination in the subjects chosen, and presenting a thesis founded on original work.

Graduation in Public Health: Similar degrees are conferred in Public Health. Candidates must be graduates in medicine of a University recognised by the University Court, and must matriculate for the year in which they proceed for examination. Before proceeding to the first examination they must produce evidence that (1) they have worked at least twenty hours a week during a period of not less than eight months, after taking their medical degree, in a recognised Public Health laboratory. Five of these months must be spent consecutively in the Public Health Laboratory of the University of Edinburgh, and (2) have attended a course of lectures on physics in addition to that qualifying for graduation in medicine, and one, of at least three months' duration, on geology, such as the Senatus may approve of.

Candidates for the second examination of B.Sc. in Public Health are not admitted until at least eighteen months have elapsed after having passed M.B., Ch.B., or sooner than six months after the first examination. They must have attended two separate courses of Public Health, of at least forty lectures each, one dealing with medicine, the other with engineering, each in its relation to public health, in such manner as the Senatus shall determine. They must also have studied practical sanitary work under a Medical Officer of Health for six months, have had three months' clinical instruction in a recognised fever hospital, and three months' instruction in mensuration and drawing.

Full details of the subjects included in the different courses are given in the official programme of the Faculty of Science, which may be obtained from the University (price 2d.).

In a similar manner to that described under degrees in pure science, a B.Sc. may after five years proceed to take the degree of D.Sc. in Public Health.

Fees for Science Degrees: B.Sc., first examination, £3 3s.; B.Sc., second examination, £3 3s.: D.Sc., £10 10s.; total, £16 16s.

University Hall, Edinburgh.—In an educational number it is worth while to call attention to the advantages now offered to students coming to Edinburgh to study, in the shape of social residences akin to, though very much less pretentious than, the English University colleges. During the past six years several buildings have been acquired in Edinburgh for this purpose, in which students can live in a self-governing community. In each house there are private studies with or without bedrooms, and common sitting and dining rooms. The charges vary from 7s. 6d. to 22s. 6d. per week. The residents elect a treasurer from among their number who acts as intermediary between them and the housekeeper or servants. It is a satisfactory indication of the comfort of the Hall that several graduates now live in it and are willing to help or coach the undergraduates for moderate fees. To gain admission two references must be produced from past or present residents. These are considered and voted on at a house meeting. In all disputed points Professor Geddes is the referee, while Dr. Ricardo Stephens is the rent treasurer, who will supply any further information required. The Hall is an admirable place for parents to send their sons to. Any unruly member may be expelled by a meeting of the residents similar to that held for elective purposes

Medical School for Women.—The medical teaching of women in Edinburgh is carried on by the Scottish Association for the Medical Education of Women (the Secretary, Minto House, Chambers Street). The classes are conducted by the lecturers of the Medical School of the Royal Colleges, and qualify both for the Edinburgh University degree and for the Licence of the Triple Board. The classes are for women alone. The University of Edinburgh does not recognise certificates presented by female candidates for mixed classes without special cause shown. Women students are eligible for the benefits of the Carnegie Bequest.

UNIVERSITY OF GLASGOW.

The University of Glasgow is both a teaching and an examining body, but admits to examination only those candidates whose course conforms to its own regulations. Within certain limits provision is made for accepting instruction given by recognised medical schools and teachers; but eight of the subjects other than clinical must be taken in this or some other recognised University entitled to confer the degree of M.D., and at least two years of the course must be taken in Glasgow University. Under the new regulations, laid down in Ordinance No 14, Glasgow No. 1, of the Commissioners under the Universities (Scotland) Act, 1889, four degrees, open both to men and to women are conferred—M.B. and Ch.B. (always conjointly), M.D. and Ch.M. A preliminary examination must be passed in (1) English, (2) Latin, (3) Elementary mathematics, and (4) Greek, French, or German, with possible option to students whose native tongue is not English in the case of the fourth subject, and on passing, students must register in the books of the General Medical Council. By a regulation recently enacted, it is no longer compulsory to pass in all the four preliminary subjects at once, and they may now be passed at two stages. For M.B. and Ch.B. a curriculum of five years is required. The curriculum closely resembles that at

Edinburgh. The "University Calendar" should be consulted for details.

The fees for M.B. and Ch.B. are £23 2s., and the present fee for hospital attendance is £21. The fee for M.D. is £10 10s., and for Ch.M. is £10 10s.

Bursaries and prizes to the annual amount of about £900 are appropriated to medical students, including an Arthur bursary for women, £25 for three years.

Several bursaries open to students in any faculty are not infrequently held by medical students, and scholarships and Fellowships to the annual amount of £1,600 may be held by medical students who have gone through the Arts course.

Queen Margaret College for Women. — Founded in 1883 (by the Glasgow Association for the Higher Education of Women, which was formed in 1877 with the object of bringing University instruction, or its equivalent, within the reach of women), Queen Margaret College in 1890 added to its faculty of Arts a School of Medicine for Women. This was organised entirely on University lines, and with the view of preparing for University degrees; and when, in 1892, in consequence of the Ordinance of the University Commissioners authorising the Scottish Universities to admit women to instruction and graduation, Queen Margaret College became the Women's Department of the University of Glasgow, its classes in medicine taken previously to its incorporation with the University were recognised as preparing for the degree. A full course of study for M.B. and Ch.B. is given by University professors and lecturers, with excellent facilities for hospital and dispensary work in the Royal Infirmary and other hospitals. A Hall of Residence for the students was founded six years ago. Fees for the classes at Queen Margaret College may be paid by the Carnegie Trustees.

UNIVERSITY OF ABERDEEN.

The University of Aberdeen possesses under its charters the amplest privileges claimed or enjoyed by any academical institution. It confers degrees in the five faculties of Arts, Science, Divinity, Law, and Medicine. It also grants diplomas in Public Health, Agriculture, and in Education. It is, moreover, a teaching body equipped with twelve distinct chairs in the various branches of medicine and surgery, besides a Lectureship in Tropical Medicine. The majority of the professors devote their whole time to the work of the chairs. There are fully-equipped laboratories, the accommodation for which has recently undergone considerable extension. The degrees of M.B. and Ch.B. are conferred together; they cannot be obtained separately. The curriculum of study is nearly the same as in the University of Edinburgh; the regulations in the preceding columns will therefore apply here. Two years must be passed at Aberdeen. With regard to fees, each candidate for the degrees of M.B. and Ch.B. must pay a fee of £5 5s. in respect of each of the first three professional examinations, and £7 7s. for the final examination. Class fees, £3 3s. each. Total cost, exclusive of the fees for degrees, is about £100. Besides the Royal Infirmary, students have the opportunity of attending several other local institutions where special courses of instruction are given. Perpetual fee for hospital practice is only £6. The professional examinations are held twice in each year, namely, in March and July, directly after the close of the winter and summer sessions.

BURSARIES.—Bursaries, scholarships, and Fellowships to the number of fifty, and of the annual value of over £1,150, may be held by students of medicine. See "University Calendar."

THE DEGREE OF M.D.—The degree of Doctor of Medicine may be conferred on any candidate who has obtained the degrees of M.B. and C.M. (Old Regulations), is of the age of twenty-four years, and has been engaged subsequently to his having received the degree of M.B. for two years in attendance in a hospital, or in military or naval medical service, or in medical or surgical practice, and has presented a thesis which has been approved of by the Medical Faculty. Candidates for the degree of M.D. (New Regulations) are required to pass an examination in clinical medicine in addition to presenting a thesis. Similar regulations apply to a degree of Ch.M. (Master of Surgery).

A Diploma in Public Health is conferred after examination on graduates in medicine in any University in the United Kingdom. Regulations may be seen in the "Calendar," or obtained on application to the Secretary the Medical Faculty.

Aberdeen Royal Infirmary.—This is a well-equipped institution, containing 240 beds, and affords excellent opportunities for clinical study to students at the Aberdeen University. The city, moreover, offers inducement in the way of cheaper living and comparative quiet to that obtained in Edinburgh and Glasgow, and will doubtless be preferred by some on this account.

ST. ANDREWS UNIVERSITY.

UNITED COLLEGE ST. ANDREWS AND UNIVERSITY COLLEGE, DUNDEE.

This University (session opens October 9th) grants the degrees of M.B., Ch.B., M.D., and Ch.M. The degrees of the University are open to either sex. For the degree of M.B., Ch.B., two of the five years of medical study must be spent in the University of St. Andrews; the remaining three may be spent in any University of the United Kingdom, or in any foreign, Indian, or Colonial University recognised for the purpose by the University Court, or in such medical schools or under such teachers as may be recognised for the purpose by the University Court. The preliminary examination and the professional examinations are of the same character as in the other Scottish Universities. A Diploma in Public Health is also granted by the University of St. Andrews to graduates in medicine of any University in the United Kingdom. Twelve months must elapse between the date of graduating in medicine and entering for the examinations for the diploma. The course of study required consists of (1) a six months' course of practical chemistry, bacteriology, and the pathology of diseases transmissible from animals to man in a laboratory of the University of St. Andrews; (2) six months' work with a medical officer of health; (3) three months' clinical instruction in infectious diseases. Subjects for first examination:—Chemistry, physics, bacteriology, and meteorology. Second examination:—Sanitation, sanitary law, vital statistics, medicine in relation to public health.

University College, Dundee, was affiliated and made to form part of the University of St. Andrews on January 15th, 1897, and the whole medical curriculum may be taken in the College. The United College, St. Andrews, offers classes for the first two years of professional study.

BURSARIES AND SCHOLARSHIPS.

United College, St. Andrews. — Malcolm bursary £25 a year. Two Berry busaries of £40, tenable for three years, open to men for arts, science, or medicine. Fourteen Taylor-Thompson bursaries, £50 to £30, tenable for one year, partly for two, open to women only proceeding to graduate in medicine.

University College, Dundee. — Eleven entrance bursaries of £15, open to women for arts, science, or medicine, tenable for one year. Four £20 and three £15 second year bursaries for men or women in arts, science, or medicine, tenable for one year. Four £20 and two £15 third year bursaries for men or women in arts, science, or medicine, tenable for one year. Two Educational Trust bursaries of £25, tenable for three years. Applicants must have attended a public or State-aided school in Dundee for at least one year before examination. Bute bursary, annual income from £1,000 (men only).

Preliminary Examinations.—The dates of the next two examinations are September 26th, 1903, and March 26th, 1904. Schedules (obtainable from the Secretary of the University) to be returned filled up, and fees paid by September 13th, 1903, or March 7th, 1904.

Fees for Degrees.—Total fees for M.B., Ch.B., are the same as at other Scottish Universities, *i.e.*, 22 guineas (payable in instalments). Fee for the degree of M.D.

and also for that of Ch.M., is 10 guineas in each case. For the Diploma of Public Health examinations the fee is £5 5s. for each of the two examinations.

Class Fees.—The fee payable in each of the following separate classes is 3 guineas, *viz.*, in Chemistry, Practical chemistry, Physics, Zoology, Botany, Physiology, Practical physiology, Anatomy, Practical anatomy, Materia medica, Practical pharmacy, Pathology, Practical pathology and Bacteriology, Medical jurisprudence and Public Health, Medicine, Surgery, Operative surgery and Midwifery.

In Clinical Medicine, Clinical Surgery, Ophthalmology, Diseases of Throat and Ear, and Mental Diseases the class fees are 2 guineas each, and in Fevers 1 guinea. For the Chemistry required for the D.P.H. the fee is 7 guineas. A special class is also held for the D.P.H., for which the fee is 3 guineas.

Dundee Royal Asylum.—The appointments include a qualified resident assistant and two resident clinical clerks. Clinical instruction is given.

Further information will be found in the Calendar of the University, published by Messrs. Blackwood and Sons, Edinburgh, or can be had of the Dean of the Medical Faculty, Professor Weymouth Reid, F.R.S.

Dundee Royal Infirmary. — The Infirmary contains 300 beds, with a special ward for the treatment of children. Three resident qualified assistants are appointed annually. Clinical clerks and dressers are attached to the physicians and surgeons, and students are appointed to assist in the post-mortem room. Out-patients are seen daily at 9 a.m. The instruction given at the Infirmary is recognised for purposes of graduation by the Scotch Universities, the University of London, the University of Cambridge, the Royal University of Ireland, and by the Royal Colleges of England and Scotland. Hospital Ticket for the Infirmary, £2 2s. each session, or £3 3s. a year. Further information on application to the Medical Superintendent.

THE COLLEGES.

The Royal College of Physicians of Edinburgh, the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow have made arrangements by which, after a series of examinations, the student may obtain the diploma of the co-operating bodies.

The holders thereof are enabled to register three diplomas under the Medical Acts, *viz.*, Licentiate of the Royal College of Physicians of Edinburgh, Licentiate of the Royal College of Surgeons of Edinburgh, and Licentiate of the Faculty of Physicians and Surgeons of Glasgow. The diplomas are also recognised by the Army, Navy, and other public bodies.

The three co-operating bodies grant their *single* qualifications only to candidates who are already registered as possessing another and opposite qualification in medicine and surgery, as the case may be.

Regulations of the Conjoint Board of the Royal College of Physicians of Edinburgh and the Royal College of Surgeons of Edinburgh and the Faculty of Physicians and Surgeons, Glasgow.—The candidate must produce certificates of having attended the following separate and distinct course of lectures, the certificate distinguishing the sessions and the schools in which the courses were severally attended. Anatomy, one course, six months. Practical anatomy, twelve months. Chemistry, one course, six months. Practical or analytical chemistry, one course, three months. Materia medica, one course, three months. Physiology, one course, six months. Practice of medicine, one course, six months. Clinical medicine, nine months. Principles and practice of surgery, one course, six months. Clinical surgery, nine months. Midwifery and diseases of women and children, one course, three months. Medical jurisprudence, one course, three months. Pathological anatomy, one course, three months. The candidates must also produce the following certificates:—(*a*) Of having attended not less than six cases of labour under the superintendence of the practitioner who signs the certificates, who must be a registered medical practitioner. (*b*) Of having attended for three months instruction in practical pharmacy. The certificate to be signed by the teacher, who must be a member of the Pharmaceutical Society of Great Britain, or the Superintendent of a laboratory of a public hospital or dispensary, or a registered practitioner who dispenses medicine to his patients, or a teacher to a class of practical pharmacy. (*c*) Of having attended for twenty-four months the medical and surgical practice of a public general hospital, containing on an average at least eighty patients, and possessing distinct staffs of physicians and of surgeons. (*d*) Of having attended, for six months, the practice of a public dispensary specially recognised by any of the co-operating bodies; of having been engaged for six months as visit-assistant to a registered medical practitioner. (*e*) Of having been instructed in vaccination.

First Examination, Fee £5.—The first examination shall embrace chemistry, comprising the following particulars:—Chemical physics, heat, light, and electricity; the principal non-metallic and metallic elements, and their more common combinations, also the leading alcohols, organic acids, ethers, carbohydrates, and alkaloids; the candidates will also be examined practically in testing; physics and elementary biology. The first examination shall take place not sooner than the end of the first year, including a winter and summer session. Candidates who desire to enter for the first professional examination must apply to the Inspector of Certificates on or before the Friday preceding the day of examination, and must produce certificates of attendance on one course of chemistry, one course of practical chemistry, one course of anatomy, and six months' practical anatomy.

Second Examination, Fee £5.—The second examination shall embrace anatomy and physiology, and shall not take place before the termination of the summer session of the second year of study. Candidates must produce to the Inspector certificates of attendance on the prescribed courses of anatomy, practical anatomy, and physiology.

Third Examination, Fee £5.—Comprises the subjects of pathology, materia medica, and pharmacology and advanced anatomy.

Final Examination, Fee £15.—The final examination shall embrace the principles and practice of medicine (including therapeutics and medical anatomy, clinical medicine): the principles and practice of surgery (including surgical anatomy and surgical pathology); clinical surgery; midwifery and gynæcology, medical jurisprudence and hygiene; and shall not take place before the termination of the full period of study.

Subjects of Preliminary Education: (1) English language, including grammar and composition; (2) Latin, including grammar, translation from specific authors, and translation of easy passage not taken from such authors; (3) elements of mathematics, comprising (*a*) arithmetic, including vulgar and decimal fractions; (*b*) algebra, including simple equations; (*c*) geometry, including the first two books of Euclid; (4) elementary mechanics of solids and fluids, comprising the elements of statics, dynamics, and hydrostatics; (5) one of the following optional subjects:—(*a*) Greek; (*b*) French; (*c*) German; (*d*) Italian; (*e*) any other modern language; (*f*) logic; (*g*) botany; (*h*) zoology; (*i*) elementary chemistry.

Qualification in Public Health: The College of Physicians, in association with the Royal College of Surgeons of Edinburgh and the Faculty of Physicians and Surgeons of Glasgow, confers a certificate of competency in public health. The examinations are held in April and October. Fee, £10 10s.

For the special regulations of the Royal College of Surgeons of Edinburgh, intending candidates should apply to Mr. James Robertson, 48 George Square, Edinburgh; and for those of the Royal College of Physicians, to Dr. R. W. Philip, 45 Charlotte Square, Edinburgh.

The Fellowship of the Royal College of Physicians of Edinburgh is conferred only by election, and the candf-

date must have been a member of the college for at least three years previously, and have attained the age of twenty-seven years.

The Membership is conferred only on a licentiate of a college of physicians or graduate in medicine of a British or Irish University, provided he shall have attained the age of twenty-four years and shall have passed an examination (1) On the principles and practice of medicine, including therapeutics; (2) on one of the following subjects to be selected by the candidate, *in which a high standard of proficiency is expected*:—(*a*) one or more departments of medicine specially professed; (*b*) psychological medicine; (*c*) pathology; (*d*) medical jurisprudence; (*e*) public health; (*f*) midwifery; (*g*) gynæcology. The examination is of a searching character extending over three days, the first of which is devoted to the examination of patients, *viva voce* and practical examination on methods of diagnosis —*e.g.*, microscopy of blood, clinical bacteriology, quantitative analysis, &c., and written commentary on a case examined. The second day is taken up by written papers, and the third by practical examination on special subject and orals.

The fee for membership is 35 guineas, for fellowship 38 guineas, with a stamp duty of £25—£101 13s. in all.

The licence, or single qualification in medicine, is conferred on candidates who already possess a recognised qualification in surgery. The examinations for this licence are held on the first Wednesday of each month, save those of September and October, on medicine, materia medica, midwifery, and medical jurisprudence. The fee is £15 15s., and intending candidates should communicate with the Secretary of the College at least eight days before the date of examination.

The Fellowship of the Royal College of Surgeons of Edinburgh is conferred (except under certain conditions as to age and professional standing) only on candidates who have passed a special examination, and have previously obtained a diploma from the college, or from either of the Colleges of Surgeons of England or Ireland, or the Faculty of Physicians and Surgeons of Glasgow, or the surgical degrees of the Universities of Great Britain, and who are twenty-five years of age. The subjects for examination for those who are already Licentiates of the College are on the principles and practice of surgery, clinical and operative surgery, and one optional subject.

Those who are not Licentiates of this College: on principles and practice of surgery, clinical and operative surgery, surgical anatomy, and one optional subject; and in such supplementary subjects as have not, in an adequate manner, been included in the examination for the registrable surgical qualification possessed by such candidates, and which are required in the examination for Licentiates of this College.

The optional subjects shall embrace: (*a*) Surgery, special branches; (*b*) advanced anatomy and physiology; (*c*) surgical pathology and morbid anatomy; (*d*) midwifery and gynæcological medicine and surgery; (*e*) medical jurisprudence and hygiene; (*f*) practice of medicine and therapeutics. The examinations are written, oral, and practical. Three weeks' notice must be given to Mr. James Robertson, from whom full particulars as to certificates required may be obtained. The fee is £30 for those who hold the diploma of Licentiate of the College, and £45 to others (no stamp duty is payable on the diploma). Registered practitioners, aged not less than 40, who have been in practice for not less than ten years, and who have highly distinguished themselves by original investigations, may under special circumstances be elected without examination. Women are not admitted to the Fellowship.

LICENCE.—The examination embraces the principles and practice of surgery (including operative surgery and surgical pathology), clinical surgery, and surgical anatomy, and shall not take place before the termination of the full period of study. Fee, £15 15s.

WOOD BURSARY.—The examination for the Wood bursary, of £60 per annum, tenable for three years, will take place on October 21st and 22nd, at the college. The subjects will be found in our advertising columns.

DENTAL DIPLOMA.—Every candidate for the dental diploma must have attended the general lectures and courses of instruction required at a University or an established medical or dental school recognised by the College as qualifying for the diploma in surgery. The fee is £10 10s.

Edinburgh Royal Infirmary.—Clinical instruction is afforded at this institution, which contains 780 beds in the building, and 10 beds in a convalescent home under the supervision of professors of the University and the ordinary physicians and surgeons of the Infirmary. Special instruction is given on diseases of women, physical diagnosis, diseases of the eye, ear, throat and teeth, and anæsthetics. Separate wards are devoted to venereal diseases, diseases of women, diseases of the eye, also to cases of incidental delirium or insanity, and three wards are specially set apart for clinical instruction to women students. Post-mortem examinations are conducted in the anatomical theatre by the pathologists. The perpetual fee, on one payment, £12; the annual fee, £6 6s.; half-yearly, £4 4s.; quarterly, £2 2s.; monthly, £1 1s. Separate tickets amounting to £12 12s. entitle the student to a perpetual ticket. No fees are payable for any surgical or medical appointment.

The appointments are as follows:—

1. Resident physicians and surgeons are appointed and live in the house free of charge. There is no salary. The appointment is for six months.

2. Non-resident physicians and surgeons (in the special subjects and for out-patient work) are appointed for six months. These appointments may be renewed.

3. Clerks and dressers are appointed by the surgeons and physicians. These are open to all students and junior physicians holding hospital tickets.

4. Assistants in the pathological department are appointed by the pathologists to conduct post-mortem examinations in the anatomical theatre.

SCHOOL OF MEDICINE OF THE ROYAL COLLEGES, EDINBURGH.

The government of this school, established in 1505, is now vested in a board which is equally representative of the two Royal Colleges and the Lecturers, the school being styled "The School of Medicine of the Royal Colleges, Edinburgh." The present number of lecturers is about sixty, of whom the greater number deliver qualifying courses of instruction of the same duration and scope as those delivered within the University, while a large number of non-qualifying courses on special subjects of interest to medical science, but which are not required for graduation, are delivered both in the winter and summer sessions. The students who attend the classes of the School of Medicine are largely students proceeding to the University degree, as well as those who are intending to take other qualifications, such as the triple qualification of the Royal College of Physicians of Edinburgh, the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow; that of the Royal College of Physicians of London, and the Royal College of Surgeons of England, and the degrees of the different Universities. The number of students attending the school averages 1,300 annually.

The minimum cost of the education in the School of Medicine for the triple qualification of physician and surgeon from the Royal Colleges of Physicians and Surgeons of Edinburgh and the Faculty of Physicians and Surgeons of Glasgow, including the fees for the joint examinations, is about £115, which is payable by yearly instalments during the period of study.

The Winter Session opens October 1st.

GLASGOW EXTRA-MURAL SCHOOL.

St. Mungo's College and Glasgow Royal Infirmary.—This college was incorporated in 1889 under its new title, being formerly known as the Glasgow Royal Infirmary School of Medicine. The Medical Faculty occupies buildings erected for the purpose of the medical school in the grounds of the hospital, and the

laboratories, museums, and lecture rooms are of the most approved description. Attendance on the classes in St. Mungo's College qualifies for the medical degrees of the Universities and the medical and surgical colleges in accordance with their regulations.

The Royal Infirmary, which is at the service of the College for teaching purposes, is one of the largest general hospitals in the kingdom. It has 612 beds available for clinical instruction, including an ophthalmic department, and it has special wards for diseases peculiar to women, for venereal diseases, erysipelas, burns, and diseases of the throat. At the dispensary special advice and treatment are given in diseases of the eye, ear, teeth, and skin, in addition to the large and varied number of ordinary medical and surgical cases—about 78,000 per annum—which in a great industrial centre daily require attention. Students at the college and hospital get the benefit of dispensary experience free of charge, and no better or wider field for seeing hospital practice and receiving clinical experience can be found than in the Glasgow Royal Infirmary.

Appointments.—All appointments are open. There are five physicians' and seven surgeons' assistants, who obtain free board and residence in the hospital and act in the capacity of house physicians and house surgeons, and there is an assistant to the gynæcologist, who boards but does not reside in the hospital. There is also a house surgeon for the ophthalmic department. These appointments are made for six months, and are open to gentlemen who have a legal qualification in medicine and surgery. Clerks and dressers are appointed by the visiting physicians and surgeons. From the large number of cases of acute diseases and accidents of varied character received, these appointments are valuable to students. In the pathological department assistants are also appointed by the pathologist.

Fees.—The fees for Lectures, including Hospital attendance necesssary for candidates for the Diplomas of the English, Scotch, and Irish Colleges of Physicians and Surgeons, amount to £67.

Anderson's College Medical School, Glasgow.—New and excellently equipped buildings were opened in October, 1877, in Dumbarton Road, immediately to the west of the entrance to the Western Infirmary, and within four minutes' walk of the University. Extensive laboratory accommodation is provided for practical anatomy, practical chemistry, practical botany, practical zoology, practical physiology, practical pharmacy, operative surgery. There are also provided a library and reading room, and a students' recreation room. The buildings are constructed upon the most approved modern principles. The dissecting room is open in winter from 9 a.m. to 6 p.m., and in summer from 6 a.m. to 6 p.m. These students are assisted in their dissections by the professor and demonstrators, by whom daily examinations and demonstrations on the parts dissected are conducted. The supply of subjects is ample, and students are consequently provided with parts as soon as they may be ready for them. The dissecting room is provided with a complete series of dissecting specimens mounted in plaster of Paris illustrating the anatomy of the human body. There is also a large Bone Room, furnished with complete sets of painted and unpainted bones.

Class Fees.—For each course of lectures (anatomy, ophthalmic medicine and surgery, aural surgery, diseases of throat and nose, and mental diseases excepted), first session, £2 2s.; second session (in Anderson's College), £1 1s.; afterwards free. For practical classes (except anatomy), viz., chemistry, botany, zoology, physiology, pharmacy, operative surgery, first session, £2 2s.; second session, £2 2s.

Anatomy Class Fees.—Winter: First session (including practical anatomy), £4 4s.; second session (including practical anatomy), £4 4s.; third session, £2 2s. To those who have had the necessary courses of practical anatomy, the fee will be £1 1s. Summer: Lectures and practical anatomy, £2 12s. 6d.

Western Infirmary.—Fees: For hospital attendance, first year, £10 10s.; afterwards free. For each clinical class, in winter, £3 3s.; in summer, £2 2s. After three such annual payments of £5 5s. the fee for each clinical class will be £1 1s. Pathology, each course, £3 3s. Vaccination fee, £1 1s.

Royal Infirmary.—Fees: Hospital practice and clinical instruction, first year, £10 10s.; second year, £10 10s.; afterwards free. Six months, £6 6s.; three months, £4 4s.; pathology, both courses, £4 4s.; vaccination fee £1 1s.

Dental Curriculum.—Students studying with a view to the dental diploma can obtain instruction in the following subjects: Physics, chemistry, anatomy, physiology, surgery, practice of medicine, and materia medica. The special dental courses may be obtained in the Dental School, 5, St. Vincent Street, Glasgow.

POST-GRADUATE COURSES IN SCOTLAND.

In Edinburgh a number of post-graduate courses continue more or less throughout the year.

In Glasgow, special courses in ear diseases are held in November and May at Anderson's College, and Post-graduate courses in pathology and bacteriology at the University in autumn.

THE OPENING OF THE MEDICAL SCHOOLS.

Charing Cross Hospital Medical School—Thursday, Oct. 1st. Introductory Address by Sir Charles Wyndham.
Dental Hospital of London—Thursday, Oct. 1st.
Guy's Hospital Medical School—Thursday, Oct. 1st.
King's College, London, Medical Faculty—Thursday, Oct. 1st.
London Hospital Medical College—Thursday, Oct. 1st.
Middlesex Hospital Medical College—Thursday, Oct. 1st. Introductory Address by Mr. William Hern, M.R.C.S., 3 p.m.
Royal Free Hospital School of Medicine for Women—Friday, Oct. 2nd. Introductory Address by Miss Pace, M.D., 4 p.m.
St. Bartholomew's Hospital and College—Thursday, Oct. 1st.
St. George's Hospital Medical School—Thursday, Oct. 1st, Introductory Address by Dr. W. R. Dakin, F.R.C.P., at 4 p.m.
St. Mary's Hospital Medical School—Thursday, Oct. 1st.
St. Thomas's Hospital Medical College—Thursday, Oct. 1st.
University College Medical School—Monday, Oct. 5th.
Westminster Hospital Medical School—Thursday, Oct. 1st.

PROVINCES.

University of Birmingham—Monday, Oct. 5th.
Cardiff University School of Medicine—Tuesday, Oct. 6th.
Durham University School of Medicine—Thursday, Oct. 1st.
Liverpool University College—Thursday, Oct. 1st. Introductory Address by Sir Dyce Duckworth.
Owens College, Manchester—Thursday, Oct. 1st.
University College, Sheffield—Thursday, Oct. 1st. Introductory Address by Sir Michael Foster, K.C.B., on Oct. 15th.
The Yorkshire College—Thursday, Oct. 1st.

IRELAND.

Adelaide Medical and Surgical Hospitals, Dublin.
Catholic University Medical School, Dublin—Nov. 2nd.
City of Dublin Hospital—Thursday, Oct. 1st.
Dublin University—Thursday, Oct. 1st.
Meath Hospital—Thursday, Oct. 1st.
St. Vincent's Hospital—Thursday, Oct. 1st.
Queen's College, Belfast—Tuesday, Oct. 20th.
Queen's College, Cork—Monday, Oct. 26th.
Richmond, Whitworth, and Hardwicke Hospitals—Thursday, Oct. 1st
Royal College of Surgeons in Ireland Schools of Surgery—Thursday Oct. 1st.
Trinity College School of Physic, Dublin, Dissecting Rooms, &c.—First week in October: Lectures begin first week in November.

SCOTLAND.

Aberdeen University—Tuesday, Oct. 13th.
Dundee University College—Thursday, Oct. 15th.
Edinburgh University—Tuesday, Oct. 13th.
Edinburgh School of Medicine, Rooms and Laboratories—Thursday, Oct. 1st.
Glasgow, Anderson's College Medical School—Thursday, Oct. 15th.
Glasgow, Queen Margaret College School of Medicine for Women—Thursday, Oct. 5th.
Glasgow University—Thursday, Oct. 15th.
Glasgow, St. Mungo's College—Thursday, Oct. 15th.
Glasgow Royal Infirmary—Thursday, Oct. 15th.
Royal Colleges, Edinburgh—Tuesday, Oct. 13th.
St. Andrews University—Wednesday, Oct. 14th.

[END OF THE EDUCATIONAL NUMBER.]

Notes on Current Topics.

Post-Graduate Study.

THE possession of a medical degree or diploma by no means implies that the holder thereof has attained the highest pinnacle of knowledge in the temple of Æsculapius, nor is it to be regarded as a signal for the discarding of text-books or the relinquishing of former studious habits. On the contrary, it may be said that a qualification to practise marks the date of the commencement of a higher degree of studentship, which is characterised by a more intimate acquaintance with human nature, both normal and morbid, than has been possible in the earlier days of medical instruction. With the steady advance of specialism it becomes of increasing importance that every medical practitioner who desires to keep fully abreast of the times should cultivate those opportunties which present themselves of obtaining a more thorough grasp and a greater practical knowledge of some branch of medicine or surgery to which he or she may have a natural bent. To rest on one's oars is only to court failure. In order to meet this special need there have arisen various institutions which afford all the facilities required by qualified men and women in this direction. Thus, in London there is the London Post-Graduate Association (formerly known as the Association of the Metropolitan Schools of Medicine), which admits its ticket-holders to the practice of the eleven larger hospitals and certain of the special ones; the Medical Graduates' College and Polyclinic, which has the advantage of a central position, the West London Post-Graduate College, situated at the West London Hospital, the practice of which is entirely reserved for qualified men; and the North-East London Post-Graduate College at the Tottenham Hospital, to which ladies are also admitted. In Cambridge, Edinburgh, and Belfast facilities are also afforded for medical practitioners to attend courses of instruction in various subjects. Further particulars of these are given elsewhere.

The Evils of the Drug Habit.

THE toleration shown by the body towards the very agent which is slowly, yet surely, working for its ultimate destruction is a remarkable fact. In some instances it almost appears in the light of a protective mechanism, while in others it is nothing more than a gradual adaptation of the physical organism to altered conditions of metabolism. The cry for a "pick-me-up," the demand for a stimulant, in some shape or other, before or after any extra bodily or mental exertion, and the desire for some soothing agent which shall relieve, however temporarily, a distracted mind, are all indications of the unwillingness, real or imaginary, of the generality of mankind—aye, and of womankind also—to place reliance in their own powers of endurance. While it is true that every nation possesses its own national drug, it is equally certain that a very large number of individuals cannot refrain from consuming in private various drugs which, if not deserving the name of national at the present time, bid fair to become so unless the eyes of the public are opened to this great evil which lurks in their midst. Men of talent and brilliance whose mental products have pleased and astonished the world, and women around whose fascination and charm has revolved many a distinguished social circle, have fallen alike victims to this insidious and degrading habit. The false idea that better and more original work can be done by means of such an unnatural stimulus has been the ruin of many noble characters. Whether it be cocaine, morphia, antipyrine, phenacetin—the shameful list grows almost daily—each of which has its devotees, the fact remains that the highest mental and moral principles of the drug-habitué are slowly undermined and dragged down to the dust. The responsibilities of the medical practitioner in prescribing these potent remedies are, therefore, very considerable, while those of the dispensing chemist are hardly less.

The Drop Method of Giving Ether.

THE method of Witzel of administering ether drop by drop has not, in this country, received the attention and trial it deserves. It may be thus briefly described: An hour before the patient is put on the table he is given an injection of morphia, when on the table he is made to count backwards, taking a breath between every two numbers; after he has counted a few numbers, ether is dropped on an ordinary Skinner's mask till he becomes drowsy, chloroform is then substituted, and as soon as reaction is abolished, ether is again administered. The advantages of the method are very obvious, for it does away with what is always a cumbersome and expensive apparatus, and the administration of an overdose is all but impossible. Most anæsthetists, however, and we think rightly, have an objection to a change of anæsthetic from ether to chloroform during an operation, but we hardly think the administration of chloroform, though doubtless it saves time, an essential part of Witzel's method. Care should be used to give the ether slowly and regularly, and to avoid all hurry.

The Endowment of Science.

THE theme of the Presidential Address at the recent meeting of the British Association is one which must appeal to all thinking persons whatever be their social position and professional avocation. The advance of knowledge in particular professions and callings, and the well-being and ultimate prosperity of the community, are in great measure dependent on adequate instruction in science; yet our educational authorities persist in relegating it to a secondary rank, and the Government, unmindful of its responsibilities in the matter, leave its development to private initiative Well might Sir Norman Lockyer warn us of the inferiority which must infallibly result from this systematic neglect. The scientific standard required of medical students is, for the most part, absurdly low, yet whenever an attempt is made to

raise it we are met by the objection that in view of the lack of suitable facilities for teaching science any raising of the standard would be followed by inconvenient depletion of the ranks of the profession. Practical science, and science is nothing if not practical, is not to be learned from books. It can only be taught in properly-fitted laboratories, the cost of which is prohibitive for the majority of institutions. Public opinion is gradually awakening to a sense of the importance of the problem, but the State lags behind and cannot be persuaded to undertake a reform which has become gigantic by reason of the apathy of successive Governments.

The New Regulations in the Medical Department of the Navy.

THE new regulations have now been issued for the entry of candidates for commissions in the medical department of the Royal Navy. Among the innovations we note that in future rank as staff surgeon will be granted, under conditions, at the expiration of twelve years from the date of entry, provided that the officers have passed the examination five years after their entry in the rank of surgeons. Earlier promotion to staff surgeon rank may be conceded to officers who prior to entry have had charge of a civil hospital of not less than 100 beds, and candidates about to occupy such posts may be allowed to do so without forfeiting their seniority for a period not exceeding one year. New regulations are formulated in regard to the voluntary retirement of officers at the expiration of 4, 8, 10, or 16 years' service. Officers withdrawing after four years will have to serve in the Reserve, but officers so serving who are injured or lose their lives in the discharge of their duty will be accorded the same pecuniary position as officers on the active list. These changes remove several anomalies and grievances, and will no doubt enhance the popularity of the Service.

Bubonic Plague in Marseilles.

AN outbreak of bubonic plague is reported to have occurred at Marseilles among the workpeople at a cardboard factory, where a cargo of foreign rags had been transported a few days previously. As usual, the authorities are very reticent on the subject, the deaths being ascribed to pneumonia. Arrangements have, however, been made to isolate the sufferers, and a supply of Yersin's plague serum has been placed at the disposal of the local authorities by the Pasteur Institute. It is confidently asserted that the epidemic has been nipped in the bud, and in such an environment this is a consummation devoutly to be wished.

The Adelaide Coroner and the Skeletons.

THE statement that Dr. Ramsay Smith, Coroner of Adelaide, had sent sundry skeletons and skulls to the University of Edinburgh and to the College of Surgeons is not confirmed; but, whether or not, we see nothing in the published reports to imply wrongful action on Dr. Smith's part. In all probability there is a personal element in the raking up of this alleged scandal, but we shall shortly be in possession of the facts elicited at the inquiry which is at present being conducted into the reputed "irregularities."

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, Sept. 13th, 1903.

TREATMENT OF INSOMNIA IN MENTAL DISEASE.

AT the meeting of the Congress on Mental Affections M. Trenel passed in review the therapeutic and physical treatment of agitation and sleeplessness in mental diseases. Chloral was the oldest known hypnotic applied to the treatment of nervous affections, but possessed a very depressive action on the circulatory system. Although currently employed in repeated and increased doses, no accident was ever observed, although freely employed in cases of mania, hallucination, &c. Chloral was particularly indicated in delirium tremens. In the insomnia of neurasthenic persons small doses were generally sufficient, but it should be carefully prescribed on account of its depressing effect on the heart. Besides chloral, there existed a number of substances more or less allied to it. Chloralmide, croton chloral, chloralose, chloralone, chloral amylene (dormiol), sulphonal, paraldehyde.

Chloralose.—Richet characterised the action of chloralose in certain ways; it resembles chloral, and in others strychnine." He said this on account of the slight exaggeration of the reflexes, trembling and contractions. The sleep produced by chloralose comes on from thirty minutes to three hours after absorption. The dose employed should not exceed ten grains.

Sulphonal, trional.—These agents could provoke in certain persons symptoms of intoxication, yet cases of prolonged employment of these drugs were frequent. The dose of fifteen to thirty grains might be continued three days and then suspended for a few days. Attention should be directed to the kidneys, as those hypnotics were absolutely contraindicated in lesions of those organs. Consequently they should not be employed in aged persons.

Paraldehyde.—The sleep produced by paraldehyde is that which resembles the most normal sleep. It has the advantage, also, of not depressing the heart, not is it accumulative. It is a good agent, inoffensive, and produces the required effect at the dose of one drachm.

Opium.—Opium or its alkaloids might be used against the state of depression and anxiety which is accompanied by a lowering of the arterial tension. It should be avoided in maniacs and delirium tremens, and reserved for melancholia.

Bromide of Potassium was recommended by the rapidity and the regularity of its sedative action; it did not produce sleep directly, but prepared the system for it. It should consequently be associated with some special hypnotic to produce the maximum effect. Bromides were particularly useful in the treatment of nervous excitement.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, Sept. 12th, 1903.

IN the *D. Archiv. f. Klin. Med.*, Dr. Schwenkenbecher has an account of two cases of

LABOUR PARALYSIS (NEURITIS PUERPERALIS TRAUMATICA).

In both cases there was compression of the nerve fibres of the sciatic plexus. Operative measures, as in both cases recorded, *viz.*, extraction by forceps, were the most frequent cause of the affection. Generally

there was disproportion between the size of the fœtal head and the capacity of the pelvis. As a rule there was paralysis in the region of the peroneal nerves. The reason of this is that almost all the peroneal fibres take their origin from the lumbo-sacral trunk, whilst the sacral plexus itself is protected from pressure.

The first case was that of a woman, æt. 29, who had suffered from rickets during childhood. The labour was long and examination revealed a contracted pelvis. A dead child was delivered by forceps. Even a few hours after the termination of the labour the patient could not move the right leg. Four months afterwards there was typical paralysis of the right peroneus, and at the same time excessive disturbance of sensibility. A fortnight later the patient was admitted into hospital. The right peroneal muscle showed partial, the right tibialis anticus, and extens. digit. long. complete, reaction of degeneration.

In Case 2, that of a woman, æt. 23, rheumatic-like pains came on in the pelvis three days after delivery by forceps, the pain radiating into the right leg. There was also disturbance of motility, so that ten days after the confinement the patient could no longer walk. There was then no pain, but burning and numbness in the right knee and foot, and a feeling of great weakness in the right hip. On examination, the right tibialis anticus, the extens. digitorum, and the gluteus maximus showed signs of degeneration. Patellar reflex more active on the left than on the right, the right plantar reflex distinctly stronger than the left.

Prognosis.—In the first patient, the paralysis still persisted a year and a half after it had come on. In the second there was improvement. Of thirty-five cases reported in literature the later result was given: four were quite well, twenty-six were not quite well, and in fifteen complete paralysis persisted. Upon the whole the prognosis, as in paralysis produced by pressure on the tracheal plexus, was not favourable.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, September 12th, 1903.

MYELOMA MULTIPLEX.

AT the "Gesellschaft für Innere Medizin," Jellinek demonstrated Röntgengrammes and specimens taken from a patient he showed to the members three weeks prior, who was suffering from extreme anæmia, and who has since died.

At the post-mortem all the internal organs, as was expected, were in a healthy or rather normal condition. The bony structure seems to be the centre of disease and change, lymphoid centres being present in almost every bone, which seem to have had their first points in the corpus sterni, whence they spread. This bone seems to have been quite transformed into a neoplasm, and substituted itself for the osseous structure. One rib had a similar change in its structure, while the neighbouring tissues were not free from the influence of the retrogressive metamorphosis. In the spongiosa of the cylindrical bones small yellow centres of myeloma were present.

The most interesting changes, however, were met with in the calvarium, which gave one the impression that it was the covering of a mollusc. The tabulco vitrea was quite undermined by the diploë, having broken up the surface at different places where these myelomic centres were present. Here and there were osteoplastic thickenings due to pachymeningitis externa.

The myeloma here had a sort of briny reddish-yellow appearance.

It may be remembered that Jellinek showed this case to the members when alive. The patient was æt. 47, and had been taken ill a year ago with pain in the chest and legs associated with rigor. On February 15th, a fall broke the right femur, and on the 20th of the same month the left was broken. All the internal organs were healthy; red corpuscles, 6,050,000: white, 30,000, and globulin, 50 per cent. It was then diagnosed by Jellinek, but Mannaberg thought it might be osteomalacia. Schlesinger also doubted the case, as no paralysis was to be observed.

Literary Notes and Gossip.

DR. T. J. TONKIN continues in the September number of the *Empire Review* his valuable "Studies on Leprosy in Northern Nigeria."

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MR. R. E. MACNAGHTEN contributes an interesting essay on "The Progress of Temperance" to the current number of *Macmillan's Magazine*.

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IN the September issue of the *Popular Science Monthly*, Dr. Percy G. Stiles discusses the ever-fascinating subject of "Theories of Sleep."

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DR. WOODS HUTCHINSON, the well-known American pathologist, contributes a suggestive essay on "Play as an Education" to the current number of the *Contemporary Review*.

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THE current number of *Nature* contains a short review of Dr. Franz Nissl's remarkable work on the Neurone theory—"Die Neuronenlehre und ihre Anhänger" (Jena: Gustav Fischer).

***

PATHOLOGISTS who are also students of art will be interested in the coloured reproduction of Jacob Jordaen's "St. Martin of Tours exorcising a demoniac," which appears in the current number of the *Studio*.

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IN the last issue of the *Westminster Review*, Mr. H. Rippon-Seymour deals with the recently issued report of the Royal Commission on Physical Training in Scotland; and Mr. J. H. Vines writes on "The Physique of Scottish Children."

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MR. W. E. ADAMS, in his "Memoirs of a Social Atom" (London: Hutchinson and Co.), has interesting chapters on "Degeneracy" and "The Decline of Man," which may well be studied to-day, when so much is being said and written concerning physical degradation and psychological decadence.

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PROFESSOR HAMILTON and Mr. M'Lauchlan Young publish in the current issue of *Public Health* the result of their recent investigations "On the Relationship of Human Tuberculosis to that of Bovines," which are in direct contradiction to those alleged to have been obtained by Koch and Schütz.

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DR. ARTHUR RANSOME, of Bournemouth, has just issued a new work on "The Principles of 'Open-Air' Treatment of Phthisis and of Sanatorium Construction," which is opportune in its appearance and forms a valuable accompaniment to the important series of articles we are publishing on "British Sanatoria for Consumption."

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THE British Antarctic Expedition is the subject of an important paper by Prof. R. A. Gregory in the September *Leisure Hour*. It is accompanied by a portrait of the heroic Lieut. Shackleton, who performed great feats of endurance until he was obliged to return home invalided through the bursting of a blood-vessel. A good chart is given of the South Polar regions of previous expeditions.

***

IT is remarkable to what an extent the illustrated papers seek to portray matters concerning medicine. Should it be considered evidence of a love for the philanthropic or merely an unhealthy interest in the morbid aspects of human life. The *Graphic* for September 12th gives a series of photographs illustrating cancer research at the Middlesex Hospital. One of

them is labelled "Mr. A. G. R. Foulerton in the Laboratory."

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The fifth edition of Mr. James Startin's "Pharmacopœia for Diseases of the Skin" contains a number of very useful formulæ for the local and general treatment of affections of the skin, and they appear to have been selected with discrimination. In addition to the formulæ it contains a chapter of general directions, rules of diet, schemes for the dietetic regimen and a serviceable classification of skin diseases, with a therapeutical index—in short, a very concise and useful little book to have at hand in daily practice.

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A pamphlet lies before us, a reminder that autumn is near at hand, and that it is time for those who have gardens, or who like to brighten their homes in the winter and spring with the flowering bulbs, to make a selection during the next few weeks and to plant them ere it is too late. In the pamphlet before us, "Barr's Daffodils," we have obtained many useful hints, and as the author is the largest grower of bulbs in the country, and many prize sorts are named after him, we need only suggest that, as the said pamphlet is presented free, and it gives cultural hints on the many beautiful hybrids now so highly prized, some of our readers doubtless will be glad to possess it by addressing Messrs. Barr and Sons, Covent Garden, London.

Obituary.

WILLIAM HENRY CORFIELD, M.A., M.D.

Professor Corfield, who died suddenly in Sweden on August 26th, as already stated, was born at Shrewsbury in 1843, and received his preliminary education at Cheltenham Grammar School. In due course he proceeded to Magdalen College, Oxford, and after a brilliant university career he pursued his medical studies at University College, London, taking his M.B. degree at Oxford in 1868, and M.D. in 1872. He was elected a Fellow of the Royal College of Physicians of London in 1875, having been admitted a Member in 1869. In 1868 he was Examiner for Honours in the Natural Science School at Oxford. He early devoted himself especially to hygiene. He was appointed Professor of Hygiene in University College. his Chair being the first of the kind established in London. He also initiated the first hygienic laboratory. He promoted the foundation of the Parkes Museum, and took a prominent part in organising the International Congress of Hygiene and Demography held in London in 1891. He was for many years Medical Officer of Health for St. George's, Hanover Square. In 1899 he was appointed Consulting Sanitary Adviser to H.M. Office of Works. He was also Sanitary Adviser to University College and Hospital. In addition to these public appointments he had a large consulting practice as a sanitary expert.

Dr. Corfield was President of the Epidemiological Society, Past-President of the Society of Medical Officers of Health, and Vice-President of the Sanitary Institute. He was an Honorary Corresponding Member of the Royal Academy of Medicine in Belgium, the Imperial Society of Medicine, Constantinople, and the Italian Royal Society of Hygiene; he was an Honorary Member of the French Society of Hygiene and of the Hungarian Society of Public Health, and a Fellow of the Medical Society of Sweden.

Among his contributions to medical literature may be mentioned "A Résumé of the History of Hygiene" (1870); "A Digest of Facts Relating to the treatment and Utilisation of Sewage" (3rd edition) (1887); "Dwelling Houses; their Sanitary Construction and Arrangements" (of which a fourth edition appeared in 1898); "Health" (1880); "The Laws of Health" (of which a ninth edition was published in 1896); "Disease and Defective House Sanitation" (1896) (which has been translated into French, Italian, and Hungarian); "The Etiology of Typhoid Fever and its Prevention" (1902); co-author of reports of British Association Sewage Committee (1870-6); "A Treatise on Hygiene and Public Health" (1892).

Dr. Corfield's health had been failing for two or three years. In Professor Corfield we have lost one of the pioneers of preventive medicine and a sanitarian of world-wide repute; the medical profession a very distinguished member, while his numerous friends mourn a genial and highly accomplished gentleman.

THOMAS RICHARD JESSOP, F.R.C.S.

We have to record the death of Mr. T. R. Jessop, which took place on September 6th. In 1856 he joined the Leeds School of Medicine, in 1860 he was appointed house surgeon to the Leeds General Infirmary, and in 1870 he was elected Surgeon to the Leeds General Infirmary. For twenty years he served on the full staff of that institution, and it was there that his great reputation was built up. He is credited with the first operation for abdominal pregnancy, due to secondary intra-peritoneal rupture of the gestation sac, in which the lives of both mother and child were saved. It was he who first, in England, successfully removed a sarcoma of the kidney in 1877, and as an operator for stone he had experience beyond that of most English surgeons. In the year 1890 he was appointed Consulting Surgeon to the infirmary, and on the amalgamation of the school with the Yorkshire College he was the first Professor of Surgery. For eleven years he was a member of the Council of the Royal College of Surgeons of England, and in 1901 he was appointed Senior Vice-President, and Bradshaw Lecturer. For many years Mr. Jessop had probably the largest practice of any surgeon in the North of England.

As a lecturer he was highly popular. Though no orator, his language was clear and to the point, and the surgical axioms he laid down remained deeply impressed on his listeners' minds. The students learned to look upon him as their friend as well as teacher, for while demanding from them the best work they could produce, he ever considered their personal welfare and showed an interest in their progress. In diagnosis he was both brilliant and accurate.

Mr. Jessop was essentially a great man and a good man. Prudent, deliberate, and perspicacious, he had nevertheless a charitable neart, and succeeded in endearing himself to all with whom he came into contact.

Medical News.

Suicide of a Walsall Practitioner.

Mr. Adam Gartley Merson, L.R.C.P., L.R.C.S.Ed., of Walsall, committed suicide last week by hanging himself. He had for some time been in indifferent health, and was only 52 years of age.

Sudden Death.

Dr. Luis P. Walton, aged 56, of New York, died suddenly at the Bath Club, London, last week after taking a bath. At the autopsy the heart was found to be greatly enlarged and death was attributed to cardiac failure.

The Franchise of the Royal College of Surgeons.

The Council of the Royal College of Surgeons of England have decided not to enter an appeal against the decision of the Revising Barrister withholding the franchise from certain members of that body who claimed that right in virtue of ancient charters.

Diseased Emigrants.

It is stated by the New York correspondent of the *Liverpool Journal of Commerce* that owing to the difficulties in connection with the refusal to admit diseased immigrants on that side and their return to Europe, the Wasnington authorities contemplate placing American medical officers at European ports of embarkation for the purpose of closely inspecting intending emigrants, and, if considered expedient, rejecting them before boarding the steamers. It is needless to point out that if carried out this plan will greatly reduce the number of undesirable immigrants ordered back after reaching that country.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

NOTICE TO HOSPITAL AND COLLEGE DEANS.

THE Editor desires to thank those gentlemen attached to the various Schools and Hospitals for supplying him with the information from which the foregoing pages have been composed.

NOTICE TO OUR READERS.

As this number is mainly devoted to information necessary for tudents intending to join one or other of the various medical colleges, and for those who, having passed their curriculum, are about to enter the ranks of the profession, much of the ordinary matter which usually fills our columns is necessarily deferred till next week.

GRATUITOUS COPIES.

A VERY large number of copies of this issue are being sent gratuitously to all the educational establishments, hospitals, reading-rooms, clubs, and large hotels in the United Kingdom, and to a large number in America, India, the Colonies, and on the Continent; should any of our readers desire to present a copy to a patient or friend who contemplates sending his son to a medical school, our publisher will be happy to supply him with a duplicate free of cost on receipt of address.

A DISPENSARY DOCTOR.—Your contribution is unavoidably crowded out of the present number. It will appear in our supplement next week.

MR. F. J. BLACKLEY.—Cases received are marked for early insertion.

DR. SHAW.—In consequence of the present issue being confined almost exclusively to educational matter, we were compelled to hold over your communication.

MORTALITY FROM WILD BEASTS AND SNAKES IN INDIA.

DURING the year 1901 22,810 persons were killed by poisonous reptiles and 1,859 by wild beasts, mostly tigers, in the various provinces of India. This is an increase in the number of deaths from these causes over those of the preceding year.

MASSEUSE will receive a private note so soon as the necessary inquiries are completed.

DR. HERBERT SNOW'S letter is unavoidably held over till next issue.

MR. G. C. R.—Thanks for offer, but the proposed contributions could possess but the remotest medical interest.

ACID PHOSPHATE OF SODIUM IN VESICAL DISEASE.

To the Edi or of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The prescription which I recommended in my paper on "Acid Sodium Phosphate and Adrenalin in Vesical Disease" was incorrectly printed in the MEDICAL PRESS AND CIRCULAR of September 9th. It should have read as follows :—

Acid sodium phosphate 2 drachms.
Urotropine 1½ drachms.
Infus. uvæ ursi ad. 6 ozs.
Sig.—Half an ounce thrice daily.

It was Hutchison who first drew attention to the value of acid sodium phosphate in vesical disease.

Yours, etc.,
Dublin, September 14th. W. S. DE C. WHEELER.

NEMO.—The only operation which has been suggested for the cure of protruding auricles, so far as we know, consists in the removal of a long, narrow strip of skin at the junction of the auricle and the mastoid bone, and the careful suturing of the cut edges. Such a procedure might be attended with benefit in certain cases, but we fancy that in the majority it would not be very successful. Perhaps some of our readers may be able to give you their experience of operations in these cases.

Appointments.

COCKBURN, WILLIAM, M.B., C.M.Aberd., Certifying Surgeon under the Factory Act for the Old Meldrum District of the County of Aberdeen.

DAVY, HENRY, M.D., F.R.C.P.Lond., M.R.C.S.Eng., Honorary Consulting Physician to the Winsford Cottage Hospital, Beaworthy, Devonshire.

FORTUNE, JOHN, M.B., Ch.B.Edin., House Surgeon to the Royal Buckinghamshire Hospital, Aylesbury.

HODGSON, J. F., M.D, Ch.B.Vict., Assistant Medical Officer of Health of the County Borough of Halifax.

KENNEDY, A. D., M.B., Ch.B.Glasg., Medical Officer (*pro tem.*) to the Ballachulish Quarrymen's Medical Club and Friendly Societies, vice Lachlan Grant, M.D., C.M.Edin., resigned.

Vacancies.

Birmingham Workhouse Infirmary.—Assistant Resident Medical Officer and Assistant Resident Surgical Officer. Salary £100 per annum for each office, with furnished apartments, rations (which do not include alcoholic liquors), coal, gas, laundry, and attendance. Applications to Walter Bowen, Clerk to the Guardians, Edmund Street, Birmingham.

Burton-on-Trent Infirmary.—House Surgeon. Salary £120 per annum, together with furnished rooms, board, coal, and light free. Applications to the Hon. Secretary The Infirmary, Burton-on-Trent.

Dover, Royal Victoria Hospital.—House Surgeon. Salary £100 a year with board, lodging, and washing. Applications to Hon. Secretary, Arthur B. Elwin, Esq., 2, Castle Street, Dover.

Eccles and Patricroft Hospital.—House Surgeon. Salary £70 per annum, with board and washing. Applications to C. E. Hindley, Hon. Sec.

Metropolitan Asylums Board.—Visiting (daily) Medical Attendant at Rochester House, Little Ealing, W. Salary of £100 per annum. The institution accommodates 156 improvable imbecile children. Applications must be made on forms obtainable from the Clerk, Metropolitan Asylums Board, Thames Embankment, E.C.

Stroud General Hospital.—House Surgeon. Salary £80 per annum, with board, lodging, and washing. Applications to the Hon. Secretary at the Hospital Stroud, Glos.

Three Counties Asylum, near Hitchin.—Junior Assistant Medical Officer. Salary £150 a year, with board lodging, and washing. Applications to the Medical Superintendent.

Wandsworth and Clapham Union Infirmary, St. John's Hill, near Clapham Junction. Junior Assistant Medical Officer. Salary £100 per annum, with board, lodging, and washing. Applications to Medical Superintendent.

Births.

UPWARD.—On September 9th, at Edfou, Kingston Road, Romford, the wife of Harold Upward, M.B., M.R.C.S., of a son.

Deaths.

CRICHTON-BROWNE.—On Sept. 8th at Blankenberghe, Belgium, Emily wife of Sir James Crichton-Browne, M.D., LL.D., F.R.S.

DODD.—On September 9th, at 2, St. Thomas's Place Newcastle-on-Tyne, the result of an accident, Thomas Anthony Dodd, L.R.C.P., M.R.C.S.

KIBBLER.—On September 10th, William Ambrose Kibbler, M.B., C.M., of Ashby House, Stamford Hill, aged 55 years.

PADWICK.—On September 4th at Redhill, John Graeme Padwick, second son of the late Thomas Padwick, Station Road, Redhill, aged 29 years.

RIND.—On September 11th, at 15, St. Stephen's Road, W., Georgina Rind, widow of Malcolm Rind, Deputy Inspector General of Hospitals, Bengal Medical Service, aged 85 years.

WALTON.—On September 8th, suddenly, in London, Luis P. Walton, M.D., of New York.

OPERATIONS.—METROPOLITAN HOSPITALS.

WEDNESDAY.—St. Bartholomew's (1.30 p.m.), University College (2 p.m.), Royal Free (2 p.m.), Middlesex (1.30 p.m.), Charing Cross (3 p.m.), St. Thomas's (2 p.m.), London (2 p.m.), King's College (2 p.m.), St. George's (Ophthalmic, 1 p.m.), St. Mary's (2 p.m.), National Orthopædic (10 a.m.), St. Peter's (2 p.m.), Samaritan (9.30 a.m. and 2.30 p.m.), Gt. Ormond Street (9.30 a.m.), Gt. Northern Central (2.30 p.m.), Westminster (2 p.m.), Metropolitan (2.30 p.m.), London Throat (9.30 a.m.), Cancer (2 p.m.), Throat, Golden Square (9.30 a.m.), Guy's (1.30 p.m.).

THURSDAY.—St. Bartholomew's (1.30 p.m.), St. Thomas's (3.30 p.m.), University College (2 p.m), Charing Cross (3 p.m.), St. George's (1 p.m.), London (2 p.m.), King's College 2 p.m.), Middlesex (1.30 p.m.), St. Mary's (2.30 p.m.), Soho Square (2 p.m.), North-West London (2 p.m.), Chelsea (2 p.m.) Great Northern Central (Gynæcological, 2.30 p.m.), Metropolitan (2.30 p.m.), London Throat (9.30 a.m.), St. Mark's (2 p.m.), Samaritan (9.30 a.m. and 2.30 p.m.), Throat, Golden Square (9.30 a.m.), Guy's (1.30 p.m.).

FRIDAY.—London (2 p.m.), St. Bartholomew's (1.30 p.m.), St. Thomas's (3.30 p.m.), Guy's (1.30 p.m.), Middlesex (1.30 p.m.), Charing Cross (3 p.m.). St. George's (1 p.m.), King's College (2 p.m.), St. Mary's (2 p.m.), Ophthalmic (10 a.m.), Cancer (2 p.m.), Chelsea (2 p.m.), Great Northern Central (2.30 p.m.), West London (2.30 p.m.), London Throat (9.30 a.m.), Samaritan (9.30 a.m. and 2.30 p.m.), Throat, Golden Square (9.30 a.m.), City Orthopædic (2.30 p.m.), Soho Square (2 p.m.)

SATURDAY.—Royal Free (9 a.m.), London (2 p.m.), Middlesex (1.30 p.m.), St. Thomas's (2 p.m.), University College (9.15 a.m.), Charing Cross (2 p.m.), St. George's (1 p.m.), St. Mary's (1 p.m.), Throat, Golden Square (9.30 a.m.), Guy's (1.30 p.m.).

MONDAY.—London (2 p.m.), St. Bartholomew's (1.30 p.m.), St. Thomas's (3.30 p.m.), St. George's (2 p.m.), St. Mary's (2.30 p.m.), Middlesex (1.30 p.m.), Westminster (2 p.m.), Chelsea (2 p.m.), Samaritan (Gynæcological, by Physicians, 2 p.m.), Soho Square (2 p.m.), Royal Orthopædic (2 p.m.), City Orthopædic (4 p.m.), Great Northern Central (2.30 p.m.), West London (2.30 p.m.), London Throat (9.30 a.m.), Royal Free (2 p.m.), Guy's (1.30 p.m.).

TUESDAY.—London (2 p.m.), St. Bartholomew's (1.30 p.m.), St. Thomas's (3.30 p.m.), Guy's (1.30 p.m.), Middlesex (1.30 p.m.), Westminster (2 p.m.), West London (2.30 p.m.), University College (2 p.m.), St. George's (1 p.m.), St. Mary's (1 p.m.) St. Mark's (2.30 p.m.), Cancer (2 p.m.), Metropolitan (2.30 p.m.), London Throat (9.30 a.m.), Royal Ear (3 p.m.), Samaritan (9.30 a.m. and (2.30 p.m.), Throat, Golden Square (9.30 a.m.), Soho Square (2 p.m.)

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVII. WEDNESDAY, SEPTEMBER 23, 1903. No. 13.

Original Communications.

THE MANAGEMENT OF PREGNANCY COMPLICATED BY UTERINE FIBROIDS. (a)

By AMAND ROUTH, M.D., B.S., F.R.C.P.Lond.,

Obstetric Physician to Charing Cross Hospital; Consulting Physician to the Samaritan Free Hospital for Women and Children; Examiner in Obstetric Medicine at University of London and University of Birmingham; Examiner in Midwifery and Diseases of Women at Royal College of Physicians of London (Conjoint Board), &c., &c.

AFTER a short introduction the *danger* of the complication during both pregnancy, labour, and the puerperium is discussed, and it is shown that since anæsthetics and antiseptics have been introduced, and modern surgical methods adopted, the maternal mortality has been diminished from 50 per cent. to 3 per cent., and infantile mortality from 70 per cent. to 23 per cent.

The subject is discussed under two heads:—(1) The influence exerted (i.) by pregnancy upon the fibroids, and (ii.) by fibroids upon the pregnancy; (2) the treatment indicated.

1.—(i.) *The effect of pregnancy upon the fibroids.*—It is doubted whether individual fibroids rapidly enlarge during pregnancy, and also whether atrophy takes place during involution as constantly as is usually stated. The tendency to softening and degeneration of the fibroids, and the danger arising from this, especially as regards readiness to become infected during the puerperium, is dwelt on, as well as the tendency of the fibroid to become more pedunculated, and, if submucous, to become entirely extruded and necrotic.

(ii.) *Effect of fibroids upon the pregnancy.*—It is endeavoured to be shown that *sterility* is not very often caused by fibroids, and, if present, that it is not the direct result of the fibroid, but rather due to changes in the endometrium and to altered relation of tube and ovary. It is further shown that *abortion* is not often induced by fibroids, unless they are submucous. Statistics show that abortions have about the normal percentage. Fœtal malpresentations of all varieties are shown to be enormously increased, but cases of placenta prævia are not more numerous. *Uterine inertia* is not a usual phenomenon, but *irregular action* of the uterine muscle fibres leads to delayed labour, even if no obstruction be present. *Post-partum hæmorrhage* is more frequent, both from pathological and physiological causes. *Obstruction to the birth of the child* is shown to frequently threaten, but to be remarkably and almost consistently absent at labour, owing to spontaneous elimination of the pelvic fibroids, often during the last few weeks of pregnancy, and even during the second stage of labour. *Sepsis*, with secondary infection of the fibroids, is shown to be a great danger in the puerperium.

2. *Treatment.—Before fœtal viability:* An expectant treatment is the best, unless there are urgent present symptoms, or unless incomplete abortion or sepsis occurs. Where a pelvic fibroid is present, gentle attempts may be made to replace it. Induction of abortion should be definitely abandoned. If pressure symptoms supervene, myomectomy becomes the ideal operation for subserous fibroids, and failing that, hysterectomy may be required. The relative value of, and the indications for, the two operations are discussed. *After fœtal viability:* As a temporary expedient, reposition of an obstructing fibroid may be tried, leaving the treatment of the fibroid to be dealt with later. The danger to the mother of delivering a child by forceps, version, or embryotomy is shown to be very great. If a cervical fibroid be present, it may be dealt with by vaginal enucleation as an alternative to panhysterectomy. In all other cases of obstructing fibroid, abdominal section is required, and as a first step the child must be delivered by Cæsarean section.

Subsequent alternative procedures may be then adopted, and may be enumerated as follows:—

1. *Cæsarean section alone.*—The uterine wound may be closed and the fibroids dealt with at a later date if need be. This would very rarely be the right treatment.

2. *Sterilisation* of the patient by oöphorectomy, with the hope that atrophy of the fibroids would follow. This would now rarely be considered a satisfactory operation, especially if the fibroids were in the lower uterine segment.

3. *Myomectomy.*—Sometimes this operation is indicated, but should always be preceded by Cæsarean section.

4. *Abdominal hysterectomy.*—Different procedures and statistics are reviewed, and preference given to the supra-vaginal operation with retro-peritoneal treatment of the stump by Baer's or Chrobak's methods, and to panhysterectomy, which by Doyen's method is not much more difficult; and the special cases in which panhysterectomy would be indicated are where cervical fibroids are present, and in cases of sepsis.

In both operations one ovary at least, if healthy, should be left *in situ*. Two successful cases of supra-vaginal hysterectomy for pelvic fibroids with retro-peritoneal treatment of the stump in the author's practice are given. Lists of all operations of supra-vaginal hysterectomies and retro-

(a) Abstract of Paper read at the Annual Meeting of the British Medical Association, July 29th, 1903.

peritoneal treatment of the stump, and of panhysterectomy, are given.

The treatment of cases where labour has occurred in fibroid uteri is then considered, and it is shown that if the fibroids become infected from uterine sepsis, a prompt panhysterectomy may become necessary to save the patient's life.

THE UTILISATION OF INFANTS' MILK DEPÔTS. (a)

By DR. T. D. LISTER, M.D., M.R.C.P.,
Assistant Physician to the Royal Hospital for Women and Children.

THE problem of infant feeding is so many-sided that it is with great diffidence that I venture to bring any question relative to it before you. My only excuse must be the fact that a movement is going on of which the ultimate extent is at present not to be estimated, but that its development will be rapid and widespread seems almost certain. It is the movement in the direction of the general establishment of milk depôts for infant feeding.

This question involves a matter of direct interest to those who have to practise among the children for whom these depôts are primarily intended.

Those who have to treat the children of very poor and very ignorant parents, or the children of mothers whose employment necessitates a certain amount of child neglect, have to face continually certain difficulties which infants' milk depôts are designed to overcome. For the wealthier classes no such difficulty exists.

When the mother is able and willing to feed her child herself these difficulties of treatment are minimised, for natural feeding and maternal care are the normal preventives of infantile mortality. But it is impossible to be blind to the fact that hand-fed infants form an increasing proportion of the whole infant population. The chief difficulties met with in feeding such children among the poor arise from ignorance and lack of facilities for the proper preparation of food, perhaps also from prejudice and perversity at times. Broadly speaking, as we all know, they are associated with the use of improper bottles, contaminated milk and milk substitutes.

We are, as a profession, agreed that cow's milk forms the only practicable basis for hand feeding, that it should be pure and fresh, and not over-treated either chemically or by cooking, and that the simpler the bottle and teat, the better.

I do not know what method of meeting these requirements on a large scale can be devised better than this system of infants' milk depôts. It is recognised by public health authorities that such a system eliminates all the many dangers arising from contamination by carelessness, either in transit or at home, both of which, and especially the latter, have been proved to be fertile causes of infant mortality, and that it prevents the use of many of the abominable milk substitutes that one constantly sees in the infants' dietary. Moreover, it has already been successful in those towns in this country where it has been tried, and there is a very large experience of its success abroad.

No system of diminished impurity of the fresh milk supply will get over the difficulties of home contamination and carelessness, and the use of milk substitutes among a certain class. The "depôt" seems to be the practical method.

It has been pointed out in the *Journal* that an extension of the system on a large scale seems likely to occur. This is particularly imminent in those centres of population where there exists a crowded poor class having a high infantile mortality. High infantile mortality is an index to some extent of the health of the child community, and, in my opinion, measures to reduce it are a necessary preliminary to the improvement of our national physique. You cannot make strong men and women out of stunted infants. A proper system of infants' milk depôts will go a long way to help in the proper nourishment of a certain class of infants.

This is a matter which, I think, deserves our attention in this Section, for the future relation of the profession to these depôts is a question of great importance. There are certain objections to leaving the matter entirely in the hands of either public or private individuals other than medical practitioners.

It has been pointed out, notably by Dr. Peyroux, that there is a danger of the encouragement of hand feeding, at the cost of maternal responsibility, under the usual conditions of management of the depôts.

What I wish to bring before you is, that it is our duty to lend all our influence and assistance in counteracting this, as well as other dangers, in the use of such depôts. To say that any system of hand feeding of children, whether "percentage" and other so-called scientific methods, or the simpler methods used in milk depôts, is as good as natural feeding is to be a contributory to child slaughter. Prof. Rotch, who is probably the best living authority on the cow's milk feeding of children, himself said, in this Section last year, that no method yet devised is equal to that of Nature.

Other objections have been raised from time to time to the establishment of infants' milk depôts, as, for instance, that the method of feeding is not an ideal one. I do not think we need worry about that when the most scientific methods are said by their authors not to satisfy this condition. Infantile mortality and its accompanying limiting of the infantile population, so far as they may be diminished by careful feeding, are matters requiring our immediate attention. The method of milk depôts has been proved in practice to bring the mortality of children fed in them down to what has been estimated to be the minimum mortality of children under one year old. It has attained this maximum success though it has had to contend with the danger arising from its therapeutic use in infantile disease, and has not yet been very largely used for its more legitimate purpose as a substitute for bad hand feeding. A more important objection is the loose way in which milk has sometimes been distributed by these depôts without the accurate observation of the infants and a knowledge of their requirements which systematic medical advice and supervision alone could give.

I will not enter into the political question involved in municipal enterprise establishing milk depôts. That is a matter which, if it be medical at all, is one for the Section of State Medicine. As members of a profession to whom

(a) Read in the Section of Diseases of Children, British Medical Association, Swansea, July 30th, 1903.

a certain amount of responsibility attaches in regard to this matter of infant feeding, our desire should be to remove the difficulties in the way of careful feeding among the very poor and ignorant; and if milk depôts offer, as they seem to do, the practical solution of these difficulties, we need not mind who furnishes them. We must remember that milk supply is a matter coming under the public health authorities and that whoever furnishes milk depôts, their sanitary control must remain with these bodies. But the haphazard use of milk depôts by all and sundry members of the population should be unhesitatingly condemned by us. The infants fed in them should be under medical advice and observation. There is little doubt that the usefulness of this system has been to some extent minimised by the absence of this factor, for had they been in all cases established with the co-operation of practising members of the profession, their usefulness would have been enormously extended among the class for whom they are most urgently necessary, and many of the objections raised to them would have been eliminated.

How is this medical supervision of the infants to be secured without affecting the control of the depôt by the health authorities, and how are we to secure milk depôts where they are most wanted?

Obviously only by the co-operation of the various interests, and it is for this co-operation that I think we should work.

The plan which has been adopted in Lambeth has already led to a satisfactory development so far as that district is concerned. At a meeting of the Medical Committee of my hospital, resolutions were adopted approving of the principle of infants' milk depôts, and pledging the staff to do what they could to induce patients to use such a depôt if it were established by the Borough Council near the hospital. This attitude was approved by the Committee of Management, and communicated to the Lambeth Borough Council in the form of a petition. Dr. Priestley, the medical officer of health, then obtained similar promises of support from St. Thomas's Hospital and the York Road Lying-in Hospital, which are both close to the Waterloo Road Children's Hospital. With these pledges of support from institutions dealing with a very large number of necessitious infants, the success of a depôt in the immediate neighbourhood is already assured.

This course may readily be followed up in some of the more crowded and poorer districts of Lambeth by pledges of support from the local medical societies, or any branch of the British Medical Association, the members promising that they will encourage their poorer patients to use a special infants' milk depôt when hand feeding is necessary.

As I have said, it does not matter to us, as a profession, where the funds come from to furnish the depôts. That is a matter for local opinion. There is no doubt that the action of the Local Government Board auditors in disallowing the expenses of the Battersea milk depôts will soon lead to a clear decision as to the power of district councils in this matter; but where the district council does not care to undertake the work itself there is no reason why, having once obtained the support of the medical profession in the district, it should not afford information and facilities to charitable bodies on the one hand, or contractors on the other hand, to enable them to carry out this necessary work in the districts where it will be most useful. As a mere matter of personal opinion, I believe this to be so important a branch of preventive medicine that, properly guarded against abuse by the co-operation of medical practitioners, it should be undertaken by the municipal authorities. That such depôts would be also of great advantage to us as practitioners in securing a definite method of feeding infants under one year of age carefully and exactly, is undeniable with the class for whom we want it.

I have, therefore, brought the matter before you as a broad suggestion of the way in which this question may be approached.

All I can claim for the suggestion is that such a method of co-operation would largely remove the objections that have been raised to the establishment and use of infants' depôts by showing that the infants fed in them were under medical supervision, and that they were believed to be necessary and useful by the medical men in the districts where similar resolutions to those I have mentioned are adopted.

It is a confusion of interests which prevents this work being done, and it is a co-ordination of interests which seems to me, as far as medical interests alone are concerned, likely to help towards its accomplishment.

LECTURE ON
PRIMARY MALIGNANT INTRA-THORACIC TUMOURS (*a*).

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IT may be suggested that the study of primary malignant disease of intra-thoracic structures is likely to prove a barren and profitless pursuit, and I cannot deny that as regards their causation, pathological features and treatment, there is nothing of startling novelty to be presented. Nevertheless, I venture to think that by neglecting to turn the sod, even of such a seemingly unproductive field, we may be in danger of forgetting not only the magnitude of our ignorance, but even such factors as contain elements of usefulness.

At the present time, when the sanatorium treatment of pulmonary tuberculosis and certain other forms of chest disease is fashionable, both with the profession and the public, and when, moreover, it is particularly desirable on every ground that an accurate diagnosis should be made at the first possible stage in the development of all such morbid conditions, it seems to me very essential that no pains should be spared in correcting, modifying, amplifying and verifying our present methods. Nowadays almost every practitioner is called upon to express an opinion as to the serviceability of sanatorium treatment in the management of many cases of chronic and progressive disease of the chest, and a serious responsibility is thus being added to the already heavy burden of the medical adviser. It is particularly necessary, therefore, that for the sake of medical science, and in the interest of the patients themselves, and, at least in many instances, also on financial and personal grounds, great care should be exercised in the selection of cases for what must oftentimes be expensive institutional or climatic treatment.

As I shall have to show presently, the early recognition of the various forms of intra-thoracic growth

(*a*) Delivered at the Medical Post-Graduates' College and Polyclinic, London, Friday, June 26th, and Monday, July 6th, 1903.

is often fraught with much difficulty and surrounded by peculiar perplexity. Certainly, mistaken diagnoses are common, or, at all events, a correct aspect of the case is often not arrived at until much useless trouble and expense have been incurred, with no comfort to the patient and with but little kudos, I am afraid, for his medical adviser. It is manifest, therefore, that it is particularly desirable that we should be alive to the importance of correctly interpreting the first indications of intra-thoracic tumour formation; and since the present seems an opportune time for considering this matter, I have selected as the subject of our discussion primary malignant intra-thoracic tumours.

In the limited time at our disposal I do not propose to detail to you the very interesting chapter on pathology which records the unfolding of knowledge in regard to this class of neoplasm. Those of you who wish to follow the matter further will find many useful references in the readily accessible writings of J. Cockle (1), Wilson Fox (2), H. A. Hare (3), F. T. Roberts (4), and J. L. Steven (5).

My main object is rather to focus our present knowledge on the subject, and by a concise presentation of now fairly established pathological data, furnish material which will, I hope, prove of directing value in actual clinical work.

In considering the practical bearings of our study it is very necessary to have definite ideas respecting the pathology of the various growths of the chest, and a clear remembrance of the anatomical relationships of the mediastinum and its contents and the other intra-thoracic structures. I propose, therefore, to deal *firstly* with the chief pathological features of malignant intra-thoracic disease considered as a whole, and, *secondly*, the more important characteristics of (1) mediastinal; (2) pulmonary; and (3) pleural growths.

And in following such a course one is guided by utility as well as necessity, for there is often much difficulty clinically in distinguishing accurately between mediastinal and other intra-thoracic growths, and even post-mortem it is by no means always easy to decide where a tumour originated.

ETIOLOGY.

The confusion which in the past has existed in regard to the nomenclature of tumour formations, and which, indeed, has even still not altogether passed, makes it almost impossible to array sufficient data for the formation of a reliable statement regarding the various factors in the etiology of intra-thoracic tumours. The following points, however, seem to be more or less definitely ascertained:—

Sex.—There is no marked sexual influence apparent, although when all recorded cases are taken the male seems somewhat more frequently affected than the female.

Age.—Sarcomata may occur at almost any period of life, in early childhood or advanced life. Carcinomata are practically limited to middle life and advanced years. When all forms of intra-thoracic tumour are considered together, irrespective of their actual pathological form, it would appear that the most likely period for their development lies between thirty and fifty.

Inheritance is said to have an influence in determining intra-thoracic neoplastic development, but it is not usually a conspicuous factor.

Injury, either from blows or long-continued pressure, as in certain occupations, has been alleged to be of etiological importance, but of this there is much doubt.

Infection.—Some pathologists look upon certain forms of mediastinal tumour as dependent on infective agency, but while there is some evidence in favour of such a view it is at present far from being substantiated.

We have to conclude that the causation of primary intra-thoracic malignant diseases till remains wrapped in that obscurity which surrounds the origin of most forms of progressive tumour formation; and generally no probable or likely causes can be ascertained.

SEAT OF ORIGIN.

Malignant disease may arise in connection with almost any of the thoracic contents:—(*a*) The glands, bronchial and mediastinal, undoubtedly form the most frequent seat for the origin of sarcomatous growths. (*b*) The connective tissue and fat of the mediastinum may also afford the originating structures. (*c*) The lung is occasionally the seat of primary carcinomatous development. (*d*) The pleura and subpleural tissues are exceptionally affected. (*e*) The pericardium and subpericardial tissues are only very rarely the seat of primary growth. (*f*) The œsophagus is, as is well known, a common seat of epithelioma, and from thence there may sometimes be conspicuous extension into the mediastinum. (*g*) Primary growths of the trachea and main bronchi are rare, but occasionally occur. Sometimes tumours arise in connection with the peribronchial tissue. (*h*) The remains of the thymus are said to afford a basis for some forms of growth. (*i*) Tumours of the thyroid may also very occasionally extend into the mediastinum. (*j*) It has also been suggested that growths might arise in connection with the adventitia of vessels, but of this there is probably no altogether satisfactory evidence. (*k*) The structures of the thoracic wall, particularly the periosteum of the sternum and ribs, may in some instances be primarily involved.

As we are not at the present time considering secondary growths of the thorax there is no need here to dwell on the relative frequency of the parts in which such may be met with.

NATURE OF GROWTH.

We are to-day dealing solely with the primary malignant tumours of the chest. I shall not, therefore, trouble you with references to the rare and comparatively unimportant forms of simple or so-called non-malignant or benign intra-thoracic tumours, which have from time to time been described, such as fibroma and fibro-plastic growths, lipoma or steatoma, chondroma, osteo-chondroma, or enchondroma, &c. And I do not intend to deal with the intra-thoracic glandular involvement, which is best considered as a part of Hodgkin's disease.

Limiting ourselves in the manner indicated we can say at once that the tumours under consideration fall into two great classes:—(1) The sarcomata; and (2) the carcinomata. In almost every case of clinical importance the intra-thoracic growth will be found either to be a *sarcoma* or a *carcinoma*. The former is undoubtedly the most frequent form of tumour of the chest, and practically all those arising in connection with mediastinal structures are of this nature, while the malignant neoplasms arising in the lung are usually considered to be of a carcinomatous character. It is true of recent years evidences have not been wanting to show that lines of sharp demarcation in our grouping of tumour formations are not always in accordance with scientific principles, but for practical purposes we may continue to arrange the greater number of the intra-thoracic growths into one or other of the two classes I have indicated.

GENERAL CHARACTERS.

The general characters of these growths need only be briefly touched upon at this point. The sarcomata, generally speaking, tend to assume an *infiltrating* form, while in many cases, at least, and in their early stages, carcinomata, especially when occurring, as is usually the case, in the lung, are often *localised*.

Intra-thoracic growths show considerable variation in size and extent, consistency, rapidity of development, invading tendencies, and situation and direction of extension, depending apparently in great measure on the precise character and arrangement of the cells constituting the tumour.

In some quickly-growing sarcomata the mass is made up almost entirely of soft, rapidly proliferating cells which often show a marked tendency to soften and readily break down; while in other slowly-progressing forms the embryonic elements may be associated with more elaborately evolved cells. In many of the mediastinal sarcomata the lymphoid structure is abundant.

It is interesting to note here that while, generally speaking, intra-thoracic growths tend to cause bulging

in some few instances, and particularly in those where a portion only of the lung or pleura is involved, there may be actual shrinkage of tissues and readily recognised retraction of the chest wall.

EXTENSION OF INTRA-THORACIC GROWTHS.

The effects of an intra-thoracic growth upon adjacent structures is a matter of much importance. During the early stages of development the manifestations of intra-thoracic growth are often few and inconspicuous, and therefore it is but little surprise to find that the patient often only comes under observation when the growth has assumed considerable dimensions, and has commenced to invade or involve adjacent structures and exercise pressure effects. Most of the signs and symptoms arise from the invading, infiltrating extensions of the growth. In studying the clinical phenomena, therefore, it is very necessary to carefully bear in mind the pathological characters of the growths and the structures likely to be affected in the course of their development. And here again I may remind you of the desirability of remembering anatomical relationships.

(I.) Glandular involvement may be primary, as I have already indicated, but wherever the growth originates the glands sooner or later are usually involved. The following chief groups may be conveniently differentiated :—(i.) Sternal or anterior mediastinal ; (ii.) cardiac or superior mediastinal ; (iii.) posterior mediastinal ; (iv.) bronchial. Occasionally involvement of the supra-clavicular glands may be apparent, and furnish, of course, most important clinical indications.

(II.) Tumour deposits may also develop in the course of the lymphatic channels.

(III.) When originating, as many sarcomata commonly do, in or near the root of the lung, the growth often extends along the interlobular septa of the lung, and beside or in the peri-bronchial tissue, and may extensively invade the lung substance.

(IV.) When arising in the mediastinum the growth may surround the vessels, and oftentimes they are found firmly imbedded in the tumour. In the case of the large arteries, there may be marked compression, but the lumen is not usually penetrated. With the thinner-walled veins the compression is more readily evidenced, and the vessels may be actually encroached upon by growth.

(V.) The nerves are often surrounded and compressed.

(VI.) The trachea and bronchi are commonly compressed and frequently narrowed, and their walls may sometimes be ulcerated through.

(VII.) Not infrequently a mediastinal growth will overlap, or even surround the pericardium, extend into the pericardial sac, and even find its way into the auricles of the heart.

Generally speaking, we may say that the sarcomata tend to surround and compress and directly invade adjacent structures, while carcinomata not only invade, but also commonly produce ulceration, penetration of tubular structures, erosion of bone and other extensive destructive changes in the tissues to which they extend.

CONSEQUENCES.

I may now remind you of some of the more important consequences of intra-thoracic growth :—

1. Bronchial compression and obstruction is, of course, the most conspicuous and important clinically.

2. Extensive lung changes sooner or later almost always occur :—

(*a*) The portion of lung connected with the obstructed bronchus may become collapsed. (*b*) Pneumonic consolidation may follow. These areas are apparently sometimes mistaken for secondary nodules of growth. (*c*) Necrotic softening may occur, and small disseminated gangrenous cavities result. (*d*) Sometimes the bronchi become dilated and filled with decomposing retained secretion, presenting an appearance as of multiple abscess formation. (*e*) Not infrequently the lung is directly compressed. Sometimes one portion may be distended and another practically airless. When only one lung is involved, as is not infrequently the case, the other may undergo compensatory enlargement. Distinct emphysema occasionally develops. (*f*) The lung may also be the seat of extensive passive congestion, and marked œdema and even hæmorrhage may result.

3. I have already referred to the importance of the involvement of the blood-vessels and nerves.

4. It is well also to remember that in many instances pleural effusion occurs, sero-sanguinolent or actually hæmorrhagic in character.

5. Pericardial effusion is occasionally met with.

6. Not only are the intra-thoracic structures infiltrated, but in many instances actual displacement occurs ; this is of particular importance, of course, where the heart it concerned.

7. And before leaving the consideration of these secondary conditions, I must remind you that those of an inflammatory nature may give rise to distinct pyrexia.

The bearing of all these pathological features on the clinical investigation of the case is, of course, quite evident.

SECONDARY CHANGES.

In assisting us also to understand the course and variation in clinical cases, it is well to remember the chief changes which the tumour itself may undergo. In not a few instances extensive necrosis occurs. In the lung especially distinct cavitation may thereby result. By the softening and breaking down of a growth and its communication with a bronchus portions of growth may sometimes be expectorated.

SPECIAL TUMOURS.

And now in the few remaining minutes at our disposal I wish very briefly and as concisely as possible to put before you some few points in connection with : (i.) Mediastinal tumours ; (ii.) pulmonary tumours ; and (iii.) pleural tumours. The growths in connection with these three regions may be conveniently distinguished and separated both pathologically and clinically, for they present fairly well-defined characteristics.

MEDIASTINAL GROWTHS.

The majority of these are, as I have already indicated, of a sarcomatous nature. Occasionally, however, carcinomatous masses are met with in the posterior mediastinum, when probably they have originated from the epithelial structures of the œsophagus, bronchi or trachea. It is held by many that the majority of growths originate in the anterior mediastinum. The bearing of this on a careful clinical search for physical signs is evident.

TUMOURS OF THE LUNG.

Primary growths of the lung are decidedly rare, and are usually considered to be of a carcinomatous nature. They appear to arise in connection either with the lining epithelium of (*a*) the bronchi, or (*b*) the alveoli. In appearance they usually form soft, nodular, white or pinkish-white masses, of variable size, infiltrating adjacent structures and giving rise to secondary deposits in lymphatics and bronchial glands. As already indicated, they may soften and so give rise to distinct pulmonary excavation.

TUMOURS OF THE PLEURA.

Regarding the malignant growths arising in the pleura, I must only stay to remind you that they are generally considered as members of the so-called endotheliomatous class of growth. They usually occur as diffuse, white, fibrous indurations with scattered nodose swellings.

I have insisted, at what I fear you will consider wearisome length, on the importance of the pathological features of these intra-thoracic growths, and it is only by a clear recognition of the morbid characters of the tumours and the precise nature of the pathological conditions arising from or associated with their development that we can hope to satisfactorily master the intricacies of their clinical investigation. In our next lecture I shall hope to point out the bearing of the pathological facts I have put before you to-day on the symptomatology and diagnosis of intra-thoracic growths.

(1) "On Intra-Thoracic Cancer." By John Cockle, M.D. London. 1865.
(2) Intra-Thoracic Tumours. "A Treatise on Diseases of the Lungs and Pleura." By Wilson Fox, M.D. London. 1891. (Numerous references.)
(3) "The Pathology, Clinical History and Diagnosis of Affections of the Mediastinum." By Hobart Amory Hare, M.D. Philadelphia. 1889.
(4) "Intra-Thoracic New Growths." By F. T. Roberts, M.D. Allbutt's "System of Medicine." Vol. VI. London. 1899. (Useful bibliography.)
(5) "The Pathology of Mediastinal Tumours, with Special Reference to Diagnosis." By J. L. Steven, M.D. London, 1892.

(*To be continued.*)

ON THE FIXATION OF BILIARY PIGMENTS IN THE PLACENTA DURING PREGNANCY COMPLICATED BY JAUNDICE.

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LAST year I had occasion to assist at the delivery of two women suffering from severe jaundice dating from the early months of pregnancy. My attention was particularly drawn to the fœtuses and placentæ; to the former on account of their normal condition, and to the latter because of a distinct brownish-green coloration, particularly shown on their uterine face. This fact originated in me the idea of instituting the research of the biliary pigments in the placenta, and, on the other hand, to experiment on pregnant animals (bitches and goats) in whom jaundice had been artificially provoked by ligature of the bile-duct, with a view of studying the transmissibility of biliary pigments from the mother to the fœtus during pregnancy. With this object in view, I applied to Professor G. Gaglio, Director of the Institute of Experimental Pharmacology, who granted me permission to carry on the proposed researches.

By minutely stating here the detailed results of the experimental and chemical researches made, I hope to contribute a first, and possibly useful, contribution towards the study of this interesting chapter of the pathology of pregnancy complicated by jaundice, and at the same time to throw some light on the causes that produce the fixation of the biliary pigments in the placenta during pregnancy.

Before proceeding to discuss the results of the experimental investigations, it may be well to give a short account of the two clinical histories.

Case I.—The anamnestic information of the first patient was given me by the husband, a distinguished physician of this city, who has been able to accurately follow out the whole course of his wife's malady. The patient, æt. 23, had always been in good health until the third month of the present pregnancy. She was married early in April, 1901, and two months after, in June, she became pregnant. Until the middle of the third month she did not complain of any serious disturbance, but at that time she began to suffer from muco-bilious morning vomiting, with a sensation of weight at the epigastrium and of pain in the right hypochondrium.

Recourse was had every day to purgative enemata, defæcation having become difficult and painful, and accompanied by a discharge of discoloured and clayey fæces and sometimes blood-stained mucus. In addition to these troubles, a slight yellow coloration was apparent, which, as pregnancy advanced, became more and more intense, giving rise to a troublesome and unceasing itching all over the body and causing serious insomnia. The urine, which amounted to about three litres in the twenty-four hours, was of a deep orange-red colour; scanty urea, plentiful biliary pigments, no albumin nor sugar. On palpation and percussion the liver was found to be rather larger than normal, and slightly tender to pressure. No shivering sensation was complained of. Upon these data a consultation was held, and the diagnosis of catarrhal jaundice in a pregnant woman was arrived at. Towards the end of the eighth month of gestation, on the evening of February 18th, 1902, at 8 p.m., the pains of labour began, with the escape of blood-stained mucus from the genitals. As the strength of the patient was obviously waning, on the morning of the 19th, at 5 o'clock, I was asked by the husband to examine the patient, and on doing so I found her in the stage of expulsion, with the fœtus in complete foot position. In the course of half an hour delivery took place spontaneously, with the fœtus in a state of partial asphyxia, but it soon after recovered. On closer inspection it did not show the least trace of yellow colour. The after-birth, entire and sound, was expelled spontaneously ten minutes after the fœtus was born. It was carefully examined and showed a distinct greenish-yellow coloration on its uterine surface. The puerperal period ran a normal course without thermometric disturbance, the yellow coloration disappeared little by little, and after about a month the patient's health was completely restored.

Case II.—On the evening of July 21st, 1902, I was summoned by a midwife to assist a woman suffering from post-partum hæmorrhage consequent upon uterine inertia half an hour after the fœtus had been delivered. I hastened thither, and, by squeezing the uterus, provoked the separation and expulsion of the placenta and membranes, obtaining complete hæmostasis. The hæmorrhage having been arrested, I questioned the patient and elicited the following information:—It was her second labour, and she was twenty-four years old. First menstrual discharge at the age of sixteen, the succeeding periods regular with regard to duration and periodicity. The first pregnancy, one year previously, ended with spontaneous birth at term, without complication of any kind. The last menstrual discharge had taken place on October 21st, 1901. Up to the fourth month pregnancy was accompanied by nausea and vomiting. Parturition was expected to take place on July 21st, and this proved to be correct. On examination, she showed a distinct yellow coloration of the skin and of the visible mucous membranes. Normal temperature and pulses. In the abdomen there were to be noticed slight meteorism, contracted uterus, the fundus reaching to the umbilicus, slightly enlarged liver, tender on pressure. Nothing worthy of note in respect of the thoracic organs. The patient had always been in good health. She had never suffered from malaria nor from syphilis. When fourteen years of age she had an attack of typhoid fever and was completely cured of it in about a month. On the seventh month of the last pregnancy, without indulging in irritating food, she began to suffer from gastric disturbances, nausea and muco-bilious vomiting. Later on these disturbances were associated with slight pain in the right hypochondrium, a pain that grew worse under pressure or on movement. The urine, withdrawn by the aid of a catheter, was turbid with yellow froth; sp. gr. 1021; presence of biliary pigments, neither albumin nor sugar. From the *ensemble* of the objective examination a diagnosis of catarrhal jaundice in a pregnant woman between the seventh and eight month was arrived at. She was put on a milk diet and ordered purgatives and enemata in order to overcome the obstinate constipation. In the meantime pregnancy reached its term and the woman was delivered as already stated. The fœtus was of normal aspect and colour, displayed no trace of jaundice, was of the feminine sex, and weighed 3,400 grammes. The placenta, entire and sound, weighing 470 grammes, showed a well-marked yellowish tint on the maternal surface. The puerperium was apyretic, with regular involution of the uterus; the enlargement of the liver and the jaundice rapidly decreased, and on the twentieth day the patient left her bed for the first time in a good state of health.

Jaundice in association with pregnancy is well known to be of comparatively common occurrence, for in this

state special causes occur to produce it, over and above the many ordinary ones. Thus the gravid uterus may exert pressure on the liver, and consequently a flowing of the biliary secretion. Pregnancy itself favours the stasis of bile by the fact, well demonstrated by Heidenheim, that the diaphragm is hindered in its movements, and is therefore unable to assist in emptying the gall-bladder. As is well known, this last occurs in women leading a sedentary life as well as in those who follow the deplorable practice of wearing very tight corsets. Diseases of the biliary canals causing jaundice in pregnant women are therefore of common occurrence, and some observers have noted that pregnancy renders the prognosis of icterus even more serious on account of the co-existing renal and hepatic changes. Whilst, however, numerous observations are on record of the various kinds of jaundice in pregnant women, those bearing on the condition of the fœtus, *i.e.*, whether or not it is born with the icteric tint, are conspicuously rare.

Frerichs relates only three cases in his classical book, "Maladies du Foie," and all with premature delivery, in which the fœtuses of women affected by disease of the liver with serious jaundice did not exhibit any yellow colour when born.

Herff, in the "Encyclopædia," and Müller, in his "Treatise," draw attention to the fact that the fœtus is seldom or never born with jaundice.

Many distinguished obstetricians have recorded cases of jaundice during pregnancy, but whether in these cases the fœtus was born jaundiced no mention has been made, and I must presume that the product of conception must never have been born yellow-coloured, for such a fact would not have escaped the notice of the most superficial observer. So far as I am aware, the only noteworthy observation on the subject is that published under the title, "Investigations on Acute Yellow Atrophy in a Pregnant Woman and in the Fœtus," in the *Rivista Critica di Clinica Medica*,† by Dr. Fabio Vitali, assistant professor of clinical medicine under Professor A. Murri. He studied the case which chanced to come under his notice with much interest, and by carefully examining the anatomical and histological alterations of the various organs of the mother and fœtus, he was able to arrive at very valuable conclusions. So far as concerns this work of mine, he found that the five-months' fœtus was yellow-tinged. But, from the microscopical investigations carried out by Vitali himself, it ensues that both in the maternal organs as well as in the fœtal ones identical changes were found, especially in so far as concerns the hepatic cell. We are led to infer, therefore, that the biliary pigments do not pass from the maternal blood into that of the fœtus, but in their stead the poisonous substances—as asserted by Vitali—which cause the same alteration—*i.e.*, acute yellow atrophy. Thus it is easily explained why the fœtus assumes the yellow tint, and why these cases that determine the same changes in the mother's liver as in that of the fœtus readily occur in diseases of infective origin. Equally well known is that special form of jaundice of the newborn, rather frequently met with when the infant is affected with either biliary lithiasis, hepatic syphilis, cognate cystic tumours, infective processes, obliteration of the biliary canals, or umbilical phlebitis or periphlebitis. Whereas, if we consider the simple, question—*viz.*, whether it is possible for the jaundiced mother to transmit to the fœtal tissues the same yellow coloration without this being dependent on some one of the above-mentioned morbid changes in the liver of the fœtus, it appears to me to be very difficult. As this fact of the non-transmissibility of biliary pigments from the mother to the fœtus, clinically observed by me, appeared worthy of consideration, I decided to experimentally test the resistance of the placenta to the passage of biliary pigments, a study which from this point of view I believe to be so far quite original.

I will first of all give the results of the examinations of the two human placentæ, before dealing with experiments on pregnant animals. In carrying out these investigations I proceeded as follows :—

First Placenta.—After cutting off the membranes on the circumference of the placenta and the umbilical cord close to its placental insertion, and having removed the small bloody clots existing on the uterine surface of the placenta, this was washed with distilled water; the two placental surfaces were dried, and then, by means of a meat mincer, triturated and reduced to a pulp. Then it was digested in alcohol for forty-eight hours, filtered and subjected to pressure. The alcohol was evaporated over a water-bath, the residue washed in water and again filtered. Some nitrous-nitric acid was put into a test-tube, and a small quantity of the filtered aqueous residue slowly run over the liquid layer, and thus at the point of contact of the two liquids a disc was obtained that, from above downwards, showed the following colours :—green, azure, violet, red, and yellow-red (Gmelin's reaction). Another small quantity of aqueous extract, made alkaline, was treated with milk of lime. The precipitate resulting from the combination of lime and bilirubin was washed in water, and whilst still moist was placed in a test-tube half filled with alcohol acidulated with sulphuric acid, and the whole heated up to ebullition. Thus the liquid took an emerald-green tint (Huppert's reaction). Lastly, another calcareous compound was made with aqueous placental extract and milk of lime, and the resulting precipitate, after having been washed and diluted with water, was acidulated with acetic acid and shaken up with chloroform. The bilirubin, in very small quantity, was dissolved by the chloroform, which assumed a yellow colour, whilst the acetic liquid became intensely green on account of the biliverdin (Hoppe-Seyler's reaction). Both the solutions were afterwards used for Gmelin's reaction, and they, too, gave positive results. I have thus been able to detect even very minute quantities of biliary pigments.

Second Placenta.—This placenta, prepared and triturated like the former one, was placed in a porcelain capsule and rubbed down with distilled water, boiled, and then filtered and expressed. The liquid thus obtained was evaporated in a water-bath, and then mixed with water and filtered. With this aqueous extract, the reactions of Gmelin, Huppert, and that of Gmelin with the modifications of Hoppe-Seyler, were made, and markedly positive results were obtained.

Experiments on Pregnant Animals.—I made use of pregnant bitches and goats in whom the bile-duct was ligatured in order to obtain, within a few days, the maximum diffusion of bile in the tissues of the organism. The number of experiments made were four on bitches and one on a goat. The operation was performed between the twenty-fifth and forty-fifth day of pregnancy. Thus, by studying the influence of the suppressed biliary secretion on the intestine during gestation, I was able to note that this proceeds regularly, almost invariably with labour at term, fifteen or twenty days and one month after the ligature of the bile-duct, notwithstanding that jaundice was serious from the beginning.

The following experimental method was pursued :—Application of the animal on to the apparatus; chloronarcosis was made use of for bitches, and morphine—in the dose of half a centigramme per kilogramme of the animal's weight—was employed for the goat. For the preparation of the animal the ordinary laboratory technique was adhered to: shaving and washing of the abdominal parietes, first with warm water and soap, then with half per thousand aqueous sublimate solution, and finally with alcohol. Instruments, gauze and silk were sterilised by boiling. Laparotomy, research of the bile-duct and section of it between two ligatures. Three-strata suture of the abdominal wound, which was closed with a collodion dressing. The urine, carefully collected, began to contain biliary pigments at the end of the first day after the operation. Of the five animals operated on three (two bitches and a goat) were killed the instant labour had begun; the other two (bitches) were sacrificed before the onset of labour, with a view to examine with accuracy the contents of the uterus, which was immediately removed in its entirety and its coats cut through with great

circumspection, taking special care to cut open, one after the other, the respective amniotic bags and gather the liquid into a glass vessel.

The results of operation were invariably checked by post-mortem examination in order to ascertain the condition of the divided bile-duct. It was noted on opening up the bitches and goats that almost all tissues were markedly yellow-coloured, particularly so the subcutaneous connective tissue and the peritoneum whereas on cutting open the fœtuses no yellow coloration was noticed in their tissues.

Experiment No. 1.—Bitch weighing 8½ kilogrammes. On March 30th laparatomy was practised as above indicated, along with the ligature and section of the bile-duct at about one centimetre from the intestinal opening. The animal was killed on April 10th. Intense jaundice was noticed. The abdomen was cut into, and the uterus, containing four fœtuses, removed.

Experiment No. 2.—Medium-sized bitch, operated on April 16th; killed on the 30th of the same month. On the abdomen being cut open, the gall-bladder was found to have increased in size; the biliary canals, from the bile-duct ligature upwards, were ectatic. The uterus contained five fœtuses.

Experiment No. 3.—Big hunting bitch, operated on as above on May 4th, and killed on the 26th of that month. On opening the abdominal cavity, the gall-bladder was found to be markedly dilated. Six fœtuses were contained in the uterus.

Experiment No. 4.—Small brindled bitch, operated on May 28th and killed on June 20th. Well-marked jaundice. The abdomen was cut open and the gall-bladder was found very much dilated. In a like condition were found the biliary canals above the place where the bile-duct was ligated. Four fœtuses were contained in the uterus.

Experiment No. 5.—Goat weighing twenty-five kilogrammes. Laparotomy, as previously, under morphine narcosis. The ligature of the bile-duct was made, at about two centimetres from its intestinal opening, on December 16th. On the whole, the goat showed symptoms absolutely similar to those of the bitches previously operated on. The animal was killed on January 1st. There was widely-spread jaundice. The abdominal wound had thoroughly healed. Slight adhesions between the epiploon and some intestinal loops. The gall-bladder had dilated to twice its size; the biliary ducts from above the ligature were markedly ectatic. The uterus contained two fœtuses, almost at term. The amniotic liquid, placentæ and fœtuses of each animal were placed separately in glass vessels. The placentæ were minced into a fine pulp, and some of them were digested in alcohol so as to obtain an alcoholic extract, whilst others were dissolved in water in order to obtain an aqueous extract. The fœtuses were dealt with in the same way, after having very carefully taken away the liver and the alimentary canal; the amniotic liquid was concentrated and reduced also, partly into alcoholic and partly into aqueous extract. The chemical test of the liquids obtained from the placentæ, for the research of biliary pigments, was in every instance positive, with all the reactions before-mentioned. The aqueous and alcoholic extracts of the fœtuses, as well as those of the amniotic liquid, gave negative results. Pieces of fœtal tissue digested in alcohol failed to reveal any trace of biliary pigments, whilst the maternal ones show fairly larger quantities of such pigments.

With regard to the placenta, that of the bitch is well known to be circular in shape, with two bags at the edges, wherein the chorionic villi are far less developed than they are in the central part, and wherein accumulations of a greenish substance are normally to be found, showing, in colour and reactions, great analogy with that of the biliary pigments, though Hammarsten does not admit the identity of this substance with biliverdin to be sufficiently established. It is in these two bags that we find a far more intense dark green colour, in the case of animals in whom the bile-duct ligature has been practised, whilst the middle part is not in the least coloured with bile, and remains as it is in a normal condition—*viz.*, of a light brown-red colour, and in this part the villi of the chorion are very much vascularised and extraordinarily ramified. For the benefit of my work I extended the research of biliary pigments on pregnant bitches not operated on, and at term, or nearly so. The results given by these placentæ were equally positive. I am thus able to assert with certainty that the placentæ of these animals invariably contain smaller quantities of biliary pigments than can be found in those that undergo ligature of the bile-duct. This was already clear at the first glance, for the placentæ of the operated animals showed edges of a much darker green than the normal placenta. The histological researches of fresh preparations, moreover, showed a much deeper infiltration of green substance in the placenta of operated animals, at times uniform, at other times gathered together into more or less large granules. Chemical researches, carried out on equal numbers of placentæ of normal animals and of operated ones, invariably indicated a much greater quantity of pigments into the placentæ of artificially jaundiced animals.

Having thus established the truth of this fact in a way too evident to admit of dispute, it was necessary to carry out the same researches on other animals whose placentæ in the normal state did not contain such substance. For that reason I felt induced to make the experiment on the goat by ligaturing the bile-duct; and, as I have said before, the results, with regard to the presence of biliary pigments, were completely positive in regard to the placenta, and negative in respect of the fœtus as well as of the amniotic liquid.

Besides the research of biliary pigments, I also tested for the biliary acids on the placentæ of jaundiced animals; for this purpose the placentæ were digested in alcohol, and the extract so obtained evaporated and treated with Pettenkofer's reaction (sulphuric acid and sugar); not once was the slightest indication of a positive result obtained.

These experiments, I believe, prove more conclusively than has up to now been demonstrated the fact that the mother's jaundice cannot be transmitted to the fœtus during intra-uterine life; or, rather, that the biliary pigments cannot directly pass from the maternal blood into that of the fœtus. Consequently, no trace of biliary pigments derived from the jaundiced mother can be found in the amniotic liquid. And it is easily understood that the obstacle is to be found in the placenta, which must be credited with the important function of purifying the mother's blood by preventing the passage of biliary pigments and holding them fast, because they are harmful to the nutrition of the fœtus. And that this is actually the case is proved by the fact that no other organ is to be seen, in the above-mentioned observations, so intensely coloured as the placenta, which, on microscopical examination, displays the preference of biliary pigments for its cells, especially accumulating on the margins where the villi of the chorion are less numerous. The transmissibility of certain substances from the mother to the fœtus through the placenta has been the subject of much study. Observations and experimental researches, made with cyanate of iron, iodine and bromate of potassium have proved that on being dissolved in the mother's blood they are met with in that of the fœtus. In cases of intoxicated animals and of women poisoned by arsenic, mercury, or lead, the passage of these metals to the fœtus has been demonstrated. With regard to colouring substances, though negative results have generally been obtained for those resulting from fine granules—cinnabar, carmine, india-ink—still, on the face of some positive experiments (Reitz, Perls) on the passage of the mentioned substances from the mother into the fœtus, it must be admitted that fine particles may find their way through the placenta, forcing perhaps the cellular strata that separate the maternal from the fœtal blood. The passage of foreign substances from the mother to the fœtus is associated with the question of the relations between maternal and fœtal blood. Up to recently some held the opinion that the nutrition of the fœtus took place exclusively by

osmotic phenomena from the maternal tissue towards the chorion, and others that nutrition took place through a particular secretion, a sort of milk elaborated by the placenta.

These two theories are somewhat exaggerated. The two classical works on the function of the placenta are those of Ercolani and of Tafani, who came to conclusions that are the more acceptable ones. The former, who occupied himself with such researches from 1868 up to 1885, admitted that the nutrition of the fœtus does not take place solely by osmotic change between the two bloods, but as well through an elaboration, a secretion of the elements of the decidua, wherefrom the name of glandular organ, applied by Ercolani to the maternal placenta, and recognised by Turner.

Subsequently, in the year 1886, Tafani, on studying the placentæ of various animals, gave a clear demonstration of the formation of the uterine milk that, according to him, serves for the nutrition of the embryo more especially in the early months, whereas towards the end of pregnancy Tafani held that the osmotic phenomena prevail. By injecting indigo-sulphate of soda into the jugular vein of she-rabbits in the second half of pregnancy, Zungt noticed the amniotic liquid was azure-coloured. He thus wanted to show that part of this liquid is formed by the mother. These studies support the opinion that for the embryonal nutrition it must be a question of a passage of regular nutritive principles from the maternal into the fœtal blood. And this can only take place in the placenta, this being the sole intermediate organ, mostly formed by the big branching villi of the chorion that go directly to bathe in a large vascular net developed in the decidua, as already demonstrated. Such a disposition facilitates the exchange between the two blood streams by which the embryo's blood is made fit for the requirements of nutrition. This exchange certainly cannot occur directly, because there is no communication, the villi of the chorion being perfectly closed; and, therefore, one cannot help thinking of the known chemical process of endosmosis and esosmosis, already admitted by the majority. Why, then, are the biliary pigments carried along with the blood met with on the edges of the placenta, and not in the fœtal circulation, even in the gravest cases of jaundice? Does the placenta act for such a pigment like an ordinary filter? One might say that, as not all liquids and animal tissues have equal affinity for the reabsorbed biliary pigment (there being some less susceptible of penetration, especially those deprived of blood and lymphatic vessels, such as cartilage and cornea), the amniotic liquid and the fœtal tissues may have no affinity whatever for such pigment. This, however, is not a very valid reason, particularly for the fœtal tissues, which take the colour well in cases of new-born children with jaundice; it is, on the other hand, better supported for the amnion, which has little vascularity. My experiments agree with those admitting that the passage of even very fine solid particles through the placenta cannot be accomplished, this being an opinion that is gaining more and more favour. Thus the function of an ordinary filter is attributed to the placenta; not in the strict sense of the word, because the way pigmental granules are deposited differs somewhat; but, at least, for the functional means that it has of purifying the blood, through its cells, from the biliary pigments, which, by being thus kept behind in the maternal tissues, cannot prove harmful to the embryo. The explanation of this fixation of the biliary pigments in the placenta is to be sought in the calcareous salts therein contained, which have a great affinity for biliary pigments, so much so that chemists avail themselves of these calcareous salts (phosphate-carbonate of lime) to precipitate the colouring substances of bile. Recent studies (*a*) on that subject have proved beyond any doubt that the placenta, besides containing a quantity of insoluble salts, holds a considerable quantity of calcium, at times so abundant as to be perceptible to the touch in the shape of calcareous concretions. The biliary pigments carried by the blood stream, on coming in contact with lime, form an insoluble precipitate, resulting from a combination of lime and bilirubin. This calcareous compound would not constitute, for the colouring substances, an element of passage into the body of the fœtus, but would, on the contrary, act as the principal factor in the absorption and detention of the biliary pigments in the placenta. Once this is admitted, it follows that no trace of bile coming from the mother can be found in the amniotic liquid. The demonstration of this fact might prove of great value in legal medicine, inasmuch as when these traces are found they are certainly to be attributed to the meconium passed by the suffering or dead fœtus in the uterus.

Summing up the results of my experiments, I am led to draw the following conclusions:—

1. Biliary pigments, during pregnancy complicated by jaundice, remain fixed in the placenta.

2. In such cases it has been found, by means of experiments on animals, that biliary pigments do not pass into either the fœtus or the amniotic liquid; or, if traces are sometimes met with, they are so trifling that no pernicious influence to the fœtus can therefrom result.

3. The explanation of such a fact may be looked for in a particular function of the placenta, which acts like an ordinary filter, in order to protect the fœtus from this pernicious substance coming from the mother.

4. The indication for obstetric intervention may be constituted by the defective condition of the mother's organic resistance, through cholæmia, and never by the fœtus, which is not jaundiced, and cannot, therefore, give rise to imminent danger.

(*a*) V. Grandi. "Studies on the Composition of the Placenta." 1st and 2nd Notes, laid by the member, Prof. Lucaim, before the R. Accademia del Lincei, sittings of March 4th and April 1st, 1900, Rome. P. Sfament, "On the Chemical Composition of the Placenta and of the Fœtal Blood, on the instance of the Parturition," 1st Note, "Annali di Ostetricia e Ginecologia," No. 11, 1899, Milan.

Clinical Records.

DR. STEEVENS' HOSPITAL.
THREE RECENT OPERATION CASES.

By Mr. Swan, F.R.C.S.I.

(Reported by F. J. Blackley, M.B., B.Ch., Acting Resident Surgeon.)

Fracture of Pelvis with Obscure Bladder Symptoms.

A boy, æt. 16, was brought to the hospital in the ambulance on August 5th, at 10 a.m. A pony which he had been riding had bolted and thrown him on his right hip. He lost consciousness for a few moments, and on attempting to rise found that he was unable to raise his right leg from the ground. Beyond some slight pain referred to the crest of the right ilium, he complained of nothing. Shortly after admission he made an unsuccessful attempt to pass urine, and a soft rubber catheter was passed without difficulty, withdrawing a small amount of urine and a considerable quantity of blood. A fracture of the pelvis, located as nearly as possible to the right sacro-iliac articulation, was discovered. At 6 p.m., on account of the continued passage of blood and no urine per catheter, and owing to tenderness and increasing dulness on percussion of the abdomen above the pubis, the diagnosis of rupture of the bladder was made. An incision six inches in length was made in the middle line of the abdomen above the pubis. There was considerable ecchymosis of the peritoneum and a large quantity of clear, pale yellow fluid was discovered, which at first was taken to be urine, but a moment afterwards recognised as serum, the result of hæmorrhage proceeding from an artery which was freely spouting blood behind the pubis. The bladder was carefully examined, but no laceration of its wall was found. The vessel having been tied and the blood thoroughly washed out with hot saline solution, the wound in the abdomen was closed in the usual way. Hæmaturia disappeared eight days after the operation, but the patient's temperature, which had up to this time

been normal, rose to 101°, and the pulse rate to 124. Pus was discovered in the urine on the same day. From this date until the 27th his morning temperature was always normal or subnormal, and his evening temperature 101°, the pulse rate increasing correspondingly. He felt well, slept well, and had a good appetite. The wound in the abdomen healed by first intention, the passage of urine, though somewhat frequent, was unattended by pain.

This urine was sometimes faintly acid, sometimes faintly alkaline, with a heavy deposit of phosphates and pus. The fracture in the pelvis was evidently uniting, and was causing no pain; the anterior superior spine, and the corresponding ala of the right ilium, were deflected, owing to the fracture forward towards the middle line to the extent of an inch.

From the 25th inst., the bladder was washed out daily with warm boracic lotion. On the 30th inst., there was no pus in the urine. As the patient was anxious to be amongst his own people, he was sent home on September 7th.

The hæmaturia for the first week may have resulted from some slight injury to the bladder, which had not occasioned a complete laceration of its wall, but the cause of the pus in the urine for more than a fortnight remains a mystery.

INTESTINAL OBSTRUCTION DUE TO A TUMOUR OF THE COLON.

A man, æt. 27, was admitted to the hospital on August 17th, complaining of "swelled stomach." For a month past he had been somewhat constipated, and had on several occasions during this time vomited a large quantity of "green stuff." For three days before admission constipation had been absolute. On examination the abdomen was found to be very distended and tympanitic. Peristaltic movements of the bowels were clearly visible through the abdominal wall, the more so as the patient was far from muscular, and his abdominal wall proportionately thin.

Palpation of the abdomen elicited some pain just below the liver, but no tumour could be felt. The man's family history was of no assistance, and there was no evidence of syphilis. Up to one month before he had been in perfect health.

Repeated enemata resulted in the passage of a small quantity of scybalous fæces, and of a considerable amount of flatus. On August 21st, the patient felt better, but had had no natural motion of the bowels. His abdomen remained in the same condition of distension, and tympany with peristalsis of the intestines still in evidence. A coil of what was probably large intestine could be plainly seen passing down slightly to the left of the middle line from the costal margin to the pubis. A rectal examination revealed no abnormality. On the 24th and two following days a considerable quantity of bright blood was passed *per rectum*, but practically no fæcal matter. Some slight discomfort was caused by the great distension of the abdomen, but no pain. By means of a Higginson's syringe the rectum was distended with air, this distension, on examination of the abdominal wall, apparently extending just above the sigmoid flexure of the colon. On account of the persistent obstruction and repeated hæmorrhages from the rectum, an exploratory laparotomy was decided upon.

On September 1st an incision four and a half inches in length was made in the middle line of the abdomen. Coils of large intestine distended with gas bulged into the wound. On tracing the colon it was found that just above the point where it became pelvic, its continuity was interrupted by a hard mass, as far as could be judged about the size of a small orange, and the gut at this point was bound down to the posterior abdominal wall even more firmly than usual. As it was found impossible to draw the growth into view, in spite of a supplementary transverse incision, it was decided to anastomose the gut above and below the growth. The transverse colon was therefore united to the intestine below the growth by means of a large-sized Murphy's button, and the abdominal wound closed. Twenty-four hours after the operation the patient was much relieved by the passage of a large quantity of flatus. On the afternoon of September 6th, he passed two large formed motions immediately followed by the Murphy's button, and between 6 and 8 p.m. two more large formed motions. The distension, which had been gradually disappearing since the operation, was completely gone on September 7th, the patient feeling well and having neither pain nor fever.

The question as to whether the operation will prove a complete cure can only be answered in time, the result depending on whether the growth was benign or malignant. The youth of the patient is in his favour.

OSTEOTOMY FOR HIP DEFORMITY.

A boy, æt. 19, was admitted on August 24th with ankylosis of the right hip-joint. There was a history of a fall at the age of 4, followed after a few months by a discharge coming from the joint, and then six months' treatment in a Thomas' hip splint.

From the time the splint was discarded, which was when he was 5 years old, until the present time he did not remember his hip being in any way different from its condition when he was admitted.

On examination, it was found that the femur was absolutely fixed at right angles to the body, and it was decided to operate for the cure of the deformity. An incision two and a halfinches in length was made over the great trochanter, and extending slightly below it. The femur was divided with an osteotome just below the trochanters, and the upper attachments of the adductor longus, ilio psoas and fascia lata of the thigh cut through. It was then found possible to straighten the leg, and extension being made, plaster of Paris bandages were applied from the chest to the feet by the help of the very ingenious appliance devised by Dr. Halahan, resident surgeon of the hospital.

The patient is now quite comfortable, although there was naturally a good deal of pain for some days, the new position of the limb causing some tension on the nerve trunks.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—XII.

[BY OUR OWN SPECIAL COMMISSIONER.]

NORDRACH-IN-WALES.

IF the returns of the Registrar-General are to be taken as a reliable guide, then the death-rate from phthisis in North Wales must be considered higher than in England and Wales generally. The prevalence of pulmonary tuberculosis in this district appears to be due principally to the bad housing of the working classes, and often, it must be added, to the particularly poor food on which they manage to subsist. In some of the narrow valleys there is much dampness and also great lack of sunlight. Manifestly much of the tuberculosis at present so common in Wales is readily preventible, could the condition and habits of the poorer members of the labouring class be improved.

North Wales has rightly won, and well maintains, a high reputation as a valuable health resort, and particularly Colwyn Bay, Penmaenmawr, Llanfairfechan, and Beaumaris in Anglesea, among the seaside stations, have gained distinction in the treatment of consumption.

Pendyffryn Hall, or as it is generally called, Nordrach-in-Wales, is excellently situated between Conway and Penmaenmawr.

The sanatorium stands in its own grounds, which are about one hundred acres in extent, consisting of parklands, pine woods and mountain side. Situated immediately beneath hills which rise to an altitude of a thousand feet, it is effectively sheltered from east and north-east winds, and yet well exposed to sunlight and bracing sea breezes and open to exceedingly charming views. The mountain side has been provided with admirably designed paths which allow of the carrying

out of carefully graduated walking exercise. We consider the arrangement of these paths particularly good, for the walks are so arranged that the patient on the return journey has the way mainly down hill. The extensive woods in close proximity to the sanatorium afford endless variety for lovely walks, and from almost all parts peculiarly attractive views of mountain and sea can be obtained.

The rainfall in many parts of North Wales is unusually heavy, but here it is moderate, being only about thirty-one inches. The average of sunshine is large. The subsoil consists of sand and gravel, and is consequently very porous and dries speedily after rain. The climatic conditions generally are well suited to the successful treatment of phthisical cases.

The sanatorium is conducted strictly on Nordrach lines. The resident physician, himself a former patient of Dr. Otto Walther, personally directs the life of each patient, and, with his wife, takes meals with the residents and participates in their manner of living. We had the pleasure of freely inspecting the sanatorium and taking lunch with the patients, and can testify to the excellence of all the arrangements.

The main portion of the sanatorium consists of a stone-built mansion, which by comparatively slight alteration has been excellently adapted to its present purpose. The rooms are of large size and well provided with windows. The dining-room is good, and, indeed, all parts of the establishment testify to much care and thought having been expended in their design; and there is evidence of a rigorous surveillance in their due maintenance. The sanitary arrangements are particularly good, and throughout rational measures appear to prevail.

Near the main building are a number of well-designed and excellently appointed bungalows in convenient communication with headquarters, which are lighted by electricity. Lawns and well-wooded parklands close to the house afford ample opportunity for the erection of rest shelters. The proprietor and resident physician, Dr. G. Morton Wilson, lives in a charming house in the grounds close to the sanatorium. The doctor and his wife, however, as already indicated, take meals in common with the patients, and practically lead the same life. Only a limited number of patients can be accommodated, and each is given that special individual attention which is so essential for success.

Dr. Wilson is enthusiastic in his belief in the advantages of a management of cases according to Nordrach methods. He lays much stress on the value of carefully regulated and individually directed exercise; and instead of allowing cases to rely on the assistance of nurses, and so sink into selfish habits with much oss of self-reliance, seeks to arouse a wise spirit of elt-help which goes far to secure permanent physical advantage.

The life at Nordrach-in-Wales is so directed as to develop the highest powers of resistance and to secure a full reaction to restorative influences. By a thorough study of each case all the important factors in a rational treatment are carefully regulated to the needs and capacity of each individual.

The terms are five guineas a week, inclusive of medical attendance, board and lodging. Access to the sanatorium is easy; carriages can be sent to meet trains either at Conway or Penmaenmawr stations. The nearest station is Penmaenmawr. The postal address is Nordrach-in-Wales, Capelulo, near Penmaenmawr. Telegrams should be directed "Pendyffryn, Penmaenmawr."

HANER-Y-FFORDD.

Haner-y-ffordd, Queen's Park, Colwyn Bay, although not, strictly speaking, a sanatorium in accordance with the modern interpretation of such a title, is nevertheless an interesting example of a hygienic home specially designed and definitely conducted for the consumptive patient. As its name suggests, it is a halt-way house, an intermediary between the sanatorium proper and the ordinary residence.

We have carefully inspected Haner-y-ffordd, and consider it excellently adapted for its purpose.

In many cases there are difficulties in sending cases direct to a sanatorium, and also many patients on leaving such an institution stand in need of much wise after-care. For incipient cases, and also for the completion of arrest of the pulmonary mischief, we venture to think that a judiciously directed life in such a residence as Haner-y-ffordd may be expected to accomplish much. The ordinary boarding-house and convalescent homes to which so many early cases of phthisis are now sent are usually ill-adapted for the strict control and rigorous regulation of the life of a consumptive, and by the neglect to adopt a rational course of action early in the disease irreparable damage is often done.

Haner-y-ffordd is a newly-built and admirably-designed, detached house with a garden of a quarter of an acre. It is situated in the higher part of Colwyn Bay, immediately below the far-famed Pwllycrochan woods, and is well adapted for carrying out the open-air treatment. The house is conducted by Miss Matthews, who has enjoyed considerable experience of the hygienic treatment of consumption as matron of Dr. G. Morton Wilson's excellent sanatorium, Nordrach-in-Wales. Miss Matthews informs us that she only receives cases under medical supervision, and only those who are recommended by their medical attendants can be admitted. After careful inquiry and thorough inspection, we are of opinion that Haner-y-ffordd will fill a very useful place in the management of certain judiciously selected cases; and although in great measure experimental, we consider it rich in possibilities of much useful service. The terms are three guineas a week.

MANAGEMENT OF THE WOUNDED IN NAVAL WARFARE.—III.

Hæmorrhage.

In naval warfare hæmorrhage is comparatively slight with every class and description of wounds. Every shell wound destroys tissues, and bruises more or less extensively the tissues of the surrounding parts; so, whenever an injury is inflicted the vascular tissues sustain more or less contusion above and below. When the vessels are rent, their middle and inner coats are first torn and curled inwards; then the outer coat hangs loosely down, so that the coagulation of blood in the vessels is greatly facilitated. Moreover, with a mutilated or seriously lacerated wound, a severe shock will often occur which retards the function of the heart and still more facilitates coagulation. This is the reason why the hæmorrhage is so small with shell wounds.

After the Chino-Japanese war was concluded, one hundred questions were drawn up relative to wounds and various sanitary matters, and answers were collected from surgeons. The observations of all the surgeons coincide in showing that hæmorrhage was slight. These observations are, of course, of a general nature, and do not hold good for all cases, for there are some cases recorded which were attended with heavy hæmorrhage. It depends greatly on the injury to the blood-vessels; when they are rent asunder coagulation is rapid, and accordingly hæmorrhage is slight; but when they are only perforated or half rent, the middle and inner coats of the vessels being hindered from curling up, coagulation does not take place, and consequently hæmorrhage is heavy. Shell fragments and iron pieces are irregular in form, and have sharp angles and keen edges. They not unfrequently give partial laceration to the blood-vessels, besides complete laceration of them as in the mutilated wounds, consequently, hæmorrhage will be severe in such cases.

In two cases of mutilated wounds of both thighs

and of both legs, hæmorrhage was observed to have been copious. The arteries of the thigh are too large, even though torn asunder, to form enough coagulation to immediately stop hæmorrhage; therefore, if not attended with shock, hæmorrhage may continue to the moment of death, and, even if arrested at once, the loss of blood will still be very great. These two cases were caused by the impact of an entire shell of great velocity, and the difference in its effect from that of a wound by a shell fragment is much the same as the difference between being wounded by a sharp sword and being cut with a blunt blade—this probably accounts for the heaviness of the hæmorrhage. At any rate, hæmorrhage did not last long, for shock was heavy in both cases, and the injured persons died in a few minutes.

As regards shell wounds, it is very rare that injury of a blood-vessel is the sole cause of death. In one case a man received a deep contused wound on the inner side of the lower third of the right thigh by which, the femoral artery having been injured, hæmorrhage took place, the bleeding, however, being at once staunched by the application of a compress by a carrier. The patient was brought to the surgery, and was receiving treatment, when the explosion of a shell mutilated his chest and abdomen, and caused instant death.

In shell wounds of all other parts, when blood-vessels smaller than middle-sized are injured, hæmorrhage is not heavy, and it will almost always stop of its own accord if dressings are applied. But in cases of injury of the intercostal vessels, the pressure given by the application of dressings does not reach the vessels, and the blood coming out of these arteries flows into the pleural cavity, and does not have such a favourable effect in procuring the coagulation of blood as is the case with the hæmorrhage of other blood-vessels, in which the blood, coagulating by degrees in the tissues and increasing the interna pressure of tissues, favours further coagulation. Accordingly, hæmorrhage may naturally last till the time of death, and in such cases it is needless to say that timely ligature of the injured vessels is of the utmost importance.

Suppuration.

In the case of patients so heavily injured as to need hospital treatment on shore, the wounds were almost all found suppurating when received into the hospital. Ample provisions had been made before the commencement of the war to prevent suppuration by strict attention to antiseptic measures. But the result was contrary to expectation, though it could not be helped under the circumstances at that time.

Shell wounds are frequently heavy, and always of a lacerated nature, so that tissues around the wound usually sustain serious contusion; the tissues of the afflicted surface lose their vitality, and with it their power to resist micro-organisms, and thus even a few micrococci multiply at once and bring on suppuration. This is a fact long ascertained by experience. Moreover, the tissues around the wound are torn irregularly, so that extremely irregular cavities are thus formed, which, once invaded by micro-organisms, cannot easily be sterilised. Hence, in order to prevent a shell wound from suppurating, ordinary antiseptic measures are of no avail; strict precautions must be taken, under careful management. "The usual method of disinfection is, before an operation, first, to cleanse the skin of the part with soap and warm water, next to rub with a brush, and then to irrigate with an antiseptic solution like carbolic acid, followed by a cover of cloth dipped in the same solution. If the disinfection of instruments, &c., be also perfectly effected, the operation will mostly prove successful without any fear of suppuration. It has been, however, proved by experiments that if a superficial layer of the disinfected skin be sliced off for an experimental cultivation, the growth of micro-organisms will generally be observed. This shows that there still lie some micro-organisms concealed in the skin after the usual disinfection, which may sometimes find their way to the operated surface. But in a case like this, the tissues of the wound surface are destroyed only to a thin, microscopical depth, whilst the surrounding tissues are healthy, and retain their strength of resistance, and the micro-organisms entering that part are very few in number; therefore, the multiplication of micro-organisms is prevented, and the first union is generally successful. But, though such antiseptic measures may prove effective with usual wounds, with shell wounds they cannot be said to be perfect; for when invaded by pus cocci hidden in the skin, however few they be, the surrounding tissues which have lost their resisting power are very liable to suppurate. This is one of the causes that make shell wounds suppurate more frequently. Again, it is a very difficult matter to obtain a suitable surgery in every ship, and temporary surgeries in the ward-room or the gun-room are often extremely inadequate, viewed from an antiseptic point of view. Moreover, during a battle the scuttles are mostly closed up, and light and air excluded; the firing of guns keeps the ship in agitation; and everything is filled with the dust and dirt of an engagement. Amidst such conditions, it was almost impossible to preserve the wounded surfaces from being soiled."

In most ships two surgeries were provided, one fore and the other aft; each surgery had only one surgeon, assisted by one or two nurses, and when wounded persons were carried in, one after another, no proper treatment could be given, owing to the insufficiency of hands. During the battle, therefore, urgent and temporary measures only could be taken, and on the evening when the engagement was over, each patient was for the first time properly treated according to the nature of his wounds.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, Sept. 19th, 1903.

THE *Deutsch. med. Zeit.*, September 10th, had a paragraph on a case of

ECHINOCOCCUS OF THE KIDNEY

under the care of Dr. Schmidt, which was operated on with a successful result. The patient, a woman, æt. 31, had had seven children. In the summer of 1901 she noticed a swelling in the left hypochondriac region. A tense, smooth tumour, the size of the fist, painful on pressure, was found. On May 12th, 1902, she had another normal labour. In September the growth had enlarged rapidly, and as she was two months pregnant again it was decided to operate. No positive diagnosis was made. Malignant tumour was excluded, and the probable condition was hydronephrosis. The operation revealed a tumour of the kidney; the lower portion of the kidney was sound, the growth affecting the upper pole. An exploratory puncture gave clear fluid, which was recognised as echinococcus fluid. About half a litre of clear fluid was evacuated. On opening the tumour a collapsed echinococcus cyst was met with, and was easily removed. A portion of the cyst wall was resected, and the hæmorrhage showed that it still contained kidney

tissue. The recovery and the pregnancy were both uninterrupted. Echinococcus of the kidney was declared to be rare. Amongst 113 kidney operations performed by Krönlein in twenty years, only one out of them was for echinococcus.

The same journal contains an account of the

Treatment of Cancer of the Skin by the Czerny-Trunecek Method.

This method consists in painting the carcinomatous ulcer daily with a spiritous solution of arsenious acid in gradually increasing concentration (acid. arsen. 1, distilled water and absolute alcohol each 75 down to 25). After painting over it is exposed to the air. A crust is formed, at first clear and thin, then as the painting is continued, it gradually gets darker and thicker, and is so firmly adherent that it cannot be removed. After this is cast off spontaneously, the painting is begun afresh. When the crust that forms is yellowish or greenish and comes off easily it may be taken that all the diseased tissues are cast off; if it still remains adherent, carcinomatous tissue still remains, and the whole process must be repeated. If the skin over the cancerous tissue is still intact it must first be removed with the knife or scissors. The method is applicable to all accessible epitheliomata, provided the glands have not become affected, and the disease is not one of too extensive recurrence. The authors have employed it in five cases of epithelioma of the face. In one case the treatment had to be interrupted before complete recovery on account of a febrile illness of the patient, and in another a patient on whom four operations had already been performed, because a widely-reaching rapid destruction of the new growth took place. In three cases the ulcer skinned over, but in two of them, at least, small recurrences had taken place in the course of a few months. The authors conclude that in the case of a superficial epithelioma gratifying results may be obtained, but that the method does not offer any certainty that recurrence will not take place any more than the knife does, or the thermocautery.

The *D. militärärztl. Zeit.* reports a case of

Ether Paralysis.

A soldier on the march fainting, ether was injected into the middle of the extensor side of the right forearm. The day following there was partial paralysis of the ext. brevis poll., as well as of the little finger. There was partial reaction of degeneration, and as after long treatment in hospital the paralysis did not recede, the man had to be discharged the service invalided.

Ether paralysis was not a mechanical injury to a nerve, but an injurious action of the ether on the nerve (local necrosis and progressive degeneration). If the muscle was injured the paralysis would be the more extensive. For the prevention of such paralysis care should be taken to inject it into the chest, or on the side of the trunk, and only under the skin, without penetrating the muscular covering. If the injection must be made in the arm, there should be only one insertion of the needle, and the spot selected should be the lower half of the extensor side of the forearm. The prognosis of ether paralysis was, however, generally good.

Meniere's Disease.

A collective investigation into this disease was undertaken a short time ago in Germany, and the results have been reported in a *brochure* by Dr. Gustav Hermann, of Kiel.

Of the symptoms the author says: We always have an affection of the ears in which the following symptoms are present—disturbance of equilibrium, nausea, with or without vomiting, subjective aural symptoms with consecutive functional disturbance; or these latter may be absent. In the results of autopsies hitherto published, changes in the ear were always present. These might have their seat in the labyrinth, in the auditory nerve or its nuclei, in the parts of the brain nearest to the ear, in the cerebellum, or, finally, in the middle ear. There was no typical Ménière's disease, as the particular symptoms observed during life had no corresponding post-mortem appearances, and, as when the pathological conditions were identical, there might have been symptoms during life not in any way corresponding with each other or to the pathological condition.

The author further discusses the etiology, basing his conclusions on thirty-three cases observed by himself and seventeen by others, and considers the assemblage of symptoms to be the outward expression of an irritation or an injury affecting the central or peripheral nervous element of the auditory organ. The intensity of the symptoms depends not only on the intensity of the irritation or injury, but, above all, on the bodily and mental resistance of the individual affected.

The functional disturbances are greater, other things being equal, when an ear is affected that has already suffered from disease. Regarding the prognosis, each case must be judged by itself. If a disease susceptible of treatment (such as syphilis) lies at the bottom, all the symptoms may disappear and the proper functions be restored. Treatment naturally follows the lines indicated by the etiology. Further, the general condition of the patient must be taken into account. Of the acute symptoms the most threatening is the impossibility of movement. On the slightest attempt to rise the patient falls to one side. Even when lying also the patient has the feeling of falling. In some cases the head twists towards the healthy side. In oversensitiveness of hearing, slight sounds may be kept out by tampons in the meatus soaked in glycerine. An ice-bladder on the head is recommended, or an occasional bleeding from the mastoid process, bromides, or Preissnitz dressings.

In the chronic cases there is generally an erosion of the bony semicircular canals or pressure from cholesteatomata. Here an operation must be performed on the canals.

If, on examination, narrowing of the tubes is found or blocking of the nostrils, the respiratory route must be cleared. If the labyrinth is suspected it must be catheterised, &c.

If all remedies so far have failed, the so-called empiric one must be tried. That recommended by Charcot, of quinine in large doses, is risky and endangers the power of hearing still remaining. Better results have been obtained with occasional doses of pilocarpine. As a sedative sulphonal is to be preferred to bromides.

Austria.

[FROM OUR OWN CORRESPONDENT.]

Vienna, September 19th, 1903.

Malformation.

At the Prague meeting, Kleinhaus showed the members a peculiar case of precocity in a child, æt. 4, and measuring 112 centimetres in height—44 inches. The child had menstruated regularly since the first year of her existence. She was fully developed about the breasts and had a profusion of hair on the pubis.

Cæsarean Section.

Kleinhaus also showed a patient on whom he had operated for obstructed parturition, first by a trans-

verse fundamental cut, and lastly by Cæsarean section. When the normal period had arrived for parturition the passage was found to be blocked by a myoma at the neck of the uterus. An effort was made to remove it, believing it to be lying in the pouch of Douglas, but it was afterwards found to be a pedunculated myoma attached to the posterior surface of the uterus. Finding the difficulty too great the Cæsarean section was resolved on, and proved successful to both mother and child.

INTUBATION AND DIPHTHERIA.

Ritter next exhibited a child, æt 4½, on whom he had operated for diphtheritic laryngeal stenosis. He commenced by intubation, which was fairly successful for some time, the breathing becoming free and the voice clear. In a short time the diphtheritic stenosis recurred, necessitating the repetition of intubation At last the granulations from tubal decubitus became so prolific that intubation was precluded and tracheotomy had to be resorted to. Later the granulations commenced at the wound in the neck, which relieved the larynx and admitted of the repetition of intubation. This was performed at varying intervals, and with the aid of a bougie the lumen of the larynx was kept open so that breathing goes on quite normally and the voice is clear.

NECROSIS FROM BANDAGING.

Springer presented a very interesting case of a child suffering from a hæmo-angioma over the parietal bone of the head, for which he operated. The child was a female, æt. 15 months. After the operation he applied a "Mitra" bandage passing over the frontal bone and occiput, *lege artis*, in the routine manner known to surgeons.

Nothing unusual was observed, unless a little disturbed digestion, which was attributed to a catarrhal condition of the bowel, with a temperature of 40° C.—104° F. Shortly after this, œdema of the head was observed from pressure of the bandage, which sloughed, producing necrosis of the bone. He considered a plastic operation would be inadvisable if not dangerous till the nutrition of the child was improved.

Schwarz asked if the urine had been examined for sugar, to which Springer answered in the negative.

Epstein remarked that these cases of children in a weak state with catarrh of the bowel were very prone to necrosis, and related a similar case of a child, on whom he had operated for mastitis, who necrosed about the chest afterwards. He concurred with Springer in not operating on such children.

PERITYPHLITIS OR CYST.

Springer again showed the society a boy, æt. 8, who commenced to complain of pain in the abdomen, with rise of temperature and constipation, which was diagnosed as perityphlitis. The pain at a later period shifted to the left of the umbilicus, at the same time forming a large swelling which fluctuated, giving the impression of a peritoneal abscess.

Laparotomy was finally resolved on and performed, with the result of discovering a large cyst with thin walls lying between the stomach and transverse colon behind the omentum and meso-colon. It did not appear to be attached to any of the neighbouring organs, but was presumed to come from a retro-peritoneal source, which he considered unwise to follow. An examination of the contents of the cyst and a part of the cyst wall gave no more satisfaction. A large segment of the cyst was removed and the abdomen closed, which healed up without any further trouble

ECHINOCOCCUS.

Another patient was shown with preparations of echinococcus taken from the right pleura whence the echinococcus had made its way through the diaphragm. Two of the ribs had been resected to gain access to the sac, which was removed *in toto*, after which the patient recovered within fourteen days.

BILATERAL PARESIS OF CRICO-ARYTÆNOIDS.

Schwarz brought forward a young woman, æt. 18, with bilateral paresis of the posterior crico-arytænoid muscles. The left vocal cord remained quite still on inspiration, while the right moved outwards. Phonation closed the glottis.

The patient declares the attack came on suddenly after a hasty drink of cold water on returning from a long walk, which caused her to vomit at the time, The breathing became croupy and she snored so loudly at night that it frequently awoke her.

She is able to say a few words with a clear voice; then a long moaning breath, with an inspiration, before she can proceed further, which breaks up her story into a sort of trisyllabic arrangement.

Syphilis and hysteria must be eliminated from the diagnosis, which leaves the cause very obscure, unless we accept the sudden chilling as the origin. The treatment consists of Faradisation and teaching to speak with long and short intervals.

NYSTAGMUS.

This much-debated question has been the subject of many experiments on animals with the object of determining the cause of the disorder. Miners being more subject to the disease than other operatives, it was reasonable to examine the positions and exposures of the men to discover the origin. Fixture of the eyes in a reclining position was one of the causes given; straining with an imperfect light was another; while Raudnitz comes forward with simple exposure to darkness as the most probable cause.

He confined dogs two months in a kennel in perfect darkness and produced horizontal nystagmus. After allowing them their freedom in light the nystagmus disappeared within three weeks. The fundus of the eye remained normal throughout. From this he concludes that the disease, both horizontal and spasmus nutans, is due to irregular pressure in the bulb.

ACUTE LYMPHOMATOSIS.

Weinberger gave a further detailed account of the acute case of lymphomatosis, whose clinical history was recorded by Lauber on a previous occasion.

The anæmia progressively increased with repetition of the febrile state. On the first examination the erythrocytes were 2,600,000; hæmoglobin, 40 to 45 per cent. on June 3rd; and on June 7th they were only 1,400,000, with 25 per cent of hæmoglobin. On the 11th they were still further reduced to 1,200,000 and 18 per cent. of hæmoglobin. Notwithstanding this reduction in the red corpuscles the white were not increased, but gradually diminished from 12,000 to 10,000 till the patient died on June 13th.

The post-mortem revealed extensive lymphatic thickening in the dura mater, gums, ary-epiglottis, kidneys, glands, bronchi, mesentery, &c., &c.

The most noticeable was the liver, spleen, the marrow of bones, tumours in the orbita, and both orbita as already stated. All the sections gave grey colour, reddish yellow, but never a green.

Weinberger was unable to say with the microscope that this was lymphosarcoma.

The Operating Theatres.

GUY'S HOSPITAL.

OPERATION FOR REMOVAL OF A BONY MASS FROM THE UPPER PART OF THE THIGH.—MR. ARBUTHNOT

Lane operated on a man, æt. 43, who three years ago had noticed for the first time some fulness and swelling in Scarpa's triangle. This caused him a certain amount of pain, and as time went on he became less and lessinclined to use the painful leg, the range of movementin which was within comparatively small limits. He was unable to extend the thigh completely, and from this extreme he could flex through an angle of about 60°. Adduction and abduction were also much diminished. All the muscles of the affected leg were very ill developed compared to those of the right leg. There was no appreciable shortening of the left leg, though the foot was very distinctly smaller. The reflexes were quite normal. He had at twelve years of age an attack of pain and tenderness in the left hip and thigh, which he was told were due to his rapid growth. As long as he could remember the left leg had been less developed and weaker than its fellow. There was a large deep-seated fluctuating swelling corresponding to the position of the hip-joint and extending downwards below its level. On pressing on it a hard bony mass could be felt in its centre corresponding in position to the lower limit of the front of the neck of the femur. Both the bony and the fluid swellings were deeply seated beneath the muscles. Firm pressure on the bony mass gave the impression that it was not very firmly fixed. An incision was made along the anterior margin of the tensor vaginæ femoris, and this muscle was hooked backwards. The rectus was seen to be splayed over the swelling. This was partly displaced and partly divided when the front of the capsule of the joint was exposed. It was seen to be very greatly distended with fluid. The capsule was divided vertically, when a large quantity of synovial fluid escaped. There presented between the edges of the divided capsule a rounded smooth mass of bone somewhat limpet-shaped. This moved upon a large prominent facet situated on the junction of the lower limit of the neck with the shaft. The facet projected quite a third of an inch above the level of the adjacent bone. The movable piece of bone with that forming the raised facet was removed. The wound was then closed.

ST. THOMAS'S HOSPITAL.

Epithelioma of the Tonsil.—Mr. Battle operated on a man of robust frame, æt. about 47, for epithelioma of the right tonsil. The man had applied at the hospital a few days before on account of a sore throat, when it was found that he had a malignant ulcer of the tonsil. When seen in the ward this ulcer was about the size of a shilling, with raised edges, much induration, and occupied the most prominent part of the tonsil, and extended on to the soft palate. There was some redness around it, and the patient complained of considerable pain in swallowing. No enlarged glands could be felt under the jaw, nor was there evidence of disease in any other part of the body. It was decided to explore the glands lying over the carotid and below the angle of the jaw, because it was deemed that these were diseased although they could not be felt. A curved incision was therefore made which exposed the carotid vessels about the bifurcation, and all the glands that could be discovered were removed through this opening. The cheek was then slit from the angle of the mouth towards the angle of the jaw, a proceeding not accompanied by much hæmorrhage, as the facial artery had been secured in the other wound. A gag having been inserted on the left side of the mouth, it was now possible to explore thoroughly the site of the growth. An incision was next made into the soft palate to the right of the uvula, and most of the right half of the palate cut away towards the growth, which was then isolated by incisions behind and below, after which it was possible to bring it somewhat more within reach. The lower incision involved part of the tongue on the right side, and from this there was some hæmorrhage which was not easy to arrest. After the bleeding had been fully arrested two silk stitches were put into the right half of the tongue, closing the wound in it from above downwards. The wound in the cheek was then sutured with interrupted fish-gut sutures, and the wound in the neck closed in a similar way, a drainage-tube being introduced into it. Mr. Battle said that the wound made in the mouth appeared to be rather out of proportion to the size of the growth, but it was only by making a free removal of such growths in their early stage that a prolongation of life could be hoped for. An operation even in the early stage should, he considered, be accompanied by removal of the nearest group of lymphatic glands, unless there was something in the patient's condition to make it inadvisable to prolong the period of anæsthesia. Epitheliomata in this situation were, he thought, very malignant, and a free communication of the tonsil with the surrounding lymphatic glands rendered their secondary infection a very early one. He pointed out that section of the bone of the inferior maxilla would have rendered it easier to get at the disease, but it would have complicated the operation considerably and minimised the patient's chances of recovery, as compound fracture of the lower jaw under such circumstances was very likely to become septic.

A little suppuration ensued in the sub-maxillary wound, but otherwise there was little to retard recovery.

Operation for Submental Carcinoma.—The same surgeon operated on a case of malignant disease of the glands under the jaw in the person of a woman, æt. about 45. The case, he said, was one which presented many interesting features. It appeared that many years ago she was operated on for rodent ulcer situated over the chin; there had been no recurrence of this until quite lately, when a small sore of doubtful character developed in the scar, but before this sore appeared she had noticed that a small swelling was forming under her chin; it had been coming for three or four years, but as it caused no pain she did not attach much importance to it. On admission, she was a thin woman, and with the exception of a small sore on the chin, where there was a large scar, she did not at first present anything unusual; but on closer examination the skin under the chin was rather puckered and the submental region unduly prominent; here there was a swelling of stony hardness closely attached to the bone and invading the tissues under the jaw; beyond this solid lump no evidence of glandular infection could be found. The growth was so closely attached to the bone that it was recognised as a necessity, if anything were done, to remove the portion of the bone as well as the growth, and the question was how this could be best accomplished so as to produce the least deformity, the skin being very closely attached to the growth in the middle line and for some distance towards the sides, it was necessary to divide the structures outside this. Flaps were dissected away laterally and a portion of the lower jaw removed. By means of a special saw worked by a dental engine incisions were made to the required depth at the necessary distance from the symphysis. A key-hole saw was then used to divide the bone connecting these two lines of section. The portion was then removed after-

the application of bone forceps. Unfortunately, the bone forceps caused the section on the right side to continue as a fissure through the alveolar process; this involved wiring the jaw after the removal of the tumour. This tumour, which was evidently a carcinoma, extended from the chin nearly to the hyoid, and as it involved the muscles to a considerable extent its excision was not performed without some difficulty, but apparently no growth was left. One or two small hard glands near were also removed. The wound was closed as much as possible with interrupted sutures, but dragged the lower lip so as to produce some eversion and depression of it. The patient suffered a good deal from shock, although the loss of blood was comparatively slight. The interesting point in the case, Mr. Battle said, was the occurrence of a carcinoma in this region, probably a secondary growth in the glands after the rodent ulcer, which must have undergone carcinomatous degeneration before removal, although this was unsuspected at the time. He thought the extreme slowness of the growth and its excessive hardness made it rather more hopeful that the period of freedom from recurrence would be somewhat more prolonged than the extent of the disease would suggest as probable. The fracture due to the bone forceps, he remarked, complicated the operation and made it less easy for the patient to attain a good chin afterwards.

The patient made a slow recovery.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 23, 1903.

ERRONEOUS DIAGNOSES AND COMPULSORY NOTIFICATION.

THE notification of infectious diseases is a duty imposed on medical men by the State, for the benefit, be it remembered, of the State, and not of the medical man. As a remuneration for the time, work and skill involved, and as compensation for the loss of his patient through removal to an isolation hospital, the State rewards the practitioner with—half-a-crown! Not only does the medical man not grumble, but he even cheerfully assists the sanitary official in securing the removal of unwilling patients, feeling that the public weal is a higher end to serve than even his own interest. In many cases his duty is complicated by the protean manifestations of the zymotics, which render a certain diagnosis difficult or impossible. If time permit, he will often obtain help in doubtful cases by availing himself of the aid of the bacteriologist; but, grateful though he be for such aid, the report he receives is only one factor in that important and complex decision—the diagnosis. Frequently, for the sake of others in the house, or for the sake of the early treatment of the patient—especially in cases of diphtheria—he deliberately takes the risk of sending the patient to hospital on his clinical diagnosis, loyally shouldering the blame, and injury to his practice that may result if his diagnosis be not agreed with by the medical officers of the hospital. In the light of these facts we must confess to surprise at the action recently taken by the Sanitary Committee of the Poplar Borough Council. The attention of this sapient body having been directed to the number of cases notified as infectious which, on removal to hospital are not considered by the Metropolitan Asylums Board's officers to be so, have instructed their town clerk to write demanding explanations in each case from the notifying practitioners. Moreover, in cases of typhoid fever or diphtheria further information is required as to why the practitioner did not avail himself of the "diagnosis test" offered by the Council. We sincerely hope that the medical men of the district will not allow themselves to be bullied or cajoled into taking any notice of the Council's letters. That they are *ultra vires* is plain from the wording of the Public Health (London) Act; that they are dictated by superb ignorance of the medical and social questions involved is apparent to any practitioner; that they attain the acme of bad taste is obvious to anyone. The medical attendant's own opinion is final as regards his legal obligation to notify; if he thinks that a patient has diphtheria he cannot escape from the responsibility entailed by that opinion. No magistrate, no Lord Chancellor, not even the Poplar Borough Council, nothing but a fresh Act of Parliament, can release him from the liability to notify. Having notified, his responsibility is at an end. To require an explanation of his performance of his legal obligation by the body that pays him half-a-crown is an insult which we as a profession may very justly resent, and should, for the sake of our own honour and dignity, resent. The letters should be treated with the silent contempt they deserve. Not even the tender of another half-crown, which the Poplar Borough Council are not in the least likely to offer, should induce a man to take any notice of these effusions. As to availing himself of the "diagnosis test" offered by the Council, we have already considered the frequent inadvisability of delaying a patient's removal for this purpose, and we repeat that medical diagnoses are not made like chemical reactions by pouring things into test-tubes and looking at them. There is no test for any dia-

gnosis, except a post-mortem. A diagnosis is the summation of a series of factors, and though the Poplar Borough Council may not know it, even bacteriology is sometimes delusive, and even bacteriologists make their mistakes. And if the medical men of Poplar and the bacteriologists make their mistakes, that human failing is shared, we doubt not, by the officers of the Metropolitan Asylums Board, and it may so happen that in many cases the question resolves itself into a legitimate and intelligent and mutually-respecting difference of opinion between the certifying practitioner and the Asylums Board officer. But another party that has made a mistake, we think, is the Sanitary Committee of the Poplar Borough Council. If they endeavour to promote sanitary administration in their area by insulting and brow-beating the local general practitioners, they will find their task more difficult and their work more arduous. The medical practitioner is the informal, day-in and day-out coadjutor of health-administration, and with his back rubbed the wrong way, he may not lend his aid so readily, and things may not work quite so smoothly in consequence. The joints may creak at times. But there is one other point that we must deal with. The Sanitary Committee threaten in the case of the notifying practitioner making a mistaken diagnosis—that is, a diagnosis held to be mistaken by the Asylums Board officers —without having availed himself of their "diagnosis test" to submit his name to the Council. Now, of course, the Council can do nothing. The only object of such a procedure is to brand the medical man with public ignominy—a cruel and unworthy act. We are not lawyers, so that we cannot say exactly how this action would be regarded in the courts, but if ever "malice" could be read into any published document, we should say that this was a case in point. The Sanitary Committee of the Poplar Borough Council have made a mistake; they have exceeded their duty; they have surpassed their authority; they have insulted honourable men; they have become exalted with megalo-mania; they are as beggars put upon horse-back. We fear they will ride to their proverbial destination.

THE BRITISH ASSOCIATION MEETING.

The very close dependence of the science of medicine upon the facts and discoveries of the natural sciences is never, perhaps, so fully realised as when the work of the latter is submitted to a critical and historical survey. On this account, more especially, are the addresses delivered before the British Association of supreme interest to the student of scientific medicine. As twenty years have elapsed since the last meeting of the Association at Southport the period is sufficiently long to render manifest the great advances that have been made in the respective branches of science. In the opening address delivered before the Section of Chemistry by Professor W. Noel Hartley, F.R.S., the main theme was that of spectroscopic analysis as applied to the investigation of both organic and inorganic compounds. A large amount of work has been done in this connection, especially in relation to flame and spark spectra at high temperatures; indeed, the measurement of the spark spectrum of a substance has been taken as one of the chief criteria of its identity. It was the application of this rule that led to the recognition of radium as a separate element, the peculiar physical properties and possible therapeutic uses of which have yet to be more fully investigated. In the Section of Zoology Professor Sydney J. Hickson, F.R.S., in his presidential address, laid stress upon the importance of biological teaching for those who aspire to the attainment of degrees in science, and we might also add in medicine, in our Universities. A sound biological training is very necessary for the proper understanding and due appreciation of the vital principles of cell-activity which underlie every normal and morbid physical process which takes place in the living body. From the public health standpoint, a knowlege of biological facts has many times been of the greatest assistance in dealing with problems concerning such important matters as the purification of water and the disposal of sewage, and this, too, apart from bacteriology. The balance of animal and vegetable life is so delicately poised that a very slight disturbance of equilibrium is sufficient to cause great human discomfort, if it does not actually threaten its existence, and yet this is the very aspect of the subject to which least attention is generally paid by students of sanitary science. The study of the anatomy and life-history of the diptera, by leading to the knowledge of the mosquito *Anopheles* and its sporozoan parasite, has placed us in a position whereby we may be able to favourably influence the commercial development of certain of our Colonies situated in malarious and tropical districts. The Anthropological Section was presided over by Professor Johnson Symington, M.D., F.R.S., of Queen's College, Belfast, who, in the course of his address, alluded to the recent advances of craniology, especially with regard to the relationship between the form and development of the cranial wall and that of the brain itself. There can be no doubt that, up to a certain extent, the external shape of the skull affords a good indication of that of the brain, and the recent work of Professor Schwalbe, who has shown that the position of the inferior frontal convolution is marked on the surface of the cranium by a small eminence, tends to prove that such is true not only in the main but also in the minor features. The question of the localisation of mental qualities must still remain an open one, but for its elucidation we must look to anthropologists as well as to experimental physiologists for further information. It will thus be seen that medicine is the great borrower and adapter, and that the sister sciences lend themselves freely to her aid, so that any fresh discovery which is capable of benefiting the human race in any way is thereby crowned with an added lustre.

BOARD-SCHOOL DISEASES.

WITH the advent of new conditions, it is natural to expect fresh accidents as well as beneficial results that have been foreseen. That observation applies with considerable force to the medical aspects of modern popular education under what may still for the present be called the Board-school system. The congregation of practically the whole of the children of the poorer classes of the United Kingdom into the close association of schools, often of large size, has, in the natural order of things, greatly multiplied the field open for the propagation of the infectious complaints to which children are especially prone. A specific infectious complaint, so to speak, has merely to visit a Board school to carry out a wholesale attack, instead of a detailed or guerilla warfare upon single individuals in scattered dwellings. The London School Board, which has done much sterling service in the cause of popular education, has recognised the importance of systematic medical inspection of scholars. They have hitherto employed the "part time" services of a medical officer, whose work was confined mainly to the examination of teachers and other candidates for employment, and to the control of notifiable diseases. Obviously, a great amount of necessary and desirable medical supervision was required above and beyond those particular matters. Accordingly, early in 1902, the Board appointed a medical officer, who was required to devote the whole of his energies to their service. In addition to former requirements, he was specially called upon to supervise (*a*) the condition of schools—ventilation, heating, lighting, furniture; (*b*) physical conditions of children—measurements, nutrition, vision, hearing; (*c*) school work and methods in their hygienic bearing. In this way the foundations have been laid of a really scientific system of hygienic popular education. To attain anything like an approach to the ideal will obviously be a matter of time. At the same time, it is impossible to doubt that a great stride has been taken in the right direction. Viewed in this light, the first Annual Report of Dr. Kerr, the able and energetic officer of the Board, must be regarded as a most important document. With regard to the general question of infection in schools, he strikes at the core of the question in the remark that "the more accurate knowledge becomes, the more likely does it appear that school dissemination is a matter of close personal contagion." It is not the present intention to follow his interesting and often illuminating observations on scarlet fever, diphtheria, measles, whooping-cough, and so on. Something may be said with advantage, however, with regard to ringworm and some of the commoner infectious eye maladies. Of recent years the increase of ringworm amongst children has been enormous, mainly, of course, in the large towns. That fact has been the direct outcome of the School Board system. Sooner or later the absolute control of that malady will have to be undertaken by those responsible for the administration of our national education. The disease is troublesome to treat and disastrous in its results, besides being one of the most readily communicable of all childish ailments. No school system can be considered complete if it does not provide some skilled method not only for the exclusion of scholars affected with ringworm, but also for systematic inspection of the apparently healthy and for the separate treatment of the diseased. As regards eye complaints, there is much in the Report that indicates the necessity of skilled special co-operation. It is suggested, for instance, that "blight" and granular lids are "not matters of serious import as school infections." The results of such teaching might be simply appalling, at any rate as regards trachoma, if accepted by school authorities. Without going into further detail, it may be stated generally that a perusal of the Report leaves a distinct impression that the value of the work done by the Medical Officer of the School Board would be greatly increased were he strengthened by the advice of an authority upon ringworm and of an ophthalmic surgeon versed in the eye complaints of children. While offering this criticism, however, it is with no intention of detracting from the merit of Dr. Kerr's Report, which bears on every page evidence of thoroughness and of competence in approaching a problem of the utmost complexity.

Notes on Current Topics.

The Commission on Dysentery.

WHEN a Government has to do something, and it does not know what to do, it appoints a commission. A Royal Commission generally contains so many heterogeneous elements that its report is followed by one or two minority reports, signed by various members, so that when a small commission (not Royal) can do the work, its report is generally less equivocal. A commission of three is surely the smallest body that could be called a commission, and when it is composed of men of the same profession it might reasonably be hoped that a definite, homogeneous series of recommendations might be forthcoming as the result of its investigations. The Secretary for War probably thought so when he appointed Lieutenant-Colonel Bruce, Colonel Lane Notter, and Professor Simpson to investigate "the nature, pathology, causation and prevention of dysentery, and its relation to enteric fever." The Commission went to South Africa in 1900, and seems to have finished its work by November, 1901, but as the last of its three reports is undated, this is not clear. For some undisclosed reason its full report is only just published—a little late for public interest in the question, though for us there is much food for reflection. Lieut.-Colonel Bruce performed the bacteriological work, and his conclusions are mainly negative; that the South African dysentery is not caused by amœbæ or any other discovered micro-organism, that it has no relation to enteric fever, and that so-called dysentery following enteric fever is probably a relapse of the primary disease. Professor Simpson writes a

long report, full of his observations, criticisms of the sanitary organisation in the field and in camp, and recommendations for the future. Colonel Lane Notter contents himself with a third report which is a running commentary on Professor Simpson's observations, couched in the most vigorous language that the amenities of commissions permit. Professor Simpson found that "it was the general exception for the water to be filtered or boiled," a statement that Colonel Notter regards as "far from the real facts"; Professor Simpson paints a lurid scene of the insanitary state of the camps, which he attributes to too much individual effort and too little concerted effort, but Colonel Notter considers that the description is "grossly exaggerated"; "there was an organisation, but it was inadequate in *personnel*"; Professor Simpson makes many suggestions; Colonel Notter thinks them "unworkable," and liable to lead to "friction and failure." The only point on which there *is* agreement of the authorities is that a special body of officers should be told off for sanitary duties. We suppose the expenses of this unsatisfactory little Commission will not form a large proportion of the £240,000,000 the war cost us, but we fear their little jaunt to South Africa cannot have been a very enjoyable one.

Human and Bovine Tuberculosis.

The relationship between the tuberculosis of man and the tuberculosis of cows is being eagerly discussed again, but not a whit more eagerly than its enormous influence justifies and requires. The Germans, pinning their faith to their great tuberculosis master, repudiate the transmissibility of human tuberculosis to bovines—and of bovine tuberculosis to man. For our part we think the evidence accumulated by Professor Hamilton and Mr. Young as to the possibility of the former is too weighty to be neglected. Of their nineteen animals, the same number, be it remarked, as was used by Koch, fifteen became tuberculous after infection with human tubercle, the disease in each case presenting the characters anticipated from the mode of infection—inventation, ingestion, or inhalation. The number is too large to admit of arguments of collateral or previous infection. We should like to see these experiments repeated on hundreds of calves so that the results might attain an unquestionable authority, but *pendente lite* we shall not be wrong if we regard the occurrence of the transmissibility as tentatively possible. The far more practically important question, however, is—Can bovine tubercle be transmitted to man? To this there are three answers at present, "Yes," "No," "Yes, but producing a different disease to human tubercle." The latter view is an extremely interesting one, and rests on the observed facts that whereas among adults tuberculous inspection (human tubercle) takes place principally through the inspiratory mechanism, among children tubercle is often apparently acquired by ingestion with resultant ulceration of the bowel or infection of the mesenteric glands without primary intestinal lesion (bovine tubercle). In the child, the milk-drinker, the infection becomes generalised (in those cases that do not recover) by gradual infection through the lymph and blood streams, whilst in the adult generalisation of tubercle following inhalation-infection is the exception. Dr. Nathan Raw points out the similarity of the cultural appearances of the bacilli from children with those of *Perlsucht*. We shall watch the development of this theory with interest, but we cannot help regretting that its tendency is to throw the children of the poor more and more on the tinned and preserved milks, whereas sound cows' milk is far preferable and should be obtainable. One fact, we confess, puzzles us. What has happened to the foreign doctors, so belauded of the lay Press at the time, who inoculated themselves with bovine tubercle? It they are still alive, we should like to hear the results of their experiences from them; if they were dead the fact would have reached us long ere this.

A Tip to Intending Students.

We have arrived at the season of advice to students. Educational numbers have reminded the parent that the time has come to select a medical school for his son; anon the silver tongue of the introductory lecturer will be loosed. Under these circumstances we feel we must tread cautiously; but a correspondent whose opinion carries weight addresses intending students as follows:—"If medicine is to be your portion—and be sure that you know all that this entails—and if London is to be your educational home, go to a small school. The day of the small school as a self-contained entity is on the wane if we judge the signs of the times aright, but to the average individual, not a genius, never did the small schools offer such golden opportunities. Till recently they had lagged behind, grudging the outlay on the equipment necessary for furnishing the new departments demanded by a rapidly-developing science. This was bad economy, for the students went where they could get the most for their money. They have—too late, we fear—recognised their error and laid out much capital in bacteriological plant and clinical laboratories. But the stream was already diverted, and the provincial Universities, springing from cutlery and hardware like armed men from dragons' teeth, have tapped the supplies of students at their sources. The small Metropolitan school, fully equipped and well staffed, cries like Autolycus for custom. Now our own feeling is that for the man who wants a good preliminary grounding, a large amount of practical work and the certainty of one or two resident appointments—those *summa bona* of hospital advantages—the small Metropolitan school is the best. Entries of a dozen or a dozen and half have been the rule at some of the schools during the last few years, and one, at least, of them has had to advertise for resident officers. Distinction in the athletic field cannot be for them, but for the man who wants to work steadily, and with average brains gain prizes and rewards, the course is clear.

Individual attention and personal supervision can be hardly avoided, so that the "slacker" had better select other paths. In a large hospital he can be easily lost in the crowds, the small school will be too small for him." The only flaw in this reasoning is that the small school "fully equipped and well staffed" is *rara avis*, indeed it would hardly be otherwise, since the best men naturally gravitate to the larger centres. Nevertheless, the small school unquestionably presents certain advantages peculiar to itself.

Phthisis or Pulmonary Tuberculosis.

OUT of the chaotic condition of medical nomenclature it is exceedingly difficult to evolve rules of precision, but there are one or two terms from which so much misunderstanding and error arise that we should be glad to see them drop out of currency. Of these "phthisis" is one. Irreproachable in its etymology, its meaning should be well defined. φθίω is "to waste, decay, wither," and φθίσις "wasting, decaying, withering; decline, decay." But this excellent word has come both by ourselves and the laity to be applied so exclusively to the specific "wasting" of the body consequent on tuberculosis of the lungs that to use it of any other disease, such as typhoid fever, would be ridiculous. Having attached itself, therefore, to tuberculosis of the lungs, it is used by many to indicate several other pathological conditions of the lungs not necessarily tuberculous; and by others it is compounded with other terms to mean disease specifically tuberculous. As an instance of the former, one may instance "miners' phthisis," and of the latter, "abdominal phthisis." Now all this is hopelessly confusing. Of abdominal phthisis we can only say that it is better away, and for non-tuberculous phthisis of the lungs we have little sympathy. Miners' "phthisis" is held by the foremost authorities in this country not to be tuberculous in its inception, although in some cases tuberculous infection may be grafted late in the course of the disease; on the Continent it is held by many to be essentially or originally a tuberculous process. This important distinction is quite lost if the word "phthisis" be employed. Altogether we find that we cannot get back to the plain etymological signification of the term, and its employment to indicate both conditions essentially tuberculous and conditions that one wishes to be understood to be non-tuberculous makes its retention as a useful and definite symbol impossible. We should like to see tuberculous processes specifically called so, pulmonary tuberculosis, intestinal tuberculosis, and so on, and the non-tuberculous chronic inflammations of the lungs designated as anthracosis, silicosis, and such-like, according to their pathology. We fear, however, that phthisis has got such a hold on our vocabulary that we shall not be able to expunge it for many a long day.

Sleeping Sickness.

ABOUT the beginning of last century Winterbottom, a surgeon in the British Service, called attention to the negro lethargy, or sleeping sickness, as observed by him among the natives of the littoral of the Bight of Benin. But Winterbottom's "Account of the Native Africans" was forgotten until interest in the subject was revived by Clarke, in 1840. He noticed that, although the disease was common on the coast it was still more so in the interior. The accounts we receive of the epidemic of the disease in the Uganda territory and along the Northern shores of the Victoria Nyanza confirms the accurate observation of Clark. Later writers on the subject were of opinion that the disease was confined to the negro tribes, and that Equatorial Africa was the chief zone of infection. Of course, much depends on the definition of the disease. If the diagnosis is based on the presence of the trypanosoma microbe, the disease so far has not been recognised outside Africa; but if the diagnosis is based on the symptoms, then it cannot be said to be confined to the negro races, or limited in distribution to Equatorial Africa. The district in which the epidemic occurs is infested by a species of tsetse fly. This fly has been identified as the *glossina palpitans*. It is quite possible that we are on the eve of the discovery of the cause of the sickness. Withal, it is strange that Livingstone, who devoted a considerable time to the study of the tsetse fly, which he found on his first journey to the Zambesi, makes no reference to any ill-effects resulting to any of the natives from the fly, though his account of its effects on cattle is told with considerable fulness. If the disease is due to the *glossina palpitans* we must find some other cause for the cases of narcolepsy which have occurred in Ireland, and which have been so graphically described by the late Dr. H. W. Foot. The results of the experiments that are being made by the commissioners to see whether the tsetse flies carry the trypanosoma will be awaited with much interest.

Voluntary Artificial Respiration.

AFTER operative interference with the cerebellum, the possibility of respiratory failure and the necessity of artificial respiration must always be considered. In the September number of the *American Journal of the Medical Sciences*, Dr. William Hudson, in "A Contribution to the Surgery of the Brain," records the following interesting phenomenon occurring after the removal of a tumour from the cerebellum. Just as the operation was being completed the patient ceased to breathe, and artificial respiration was resorted to, the pulse being very rapid and of low pressure. It was necessary to continue artificial respiration for more than an hour and in the meantime the patient had come sufficiently from under the anæsthetic to understand what was said to him and to obey instructions. A very curious phenomenon was then observed. As soon as artificial respiration was stopped, the patient immediately ceased breathing, but on being commanded to breathe, he did so. The first few

inspirations were very deep and full, and then they gradually faded away again until he again received a command to breathe—each breathing period being longer than the previous one. This process was kept up for fully an hour before normal respiration returned, and during this period a person was kept by his side to remind him to breathe again each time he ceased. It appeared that this peculiar method of respiration was carried on entirely through the voluntary respiratory apparatus, and that the involuntary respiratory centre did not assert itself for at least two hours after the respiration first ceased. In other words, the attendants kept up artificial respiration until the anæsthetic passed off sufficiently for the cerebral cortex to resume its functions; then the patient continued the artificial respiration himself through the cerebral cortex and its connections with the intercostal muscles until the natural respiratory centre of the medulla had again become active.

The Diseases of Brassworkers.

The march of preventive medicine has accomplished much in late years in rendering the lot of the toilers in factories and workshops less hard and the risks to life less dangerous. Nevertheless, in many of the occupations involving more or less contact with poisonous metals there still remains a disease-incidence among the workers which is sufficiently high. Dr. Herbert Perry, in a paper read before the Birmingham and Midland Counties branch of the British Medical Association, has analysed very fully the various morbid conditions met with in the vast army of brassworkers in the great midland city. Those affected are divided into two main groups—(1) the anæmic and gastric, and (2) the pulmonary. The earliest sign of absorption of brass is the green tooth-line, observable chiefly upon the gums in the neighbourhood of the canine and incisor teeth. Pulmonary tuberculosis forms about 20 per cent. of the diseases of brassworkers, as compared with about 6 per cent. of the diseases of the general body of hospital out-patients. Varieties of tremor are also seen among the early manifestations of brass-poisoning. As in plumbism, women seem more liable to be affected than men. The acuter form—the so-called "brass-founders' ague"—attacks the mixers and moulders. It is possible that arsenic, which is found in small quantities in the ore, may become volatilised, and so lead to the appearance of toxic symptoms, especially those of gastric irritation and diarrhœa. The prevention of brass-poisoning may be summed up in two words, ventilation and cleanliness.

The Filigree in Abdominal Surgery.

The difficulty which is sometimes experienced by surgeons in bringing the edges of an abdominal wound together after the removal of a large tumour is one which often militates considerably against the after-success of the operation. In spite of the utmost care bestowed upon suturing each layer of the abdominal wall separately, the best of scars is liable, at any time, to break down during some condition of increased strain with the formation of an unpleasant-looking umbilical or ventral hernia. Some surgeons religiously advocate the wearing of a specially-fitted belt for six months or a year after the operation, while others trust to their own particular method of suturing as a safeguard against any untoward consequences. Dr. William Bartlett, of St. Louis, writing in the *Annals of Surgery*, recommends the plan of embedding in the wound a wire network, or filigree, shaped something like the old fashioned drawing-out hat-rack. It is very easily constructed, being made by bending the wire round nails driven into a board, its form can be altered to suit the requirements of the wound, and, by suturing it to the tissues with fine wire, but by no means necessarily sewing it firmly round, it will efficiently prevent the occurrence of a ventral hernia. Dr. Bartlett does not even consider it essential that the edges of the muscles and fasciæ should be accurately adapted, as if the filigree be properly implanted between layers of healthy tissue a good, sound scar will be formed. The results of this innovation have been uniformly successful in six cases out of seven in which it has been practised, and one patient has been under observation for two years. The prevention of stretching of the scar under increased intra-abdominal tension, the readiness with which it can be sterilised, and its ease of introduction, would appear to show that this simple wire contrivance will fulfil all that has been hoped for it in the domains of abdominal surgery.

The Colouring of Foodstuffs.

That the colour of an article of food is not without a considerable effect upon the appetite of the consumer is a fact of which provision-vendors and those engaged in the various branches of the culinary art are not slow to take advantage. From the manner in which brilliant colours attract children and influence them in their choice of sweetmeats it may be inferred perhaps that in them this peculiar attraction is nothing more than the survival of a primitive instinct which will be gradually overcome as years of discretion are reached. This may be, and yet it cannot be denied that even in adults the desire for food is augmented by the judicious combination of colours, especially if these recall certain pleasurable associations or tend to reproduce the natural tints of the fruit or vegetable as seen in the fresh state. In this respect, the sight is stimulated together with the other senses, and these, by mutual interdependence, are the chief factors in the production of the physico-psychical state of appetite. The means by which the artificial colouring of foodstuffs is done becomes, therefore, a question of no small importance from the medical point of view. Even in these days of enlightenment cases now and then crop up where green peas have been rendered of an exceptionally vivid hue through the addition of copper or where the sweets exhibited in the confectioner's shop-window assume a suspicious brilliancy owing to the admixture of the salts of arsenic or lead, even

if only in minute quantities. On account of the failure of the fruit-crop in England this year the market is becoming flooded with foreign-made jams, some of which show very pronounced "natural" tints. In many of these the aniline dyes are employed in order to give a deep rich colour, which is not a desirable practice, seeing that the same result can be obtained by the addition of cranberry or bilberry pulp in certain proportions, which is at least free from the objection of chemical artificiality.

The Prevention of Enteric Fever in Armies.

THE question of the prevention of typhoid fever among soldiers upon active service is one which must inevitably force itself upon the attention of those who are responsible for the administration of sanitary affairs in the army. There can no longer be any doubt, as Dr. Leigh Canney has so ably pointed out, that enteric fever in camps is practically entirely a water-borne disease, and that if only suitable means can be employed for the efficient and rapid sterilisation of drinking-water, the problem of its extermination will be more than half overcome. That it is possible to render a camp practically immune from the disease by such means is proved by the fact that 10,000 workmen employed upon the Assuan Barrage Works were so protected for a period of four years on the same site, and, in a recent letter to the *Times*, Dr. Canney has shown that in the three minor wars—Abyssinia Ashanti, and Suakin—where a continuous rapid service of sterilised water to the armies in the field was provided, together with the provision of adequate sanitary arrangements in the camps, the evil was almost completely abolished. The main object of re-opening the subject in the Press is to call attention to the tardiness which characterises the authorities in their organisation of such a service, though it is a matter for some congratulation that the War Office has announced its intention of "taking measures" in this direction. If this be so it seems a lamentable want of enterprise to continue experimenting with old and defective apparatus, when that which is not only far more effective but which is convenient for purposes of transport is ready for use. It is earnestly to be hoped that this comparatively simple and most important preventive measure may be adopted in the full, as upon it our military strength and success may to a large extent depend in the future.

The Antiseptic Properties of Coffee.

FOR long there has been a popular and semi-medical belief that black coffee possesses some protective power in time of epidemic. In 1833, during a cholera epidemic, the physicians of New York issued a manifesto to the people advising them to drink coffee instead of wine and beer, and an old writer, Daniel Drake, in an essay on cholera, recommended physicians to drink coffee when called out at night or in the early morning. Of late some grounds for this belief have been established, and an additional virtue has been added to those already possessed by coffee, in that it is found to have a distinct antiseptic property of sufficient strength to check decomposition and to possess a germicidal effect on certain forms of bacteria. Drs. Crane and Friedlander have communicated the result of their experiments, made with the object of determining the value of this antiseptic property, to a contemporary (*American Medicine*). These show that coffee, well mixed into the yolks and whites of eggs, prevented the occurrence of decomposition in the latter; that when coffee infusion was exposed to the air it became turbid on top from moulds, but never turbid with bacteria; and that a ten per cent. infusion of coffee prevented the growth of colonies of, amongst others, typhoid and anthrax bacilli, Bacillus coli communis, Streptococcus albus, and Staphylococcus aureus. Further experiments were made with the object of determining the constituent of the coffee to which this germicidal effect was due, but these were so far without result.

Professional Secrecy and its Limits.

THE position of the British physician in regard to the confidence which he owes to his patient is ambiguous and unsatisfactory, and the medical man can appeal to no authoritative guide as to his conduct under special circumstances. As matters stand his attitude is largely a matter of temperament. Some practitioners would rather go to prison than betray a confidence, while others consider that the law absolves them from such obligation. But the law should recognise the rights of the patient and the duties of the medical man as well as the justice due to the community. It would not be difficult to frame a code based on common-sense lines to which medical men might be invited to conform. For instance it should be considered unprofessional for a physician to divulge anything confided to him by a patient unless with the patient's consent, or for the purpose of defending himself when accused, or, lastly, to assist in the punishment of crime. It is obviously contrary to public policy to punish a physician who conscientiously refuses to betray a confidence, and when, in the exercise of his discretion, he decides to testify, it should be before a judge in private. The tendency of late years has been rather in the direction of encouraging medical men to consider themselves privileged persons in regard to matters which come to their knowledge professionally, but judges differ widely in their views on this delicate matter, and it is for the profession to formulate its own rule of conduct, to which judges would be fain to incline.

Cutaneous Hyperalgesia in Appendicitis.

MR. JAMES SHERREN calls attention (*a*) to the existence of marked cutaneous hyperæsthesia in a large proportion to cases of appendicitis. This must be carefully distinguished from the more deeply-seated tenderness which is an almost constant symptom. He tests the cutaneous reaction by gently pinching or stroking the skin, beginning at a point free from any disturbance of

(*a*) *Lancet*. September 19th.

sensibility. He describes the hyperæsthetic zone as extending from the middle line below the umbilicus in front to the lumbar spines behind, reaching down to a spot about midway between the umbilicus and the pubes. Its distribution, however, may vary within certain limits without losing its diagnostic significance. It is most constant, as well as most marked, in first cases, especially those of the fulminating type, and it may be absent in subsequent attacks, but on the other hand, when once present, it may persist long after all other signs of the disease have disappeared. Disappearance of this cutaneous sensitiveness without a corresponding improvement in the patient's general condition indicates perforation or gangrene of the appendix, and calls for immediate operation. Whilst the presence of this symptom does not contra-indicate operation its absence gravely affects the prognosis. The age of the patient and the position of the appendix do not appear to influence the production of this cutaneous sensitiveness, and under certain circumstances it may assist in arriving at a diagnosis in doubtful cases.

An Automatic Hand Loom for use in Asylums.

Our attention has been drawn to a new form of automatic hand-loom, the patent invention of the Hon. Robert Flowers, which possesses many advantages that render it particularly suitable for use in asylums. We are informed that the invention is unique in that it represents the steam-power loom without requiring steam, and that, being automatic, the novice with a short experience can do the work of a trained weaver. The machine, once properly set up by a skilled supervisor, is caused to weave by being simply kept in motion by a rocking cast of the slay, the operator's attention being chiefly occupied with the usual watching for broken threads and other minor accidents. There is no expensive outlay on boilers, furnaces or engines necessary, and the risks of injury to the operator are very slight, consequently it offers manifest advantages for use in asylums, where some such form of industrial occupation for the patients is a vital necessity. We are informed that already the looms have been established and have given complete satisfaction in the Richmond Asylum, Dublin; the District Asylums at Enniscorthy, Limerick, Cork, Waterford, and Maryborough; the Stewart Institution, Dublin; the North Dublin Union, and numerous other asylums and institutions. It appears to be a contrivance which ought to interest asylum authorities, and which, when it comes more prominently into notice, will be largely adopted. The makers are Messrs. Robert Hall and Sons, Bury, Lancashire.

The Vacancies at the Royal City of Dublin Hospital.

The vacancies on the staff of the Royal City of Dublin Hospital caused by the sudden death of Mr. Croly, and the resignation of Sir George Duffy, will, we learn, shortly be filled up. We have already referred to the loss which the medical profession has sustained by the death of so distinguished a surgeon as the late Mr. Croly. Sir George Duffy, in whose case we regret to say that reasons of health have compelled retirement, will leave no less a blank amongst his confrères both in the Royal City of Dublin Hospital and elsewhere. Sir George has been connected with the hospital for many years, and has done much to help to raise it to the high position which it now occupies. In addition to his more practical work at the hospital, Sir George Duffy's literary attainments are well known. Of late years he has taken a prominent part in the inspection of examinations held by the various qualifying bodies for the General Medical Council. He is a past president of the Royal College of Physicians, of which body he has for many years been a prominent Fellow. We are confident that we re-echo a universal wish when we express the hope that a temporary relaxation from work will bring about a marked improvement in his health. Already, several candidates are in the field for the vacant posts.

The International Congress of Ophthalmology.

The next International Congress of Ophthalmology will be held at Lucerne in September, 1904, and will last three days. It is intended to facilitate the discussion of certain questions in preference to the reading of numerous papers. In consequence all papers, which must be received by the secretary before May 1st, 1904, will be printed in advance and forwarded at least a fortnight before the opening of the Congress to the members thereof. It is hoped by this means to pave the way to interesting and useful discussions, for which, as it will no longer be necessary to read the papers, there will be plenty of time. It is proposed to open a special discussion on the subjects of the indemnity due for loss or injury of one eye. Further information may be obtained from Mr. W. H. Jessop, M.B., 73, Harley Street, W.

PERSONAL.

The estate of the late Dr. W. S. Playfair has been sworn at £46,263.

Mr. W. McAdam Eccles, M.S., F.R.C.S., has been appointed Joint Lecturer on Anatomy, St. Bartholomew's Hospital, London.

Dr. F. A. Baldwin has been appointed Medical Officer in charge of the Gambia Company of the West African Frontier Force in place of Dr. J. C. Franklin.

Sir William Jesse Collins will deal with the subject of the Institutional Treatment of Inebriety at the meeting of the Society for the Study of Inebriety, on October 13th.

Dr. E. F. Trevelyan will deliver the Bradshaw Lecture before the Royal College of Physicians of London on November 5th, on "Tuberculosis of the Nervous System."

DR. T. N. KELYNACK, the Hon. Secretary of the Society for the Study of Inebriety, has been elected an Hon. Corresponding Member of the American Association for the Study and Cure of Inebriety.

DR. COLLINS, of Laghey Dispensary, Derry, was the victim of a serious bicycle accident last week. He lost control of his machine when descending a steep and tortuous hill, and was picked up bleeding and unconscious. His condition is reported to be critical.

THE foundation-stone of the new hospital at Aix-les-Bains, to be erected in memory of the late Dr. Brachet, who was well known to many English visitors, was laid a few days ago by Mr. Frederic Mocatta. Dr. Chabonet, President of the Committee, paid an eloquent tribute to his late friend and thanked the English subscribers for their generosity.

DR. JOHN BURNS, of Glasgow, completed his eighty-eighth year on the 4th inst., having been born in 1815, a few months after the battle of Waterloo. He qualified in 1846, and in 1851 became a Fellow of the Faculty of Physicians and Surgeons of Glasgow. He has retained a large consulting practice in spite of the fact that he celebrated his medical jubilee some years ago.

DR. W. H. LANGLEY, Northern Nigeria Medical Service, has had the C.M.G. conferred upon him for distinguished services in the recent expedition to Kano and Sokoto, when he acted as Deputy Principal Medical Officer. Dr. Langley is a Fellow of the Royal College of Surgeons in Ireland, and before joining the Nigeria Service was Assistant-Surgeon to the Richmond Hospital.

Special Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

[FROM OUR SPECIAL CORRESPONDENT.]

BELFAST.

Two documents of great importance have come to hand in the past week—first, the Report of the Health of the City of Belfast for 1902, and then the Report of the Special Inquiry on Typhoid in Belfast, by Professor Lorrain Smith. The two reports coming together are sufficient to reduce any intelligent layman, and much more a medical man, to the depths of despair, for more hopelessly incompetent muddling than that of the officials charged with the care of our health and the provision of the water supply it would be impossible to imagine.

To take the Medical Officer of Health's report first: We find every one of the grave faults of omission that we noticed last year repeated this. The report consists of a beggarly forty-nine pages, with three charts, and no index. Six pages are taken up with a ridiculous sort of geography of the town, eight with an account of the weather month by month, with remarks on prevailing diseases, five with a list of streets in which typhoid occurred (instead of a map, for which the list is a wretched substitute)—a total of nineteen pages of padding, leaving thirty pages for real business. These thirty pages contain seventeen tables, some good, others useless. Just a page and a half are devoted to typhoid, of which there were 1,044 cases and 169 deaths; while five pages are devoted to small-pox, of which there were 30 cases and one death. The typhoid deaths are the lowest since 1896, but still far too high. The deaths from phthisis were 1,132, and from other diseases of the respiratory organs 1,779—making 2,911. the largest number it has ever been. There is no mention of analytical and bacteriological examinations of food, milk, &c., and no mention of the destruction of unsound meat, fish, and vegetables. Our refuse destructor, which cost thousands and was promised to work wonders, is passed by in silence, and we are obliged to conclude that it, like our main drainage system and our Mourne water supply on a larger scale, is an expensive failure. To conclude, we can only repeat our summary of last year—"that this report, emanating from a large and prosperous city like Belfast, is a disgrace to all connected with the Health Department of the city."

PROFESSOR LORRAIN SMITH'S REPORT.—At the request of the Corporation, Professor Lorrain Smith has made an exhaustive study of the typhoid question in Belfast, and his report just issued shows a serious state of affairs. It is impossible to give an idea of the extent and variety of questions raised in the inquiry, but the general drift of the report is to condemn the water supply. Over-crowding, however, hurtful in other ways, is not shown to be an important factor in the production of typhoid epidemics, nor can deficient drainage be held to be fully accountable. While improved sanitation has been followed in recent years by a fall in the general death-rate, that from typhoid has actually risen. On the other hand, the case against the water supply is very strong. Figures are available for twenty-two years, which show that while in the eight years before 1889 the death-rate from typhoid was 3.1 per 10,000, in the fourteen years since it has been 7.5, and this sudden and permanent increase came just at the time when the Stoneyford water supply was introduced. Further, the catchment area at Stoneyford is liable to surface pollution, and typhoid cases are exceedingly frequent in the district.

The whole report is well worth the study of all interested in public health matters, and particularly in the prevention of typhoid epidemics.

Correspondence.

THE PRE-CANCEROUS STAGE OF CANCER—"FORCIBLE MASSAGE."

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In a recent issue "A Correspondent" states that after studying numerous cases he has come to the conclusion that the "pre-cancerous stage is of inflammatory nature." He seems to think the idea novel, and puts it forth with quite remarkable diffidence! Surely that is altogether unnecessary. No one with the smallest experience of cancer can have any difficulty in endorsing his opinion, in respect of a large number of instances. Sir James Paget and, I think, all the leading surgeons of the past generation fully admitted the importance of congestive conditions in leading up to cancer development. Even Walshe, writing in 1846, and under a strong bias in favour of the constitutional origin of cancer, says ("Walshe on Cancer," p. 167): "I feel disposed to admit, from facts observed by myself as well as others, that under certain conditions, at present ill understood, the disease may follow inflammation, where, without the occurrence of this process, the cancerous tendency might always have remained dormant."

The view of "constitutional origin" has now become obsolete, that is, if any nebulous hypothesis about cancer ever really vanishes—a proposition which the dispassionate onlooker would probably be disposed to question. At any rate, it is generally scouted, and the local development of the malady in a single and limited cell-tract fully admitted. The last rational foundation for a belief in this constitutional origin rested on the very peculiar phenomena and tendency to re-appearance of mammary carcinoma, and disappeared when I was enabled to trace these obscure

symptoms to their true source—infection of the bone-marrow.

Now, the most common and obvious example of an inflammatory condition finally resulting in malignancy is afforded by epithelioma of the lips, tongue, mouth. Often we see chronic ulcers of the lips refusing to heal, and hovering, as it were, on the verge of cancerous development for years, before malignancy is definitely established, and the lymph glands become infected. So in the tongue and mouth a congested and furred mucous membrane long precedes actual cancer. The great majorityof the patients thus attacked are syphilitic or alcoholic, commonly both; and it is needless to dwell on the tendency of alcohol in excess to induce congestion of the whole alimentary canal. Specialists who deal with the bladder well recognise the proneness of chronic cystitis, of whatever source, to generate malignant developments, although these are sometimes disguised under the designation "papillomata." So is it with the rectum, and its common congestive phenomena. So is it with the uterus, and, in fact, with all malignant developments fairly open to clinical observation.

On the important question of prophylaxis, it is, I think, highly significant that malignant disease never follows fracture of a long bone—an accident which involves rest and care. On the other hand, peritoneal sarcomata and other forms of malignant new growths continually arise from slight sprains and contusions which pass unheeded.

The last example of chronic inflammation as a precedent of cancer has only just been promulgated; and the association, though hardly open to doubt, is not yet fully worked out. Cysts in the mamma appear in women at the same period of life as cancer. They display the same train of antecedents—*viz.*, anything tendering to hinder the normal devolution of the organ, its passage from functional activity to senile rest and atrophy. They ultimately very commonly lead to cancer, or become associated with it in various modes. In fact, mammary cysts and carcinoma are, in their inception, as often in their naked-eye semblance twin maladies.

It was to me rather a startling discovery to find the breasts of women who have never been pregnant filled with a pseudo-milky secretion. And in the second place, that instead of cutting out the cyst, or amputating the breast, as I had been accustomed to do, I could, by expressing this secretion under an anæsthetic, and by rupturing subcutaneously any concomitant large cyst, cure the patient without incision.

A paper on "Forcible Massage" for mammary lesions was read at the recent Swansea meeting, and still awaits publication. It shows that the primary stage of breast cysts in middle or advanced life consists in chronic inflammation, erroneously termed "mastitis," "masitis," would be correct; mastitis really signifies inflammation of the nipple. I do not think that anyone had previously suspected the existence of this novel conclusion, and the future possibilities of the discovery lie "on the knees of the gods." But I can hardly doubt that we have here also a true "pre-cancerous stage" of mammary cancer; and, further, that *all* induced cancer is preceded by local congestion more or less insidious and protracted.

I am, Sir, yours truly,

HERBERT SNOW.

6 Gloucester Place, Portman Square, Sept, 17th, 1903.

ACUTE CEREBRO-SPINAL MENINGITIS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Having had my attention attracted by the title of a paper in the current issue of THE MEDICAL PRESS AND CIRCULAR—"Historical Survey of the Study of Acute Cerebro-Spinal Meningitis," by Cecil Wall, M.A., M.D.Oxon., M.R.C.S.—I glanced through its contents with the interest of one desirous to renew—and, if possible, improve upon—my former intimacy with an old friend. In the course of the perusal, I discovered some very startling omissions indeed, even of some of the most important landmarks in the clinical introduction of the disease to the English-speaking profession of the world. But the distinctive feature—common to those items which happen to be so conspicuously absent—is that they are *all Irish!* I have, of course, no means of ascertaining what may be Dr. Wall's degree of acquaintanceship with the work of the Dublin School of Medicine of the past century. Judging from the contents of the communication before me, it must be very close to the zero plane. For instance, we are told that "In 1878, Gee and Barlow published a paper concerning the *cervical opisthotonos* of infants, ... suggested its *possible relationship with epidemic meningitis*; . . . . *retraction of the head*, however, *had not been previously noticed as a prominent feature of the disease, except by Gillkrest in the epidemic at Gibraltar.* [Italics mine.] In the summer of 1877, when I happened to be a clinical clerk in the Houses of Industry Hospitals, there occurred an epidemic of cerebro-spinal meningitis. To those who were privileged to attend the cliniques of my illustrious teachers, Dr. Samuel Gordon, and Sir John Banks, at that period, the above-quoted item of medical "history" is peculiarly *non*-instructive!

The Irish metropolis has long been specially favoured with the periodic visitations of this disease; and I have no hesitation in affirming that it is to Irish physicians of the past century that we owe what all capable and dispassionate critics must acknowledge to be the best clinical descriptions of its phenomena which have hitherto appeared in the English, or, perhaps, in any other language. An Irish provincial practitioner, Dr. Darby, of Bray, gave the first notice of its appearance in the British Islands in the early part of the year 1846. This dark year of Ireland's history has also derived a dismal celebrity from the fact that itsautumndisplayed the full development of the ravages of the "potato blight," which soon consigned tens of thousands to the horrors of death from complete starvation. In August of the same year, Dr. Mayne, of Dublin, published his classical description of the symptoms of "*cerebro-spinal arachnitis*," as it then appeared in the North Dublin Union Workhouse.

In France, where the disease had been known long before its recognition in the British Islands, it committed great ravages from 1837 to 1849, displaying a special predilection for bodies of troops, and more especially for the persons of young conscripts who had been recently drafted into the army. That the disease is an *old* one there seems no reason to doubt; but readers of the older medical literature must agree that descriptions of the specific febrile conditions in the preceding centuries were almost metaphysical in their vagueness. And we can hardly recognise a definite description of this disease till we come to that of Vieusseux and Mathey, of an epidemic which visited Geneva in the year 1805. In the following year it appeared in the United States of America, where it prevailed in various localities, as also in Canada, till 1819. During the period of the great mid-European campaigns of Napoleon's wars—between 1805 and 1814—many visitations were recorded in different localities, notably in the fortresses and prisons. In most of the earlier cerebro-spinal epidemics of the last century the disease displayed a startling degree of malignity. At Avignon one prominent physician lost twenty-nine of his first thirty cases; and, in general, the average mortality of those earlier French epidemics in said to have numbered 80 per cent. The earlier epidemics in Ireland displayed a marked predilection for the persons of boys. This feature has continued throughout, but has not been quite so pronounced in the later ones. Unlike the more defined eruptive fevers, cerebro-spinal meningitis pursues no definite course; and there is, accordingly, no specific limit of duration. In many of the earliest cases of the first Dublin epidemic the fatal termination was reached with a thrilling degree of rapidity. Dr. Mayne notes that he had known

deaths to occur within *forty-eight hours*, and refers to reported deaths within *fifteen hours*. A case occurred in the practice of my late honoured teacher, Dr. Samuel Gordon—one of the keenest clinical observers of his generation—in which death occurred within *five hours!* The patient, a boy-pupil of the Bluecoat School, *sang in the choir at* 11 *a.m.*, and *died* of cerebro-spinal meningitis *at* 4.30 *p.m. on the same day*. On account of the usual involvement of the sheaths of the nerves of special sense many of the small proportion of survivors recovered with permanently damaged sight or hearing—or both—in the earlier epidemics; also, for corresponding reasons, with various degrees of mental lesion, and sensory and motor paralysis. The Dublin epidemic of 1900 was much less fatal than its predecessors, and the disastrous sequelæ were not so numerous or so marked.

Although varying very considerably in different cases, the symptoms of this disease are extremely characteristic. One can hardly fancy an intelligent practitioner reading the original descriptions of Drs. Darby and Mayne, and then feeling any doubt as to the diagnosis of even his *first* case. Of course, the absolutely crucial test of the scientific pathologist of the present day, for the decision of diagnosis, is applied by removing some of the cerebro-spinal fluid of the patient by "lumbar puncture," and carrying out the usual series of culture experiments. If the suspected *Diplococcus intracellularis meningitidis* satisfactorily responds to those queries, the diagnosis will be established beyond question. I may remark, parenthetically, that in a malignant case, where early diagnosis is most important, *the patient will then be dead!*

In closing these remarks, I must apologise for the length of my communication; but venture to express the hope that you will be able to give it a place in your columns in the interest of clinical "history" in general, and of the share contributed to its making by the Dublin School of Medicine in particular.

I am, Sir, yours truly,

JOHN KNOTT, M.D.

34 York Street, Dublin, Sept. 5th, 1903.

Obituary.

WILLIAM IRVING PAGE, M.R.C.S., L.S.A.

MR. WILLIAM IRVING PAGE, of the White Cottage, Shanklin, Isle of Wight, and formerly of the Green, Wimbledon Common, died at Oulton Broad, Lowestoft, of pneumonia on Sunday last. A student at the medical school of St. George's Hospital, where he was some time house surgeon, he was admitted a member of the Royal College of Surgeons, England, in 1862, and a licentiate of the Apothecaries' Society in the following year. He practised at Wimbledon, and was Surgeon to the Wimbledon Cottage Hospital and Dispensary, and Medical Officer of the Fever Hospital Durnsford Lodge. Mr. Page was a member of the Royal Geographical and Astronomical Societies.

JAMES FERGUSSON, F.R.C.S.Ed.

MR. JAMES FERGUSSON, F.R.C.S.Ed., died at his residence, Lincoln House, Richmond, on Saturday last at the age of sixty-seven. Mr. Fergusson, who was educated at the University of Edinburgh and the Royal College of Surgeons, Edinburgh, passed the Licentiate's Examination of both the Royal Colleges of Physicians and Surgeons in 1866, being Gold Medallist in Physiology and Medical Jurisprudence, First Prizeman in Medicine and Clinical Medicine, and taking honours in obstetrics and gynæcology. He was elected a Fellow of the Royal College of Surgeons of Edinburgh in 1883, and he was a member of the Dermatological Society of Great Britain.

NEW BOOKS AND NEW EDITIONS.

The following have been received since the publication of our last list:—

ADLARD & SON (London).
King's College Hospital Reports. Vol. VIII., January 1st to December 31st, 1901. Pp. 478. Price 7s. 6d.

D. APPLETON & Co. (London).
Gynæcology: A Text-Book for Students and a Guide for Practitioners. By William R. Pryor, M.D. Illustrated. Pp. 380. Price 15s. net.
A Treatise on Diseases of the Rectum, Anus, and Sigmoid Flexure. By Joseph M. Mathews, M.D., LL.D. Third Edition, revised and illustrated. Pp. 589. Price 21s. net.
Diseases of the Ear. By E. B. Dench, Ph.B., M.D. Third Edition, illustrated, revised, and enlarged. Pp. 718. Price 21s. net.

BAILLIERE, TINDALL & COX (London).
Aids to Physiology. By Peyton T. B. Beale, F.R.C.S.Eng. Pp. 239 Price 3s. 6d.
Practical Details of Cataract Extraction. By H.Herbert, F.R.C.S. Second Edition. Pp. 114. Price 4s. net.
Aids to the Feeding and Hygiene of Infants and Children. By John McCaw, M.D., L.R.C.P. Pp. 120. Price 2s. 6d.

J. B. BAILLIERE ET FILS (Paris).
Les Médications Reconstituantes; La Médication Phosphorée. Par Henri Labbe. Pp. 95.

J. & A. CHURCHILL (London).
Lessons in Disinfection and Sterilisation. By F. W. Andrewes, M.A M.D., &c. Pp. 222. Price 3s. net.
Serum-Therapy, Bacterial Therapeutics, and Vaccines. By R. T Hewlett, M.D., M.R.C.P. Pp. 262. Price 5s. net.

GOVERNMENT PRINTING OFFICE (Washington).
Index Catalogue of the Library of the Surgeon-General's Office U.S. Army. Second Series, Vol. VIII.—Insane-Kysthospitalet Pp. 894.

THE HEALTH RESORTS BUREAU (London).
The Health Resorts of Europe. By Thomas Luin, M.D. (of Nice). Eleventh Edition. Pp. 258. Price 2s. 6d. net.

HODDER & STOUGHTON (London).
The Religious Sense in its Scientific Aspect. By Greville Macdonald M.D. Pp. 243.

KEGAN PAUL, TRENCH, TRÜBNER & Co., LTD. (London).
The Exact Science of Health Based Upon Life's Great Law. By Robert Walter, M.D., Vol. I. Principles. Pp. 301. Price 10s. 6d.

H. K. LEWIS (London).
Cancer and Precancerous Changes: their Origin and Treatment. By G. H. Fuils, M.R.C.S., L.S.A.Lond. Pp. 105.
A Handbook of the Diseases of the Eye and their Treatment. By Henry R. Swanzy, A.M., M.B., &c. Eighth Edition, illustrated. Pp. 678. Price 12s. 6d.

JOHN LONG (London).
How to Take Care of a Consumptive. By M. Forrest Williams. Pp. 47. Price 1s. net.

MACMILLAN & Co., LTD. (London).
Modern Methods in the Surgery of Paralyses. By A. H. Tubby, M.S., F.R.C.S., and Robert Jones, F.R.C.S.E. Illustrated. Pp. 311. Price 10s. net.

DAVID NUTT (London).
Poems. By W. E. Henley. Sixth Edition, revised. Pp. 256. Price 6s.

SAMPSON LOW, MARSTON & Co. (London).
"Radium and Other Radio-active Substances. By William J. Hammer. Pp. 72. Price 5s. net.

SMITH ELDER & Co. (London).
The Principles of Open-air Treatment of Phthisis and of Sanatorium Construction. By Arthur Ransome, M.D., &c. Pp. 104. Price 5s.

THE SCIENTIFIC PRESS, LTD. (London).
Practical Guide to Surgical Bandaging and Dressings. By Wm. Johnson Smith, F.R.C.S. Pp. 167. Price 2s. net.

WILLIAM WESLEY & SON (London).
A Laboratory Manual of Physiological Chemistry. By Ralph W. Webster, M.D., Ph.D., and Waldemar Koch, Ph.D. Pp. 107. Price 6s. 6d. net.

JOHN WRIGHT & Co. (Bristol).
Golden Rules for Diseases of Infants and Children. By George Carpenter, M.D.Lond., M.R.C.P. Second Edition, enlarged Pp. 167. Price 2s.
Membranous Catarrh of the Intestines. By Prof. Dr. Carl von Noorden. Pp. 64. Price 2s. 6d. net.
Obesity. By Prof. Dr. Carl von Noorden. Pp. 59. Price 2s. 6d. net.
Nephritis. By Prof. Dr. Carl von Noorden. Pp. 112. Price 3s. 6d. net.

YOUNG, J. PENTLAND (Edinburgh).
Manual of Practical Anatomy. By D. J. Cunningham, M.D., Vol. II. Thorax, Head, and Neck. Third Edition, illustrated. Pp. 607.

Medical News.

The Recent Epidemic of Small-Pox in Dublin.

We have received a copy of the Report of the Public Health Committee of the City of Dublin *re* the recent epidemic of small-pox. The epidemic commenced in February, 1902, and continued until July, 1903. The first case noted was that of a man in a nightly lodging-house in Townsend Street, who contracted the disease in Glasgow. By the removal of all the occupants of the lodging-house to a Corporation refuge the disease seemed to have been stamped out, and probably was so. In August a case of the disease was brought to Cork Street Hospital, where a second developed, and in December

a third case was detected on a Liverpool ship and brought to hospital. According to the report these three cases infected a boy and a girl in Cork Street Hospital, and helped to spread the disease. But the disease did not approach the dimensions of an epidemic until the outbreak of a marked example in a tenement house in Church Street, containing thirteen families. The difficulty of limiting the area of infection is increased by the existing means of transit, thus a nurse suffering from the disease travelled in a tramcar from Baggot Street to the North Circular Road, about three miles. How many did she infect during that journey? And how many did the car infect before it was disinfected? The number of cases rapidly increased, there were but two in January, 1903, and in the following April there were sixty-eight. The total number of cases was 255, of whom 135 were males and 120 females. There were 33 deaths, showing a mortality of 12.9 per cent. The reasons for assuming that the girl in 56, Church Street, caught the infection in the Cork Street Hospital are set out fully on page 549; but we incline to the verdict "not proven." During the thirteen days the girl was in Church Street she may have contracted the disease, though we confess there is much to be said in favour of the view that she carried the infection from the hospital. On March 11th, a dealer in second-hand books was attacked with the disease. He had just imported the books from Liverpool, where the disease was then epidemic. We refer to the case simply to show how difficult it is to guard the public from infection by other means than vaccination. There are three excellent illustrations in the report, which bear testimony, as does the whole report, to the care taken both of the sick and of the contacts, the efficiency of the hospital on the Pigeon House Wall, and the skilful and energetic manner in which Sir Charles Cameron and his assistants discharged their most onerous duties.

Death on the Operating Table.

MR. CUNNINGHAM GRAHAM communicates to the *Daily News* his impression that the line between "successful" operations followed by death on the table, and vivisection, is not very clear, and he goes so far as to insinuate that such operations in desperate cases are unjustifiable. We would venture to insinuate that the decision is one which must necessarily be left to the surgeon rather than to Mr. Cunningham Graham or other self-sufficient individual, who though presumably ignorant of the merits of the case seeks to brand the surgeon with a blood-thirstiness altogether foreign to his nature. The fact is deliberately ignored that these operations in desperate cases afford the unhappy patient a chance, small though it be, of escaping imminent death, and that when unsuccessful from the point of view of prolonging life, they cut short an existence which has become intolerable.

An Irascible Physician.

DR. YJEVDED ABDULLAH BEY, the physician to the Turkish Embassy at Vienna, is a poet in his way, having composed a number of lyrics in Turkish and French. The poetic temperament, however, is not incompatible, apparently, with a certain irritability of temper, since the poet doctor is reported to have violently assaulted the Ambassador, under the impression that the latter had stood in the way of his advancement. He has since had to quit the scene of his labours in deference to the urgent representations of the Austrian Foreign Office.

Typhoid Fever at Dundee.

AN alarming outbreak of typhoid fever has taken place at Dundee, some 58 cases with 11 deaths having so far been reported. The medical officer of health incriminates a parcel of flour, and exonerates the water supply. The idea that flour made into bread may be capable of conveying the infection of typhoid fever is a new one, and does not seem to be very conclusively established.

The Royal Army Medical Corps.

ACCORDING to the *Times*, the result of the examination after the first course of instruction for captains R.A.M.C. has been such as fully to justify the action of the War Office in creating the Royal Army Medical College. All the officers who presented themselves for the examination passed. The examinations in the special subjects and in hygiene and bacteriology took place immediately on the termination of the periods of hospital attendance and of the laboratory courses respectively. Out of 26 officers who underwent the test 22 obtained the marks necessary to qualify as specialists. The reports from the medical staffs of the several hospitals to which the officers were attached speak in eulogistic terms of the excellent example they set and the desire they evinced to profit to the fullest extent by the instruction imparted to them by the professors.

Release of Mr. W. Maunsell Collins.

MR. COLLINS, who was sentenced to seven years' penal servitude in 1898 for performing an illegal operation, was set at liberty last week in consequence of illness. His name had previously been removed from the Medical Register on account of a conviction for forgery.

The Plague at Marseilles.

No fresh cases of plague have occurred at Marseilles, and it is hoped that the epidemic is now at an end.

Death Under Chloroform.

A YOUNG woman, æt. 18, died under chloroform last week at Musselburgh, N.B., after the extraction of several teeth. Efforts to restore animation were maintained for an hour, but in vain.

Amputation Mortality at the London Temperance Hospital.

THE following figures have been prepared by Mr. J. Stroud Hosford, Surgical Registrar to the London Temperance Hospital from the records of patients under the charge of Sir William Job Collins, Senior Surgeon to the Hospital:—

TABLE SHOWING AMPUTATION MORTALITY FROM JULY, 1888 TO DECEMBER 1902 (SIR W. J. COLLINS).

	For Disease.		For Accident.		Total.	
Hip	5	1*	—	—	5	1*
Thigh	13	1†	4	—	17	1†
Leg	7	—	6	—	13	0
Foot	8	—	—	—	8	0
Arm	1	—	2	—	3	0
Forearm	3	—	1	—	4	0
Hand	1	—	1	—	2	0
Fingers	31	—	11	—	42	0
Toes	17	—	2	—	19	0
Totals	86	2	27	0	113	2

*Advanced morbus coxæ, amyloid disease.

†Sarcoma, secondary growths in pelvis and liver. In this case only was alcohol administered.

Lectures on Health.

THE syllabus of health lectures drawn up by Dr. R. J. Collie, Medical Superintendent of the Hygiene and First Aid Classes of the London School Board, is a model scheme for instruction in elementary hygiene. First we have the hygiene of the dwelling, with practical demonstrations to illustrate the principles invoked, followed by the consideration of what ventilation means, with an outline of description of air, and its importance to living organisms. The third lecture deals with clothing. Incidentally a lecture is to be devoted to the prevention of consumption and the care of the skin. Exercise, personal hygiene and alimentation each forms the subject of an object-lesson, winding up with "water" and the prevention of the spread of infectious diseases. Special lectures, intended for women only, are sketched, bearing on the care of infants and the causes of ill-health in women, with practical considerations on the art of cooking. If we wish to raise the health standard of the community it must be by means of suitable instruction on these lines, and we would recommend everyone who contemplates lending a hand to obtain a copy of this syllabus as a guide, for it is well thought out, and covers the whole ground. Only the heads are given, the details being left to the discretion of the individual lecturer.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

CONTRIBUTORS are kindly requested to send their communications, resident in England or the Colonies, to the Editor at the London office; if resident in Ireland, to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

DR. A. W.—It is not usual to take payment for services rendered to a fellow-member of the profession; at the same time a retired and pensioned practitioner has no moral claim to gratuitous attendance, and it is open to you to decline further attendance unless remuneration be promised.

DR. MAUDE.—The difficulties of commencing practice in a new place are very much the same in Ireland as they are elsewhere. There are many country towns where a practice could doubtless be worked up in time if you can afford to wait, but your religion, in the present condition of the country districts, is against you—the latter question enters less into your prospects in a city. The general trend in Dublin at present is to live more and more in the suburbs and surrounding country districts, and if you settle down in a place in which building is proceeding you have a fair chance of success. For further information we refer you to our special number of September 16th, p. 317.

NIMROD.—We are not in possession of sufficient data to enable us to form a trustworthy estimate of the value of the practice. You had better apply to an agent, who will place the matter on a business footing.

QUÆRENS.—We see nothing improper in the sending round of the "change of address" card, provided of course, that it is sent only to persons likely to be interested therein. In any case, if only sent to medical men it can scarcely be regarded as improper.

WE have received the following from a correspondent. It appears to us to meet the circumstances:—

WANTED—A DISPENSARY DOCTOR.

"M. O. (K. E.) required for Ballymore"
(See Ad.), to do the Guardians' donkey-work,
Or, in politer terms, to tend the poor.
He may be anything you like—a Turk
Or something ethnologically lower
Would do them now, provided he won't shirk
His duty for such small considerations
As payment—and will shun Associations.

There was a time (the Halcyon time of yore)
When it was easy talking to these fellows—
These fledgling doctors—ere they learn'd to soar
Beyond the "bacon-box" (a) or kitchen bellows
(Excuse the rhyme!); that is to say, before
The I.M.A. became so very zealous.
For every vacancy, a score or two, p'raps—
That was the time for sitting on you chaps!

Mais revenons—will no unbearded Galen,
Or older, with some pluckings to his credit
Take Ballymore? He need but come and sail in
He'll get a hundred pounds—the Board has said it
That may succeed in feeding him—or fail in;
And, if he doesn't like it, he can shed it.
In medicine he needn't be a "star"—
The Guardians won't be too particular.

Some Pariah, for instance, not objecting
To isolation from his fellow-man;
Not quick to take offence, and not affecting
A more ambitious scale of living than
Befits a pauper—also unsuspecting—
Especially when Guardians work the plan
Of helping business (which I think is wicked)
y giving likely customers a ticket.

L'Envoi.

Wanted, a doctor for Ballymore!
This is the plaintive cry;
Age between twenty and four-score—
He needn't have had any practice before
No matter, so long as the rates are lower,
If doctor or patient die!
Wanted a doctor for Ballymore
A district a-begging! Who'll buy?

For further particulars, candidates will apply to the Clerk of the Ballyniggardly, Union.

(1) At a Guardians' meeting the other day, a member stated that the doctors would soon be standing behind bacon-boxes.

Appointments.

Brydon, John, L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., House Surgeon at the Hartlepools Hospital, Hartlepool.

Condon, F. W., L.R.C.P., F.R.C.S.Irel., Certifying Surgeon under the Factory Act for the Ballyshannon District of the Counties of Donegal and Fermanagh.

Fitz-Henry, R. S. W., M.R.C.S.Eng., House Surgeon to the Dewsbury and District General Infirmary, Yorks.

Henchley, A. R., M.D., Clinical Assistant at the Chelsea Hospital for Women.

Housely, John, M D.St. And., Medical Officer of Health of the Retford District Council.

Knight, Wilfrid E., M.B., L.R.C.P.Edin., Senior House Surgeon to the West Ham and East London Hospital.

Light, L. W., L.R.C.P.Lond., M.R.C.S.Eng., Medical Officer to the Bradwell District of the Maldon (Surrey) Union.

Morgan, C. Howard, M.R.C.S., L.R.C.P., Clinical Assistant at the Chelsea Hospital for Women.

Nesfield, R. W., M.B., Ch.B.Vict., Medical Officer of the Cumberworth Division of the Huddersfield Union.

Robertson, A., M.D., D.P.H., Clinical Assistant at the Chelsea Hospital for Women.

Sells, C. J., L.R.C.P.Lond., M.R.C.S.,Eng., Medical Officer of the "Scattered Homes" of the Guildford Union.

Vacancies.

Ballyshannon Union.—Medical Officer. Salary £120 per annum, with Vaccination Fees, also to act as Medical Officer of Health, salary £20 per annum. Immediate application to J. B. Chism, Clerk of Union. (See advt.)

Bradford Poor-law Union.—Resident Medical Officer for the Sanatorium for Consumptives, Eastby, near Skipton. Salary £100 with rations, apartments, and washing. Applications to Thos. Crowther, Clerk to the Guardians, 22 Manor Row, Bradford.

Lancashire County Asylum, Winwick, Warrington.—Assistant Medical Officer. Salary £150 per annum, together with furnished apartments, board, attendance, and washing. Applications immediately to the Medical Superintendent.

Manchester Children's Hospital, Pendlebury. — Medical Officer. Salary £180 per annum. Applications to the Secretary, Children's Dispensary, Gartside Street, Manchester.

Parish of St. Giles, Camberwell.—Assistant Medical Officer. Salary £120 per annum, with furnished apartments outside the Workhouse and an allowance of £1 1s. weekly in lieu of board and washing. Applications to Charles S. Stevens, Clerk to the Guardians, Guardians' Offices, 29 Peckham Road, S.E.

South London Hospital.—Anæsthetist for small Hospital in South London. Honorarium 10 guineas. Applications to Secretary, c/o MEDICAL PRESS, Henrietta Street, Covent Garden, London (See advt.)

Southampton Incorporation.—Resident Assistant Medical Officer. Salary £120 per annum, with apartments, rations, washing, and attendance. Applications to David P. Gwillim, Clerk to the Guardians, Clerk's Offices, Workhouse, Southampton.

Southwark Union, London.—Medical Superintendent. Salary £150 per annum, with furnished apartments, board, and washing. Applications to Howard C. Jones, Clerk, Union Offices, John Street West, Blackfriars, S.E.

Surrey Dispensary, Southwark, S.E. — Resident Medical Officer. Salary £140 per annum, with furnished apartments, coal, gas, and attendance. Applications to W. R. Millar, Secretary, 53, Borough High Street, Southwark.

West Herts Infirmary, Hemel Hempstead.—House Surgeon. Salary £100 per annum, with furnished rooms, board, fire, lights, attendance, and washing. Applications to Percy Hall, Hon. Sec.

York Dispensary.—Resident Medical Officer. Salary £120 a year, with board, lodging, and attendance. Applications to W. Draper, Esq., De Grey House, York.

Births.

ATKEY.—On Sept. 17th, at 12 The Avenue, Southampton, the wife of P. J. Atkey, M.R.C.S., L.R.C.P., D.P.H., of a daughter.

BROOKS.—On Sept. 17th, at Mile End Infirmary, Bancroft Road, London, N.E., the wife of Dr. J. Harley Brooks, Medical Superintendent, of a daughter.

LERMITTE.—On Sept. 17th, at 96 Manor Road, Stoke Newington, the of E. A. Lermitte, M.B., of a son.

Marriages.

MCCLINTOCK—IRVINE.—On Sept. 16th, at Great James Street Church, Londonderry, Lawson Tait McClintock, M.B., Ch.B., of Loddon, Norfolk, younger son of the late Dr. J. R. McClintock, of Church Stretton, Salop, to Louise Maud, second daughter of the late Rev. S. Irvine, of Greenbank, Londonderry.

WINDER—GARDINER.—On Sept. 17th, at St. Paul's Church, Portman Square, Herbert Winder, M.D., R.A.M.C., to Esther Amabel (Essie), younger daughter of E. B. Gardiner, of Bickenhall Mansions, Portman Square, and Carse Grange, Errol, Perthshire.

Deaths.

BRADSHAW.—On Sept. 20th, at 122 Holland Road, Kensington, suddenly, William Bradshaw, M.D., in his 85th year.

BROWN.—On Sept. 17th, John Ansell Brown, M.R.C.S.Eng., of 9 Russell Road, Kensington, W., aged 76 years.

BURROUGHS.—On Sept. 16th, at Leighton Buzzard, Edward Burroughs, second son of the late J. T. R. Burrows, Surgeon, of Lee, Kent, aged 52 years.

SAUNDERS.—On Sept. 15th, at Crowborough, Sussex, Isabella, the beloved wife of Deputy Insptr.-General George Saunders, M.D., C.B.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

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Original Communications.

OPHTHALMIA NEONATORUM:
ITS ETIOLOGY AND PREVENTION. (a)

By SYDNEY STEPHENSON, M.B., C.M.,
Ophthalmic Surgeon to Queen Charlotte's Hospital, &c.

IN the opinion of those well qualified to judge, ophthalmia neonatorum is the cause of more blindness than any other local disease, excepting, perhaps, atrophy of the optic nerve. Magnus estimated that in Germany it accounted for upwards of 10 per cent. of his 2,528 cases of blindness, a result substantially confirmed by Trousseau in France, by Schäfer in Russia, and by Oppenheimer in America. The Royal Commission on the Blind, the Deaf, and the Dumb, which reported in 1889, estimated that about 7,000 persons in the United Kingdom had lost their sight from the disease. This number of disabled people may be taken to represent an annual burden upon the commonwealth of £350,000, or upwards of one-third of a million pounds sterling.

It has been proved to demonstration that in ninety-nine cases out of one hundred ophthalmia neonatorum is preventible, and that it may be prevented, moreover, by the use of a few simple precautions.

It would be a mere truism to say that the term "ophthalmia neonatorum" is applied generally to every inflammation of the conjunctiva in a newly-born baby. But there is ophthalmia and ophthalmia. Some of the forms are harmless or nearly so, whereas others are grave enough to account for a large percentage of blindness. As regards the serious class, it may be stated that they are almost invariably due to the specific microbe of gonorrhœa, while the others are associated with microbes of several different kinds.

Our first point of inquiry, accordingly, may be directed towards ascertaining in what proportion of cases the gonococcus can be demonstrated.

Our statistics show that in the practice of seventeen observers, gonococci were found in 61·68 per cent. of the 1,377 cases. The proportion ranged from a minimum of 35 per cent. to a maximum of 100 per cent. The differences thus brought to light are somewhat striking, a fact that may be accounted for in several ways, of which perhaps the most important are (1) the social class of the patients, (2) the methods of bacterioscopic diagnosis, and (3) whether the disease had been treated or not before the discharges were examined for gonococci.

Among seventy-six cases of ophthalmia neonatorum recently investigated by me, gonococci were found in forty-one, or 53·94 per cent. Adding to the foregoing the figures I published a few years back on this subject ("Ophthalmia in Newly-born Children," 1898) it will be found that of my 121 cases of ophthalmia neonatorum, gonococci were demonstrated in seventy-one—that is, in 58·67 per cent.

The total number of cases at our disposal, then, is 1,498, and gonococci were present in 60·17 per cent. As the numbers dealt with are tolerably large, we shall scarcely err if we assume that about two-thirds of all cases of ophthalmia in newly-born babies are due to the micrococcus of gonorrhœa. The practical importance of this generalisation lies in the fact that in ophthalmia the cornea seldom suffers unless gonococci be the cause of the conjunctival inflammation.

It will be apparent, therefore, that a first necessity in the more exact diagnosis of ophthalmia neonatorum is the bacteriological examination of the secretion from the conjunctiva. In my opinion, no figures of so-called "purulent ophthalmia" should now be accepted unless this obvious precaution has been taken. It is true that, after some practical experience, there is not much difficulty about identifying most cases of true gonorrhœal ophthalmia, but the diagnosis can never be said to rest upon a certain and scientific basis unless gonococci are actually demonstrated. There are, indeed, cases where the signs are so slight that nobody from a casual examination would suspect that gonococci lay at the root of the mischief, and no amount of mere clinical experience will enable one to identify such cases with even a tolerable approach to certainty. The following is such a case recently met with at the North-Eastern Hospital for Children:—Wm. B., æt. 19 days, was brought on February 26th, 1902, with his right eye inflamed. He was the first child, and was born at term, after a natural labour. His eye became inflamed on the seventh day, so that we clearly had to do with an instance of "secondary infection." It showed a little yellowish-white discharge; the lids were neither swollen nor reddened; the eye could be well opened by the baby; the cornea was clear; and the tear passages were apparently normal. A note was made at the time to the effect that the case did not resemble the gonorrhœal form of ophthalmia. Nevertheless, by means of cover-glass preparations, gonococci were found to be tolerably numerous in the discharge from the eye. I could quote several similar cases.

The difficulty of diagnosis is certainly not lessened by the existence of so-called "abortive" cases of gonorrhœal ophthalmia, of which a good instance has lately been reported by Dr. E. Ammann (*Klin. Monatsblätter f. Augenheilkunde*, xxxv., 1897, p. 307). In that case the infant, when seen on the fifth day after birth, showed a trivial conjunctivitis, the symptoms of which were stated to have existed from birth. It was associated with gonococci. The usual treatment was prescribed, and on the following day, the secretion had much diminished, and it disappeared, along with the other signs of inflammation, in a very short time.

On the other hand, what looks clinically like a case of gonorrhœal ophthalmia sometimes proves, on bacteriological investigation, to be associated not with Neisser's coccus, but with some other micro-organism, especially with the pneumococcus or the bacterium coli. There is no need to occupy time by quoting cases in support of this statement.

It may be fairly concluded from what has been said that gonorrhœal ophthalmia cannot be diagnosed in the absence of a bacteriological examination of the discharge from the eye, a point in which it resembles gonorrhœa itself.

In my experience, the bacteriological diagnosis of

(a) Read at the meeting of the Obstetrical Society of London, July 1st, 1903.

gonococci offers no particular difficulties as regards secretion from the conjunctiva, whatever it may do in other parts of the body. I can hardly help thinking that there has been a little tendency to exaggeration in some quarters as to the difficulty of the differential diagnosis of these micro-organisms. The intra-cellular groups of numerous biscuit-shaped diplococci, which are readily decolorised by Gram, but which retain the basic aniline dyes with some tenacity, are very characteristic. Indeed, cultures would not be necessary were it not for the fact that England (*Klin. Monatsbl. f. Augenheilk.*, 1900, Beilageheft, p. 72) has recently described a case of severe purulent ophthalmia in a boy, æt. 5 months, in the pus from whose eyes he found intracellular diplococci, which by means of cultures were shown to be the Diplococcus intracellularis meningitidis of Weichselbaum and Jaeger. Moreover, it is possible, although the author denies the fact, that the same microbe was observed by Krukenburg (*Klin. Monatsbl. f. Augenheilk.*, 1899, p. 271) in conjunctivitis, and called by him the "pseudo-gonococcus." (*a*) Hence, in order to differentiate between the two microbes—the gonococcus and the meningococcus—it appears that we must inoculate agar-agar and incubate the tubes, when the former organism will not grow, while the latter will yield an abundant, whitish cultivation, It must, however, be added that, so far as I am aware, the Diplococcus meningitidis has not yet been found in the ophthalmia of newly-born babies.

The ophthalmia produced by organisms other than the gonococcus, generally speaking, agrees in the following points:—It is milder, has a shorter duration, and, except when due to the Klebs-Loeffler bacillus, seldom affects the cornea. Thus, of thirty-eight of my gonorrhœal cases, exactly 50 per cent. showed corneal damage, while of thirty-nine non-gonorrhœal cases, the cornea was affected only in 17·94 per cent. Some of the latter were almost certainly gonorrhœal, but as they did not come under treatment until late in the disease, gonococci could not be demonstrated.

Many investigations have been made into the bacteriology of the normal conjunctival sac, but, curiously enough, no little difference of opinion still exists with regard to the subject. One school, represented by Arnold Lawson, Franke, and Jameson, holds that the healthy conjunctiva is often relatively sterile, whereas a second school, of which Morax, Randolph, and Gifford are the chief exponents, believes that such organisms of the *B. xerosis*, the *S. p. albus*, and the *S. epidermis albus* are practically always present, although perhaps in an attenuated state. So far as I am aware, the conjunctival sac of the newly-born baby has not yet been investigated bacteriologically. This fact induced Dr. A. W. Sikes, pathologist to Queen Charlotte's Hospital, and myself to carry out a series of investigations upon the eyes of newly-born babies immediately after the cord had been cut, and before the eyes had been touched in any way. In twenty-four babies thus examined, the culture tubes were found to be sterile in eighteen instances, while in the other six *sarcina aurantiaca*, *flava*, and *alba*, a yeast-like *oidium albicans*, and an indefinite filmy growth of uncertain nature were found. It is important to notice that in no single instance was a pathogenic micro-organism demonstrated.

Vaginal discharges appear to be common accompaniments of pregnancy, especially in the lower classes. Investigations made by Cederschold (*Medical Gazette*, 1840, p. 382) so long ago as the year 1832 went to show that genital discharges existed in 137 out of 328 pregnant women. Haussmann (*Die Bindehaut-Infektion der Neugeborenen*, 1882) found purulent or mucous secretions in 249 of 250 pregnant women! Oppenheimer (*Arch. f. Gynäk.*, xxv., 1885), among 108 inmates of the Heidenberg Maternity Hospital, discovered gonococci in 27·00 per cent. Dr. G. C. van Schaick (*New York Medical Journal*, 1897, p. 598) has recently drawn attention to the frequency of gonococci in married women suffering from leucorrhœa. He examined bacteriologically scrapings from the vaginal rugæ and neighbouring parts in sixty-five women, and found gonococci in 26 per cent. It is important to note that these women were all of fair social status, and that no female whose position "made her infection a professional perquisite was knowingly included in the list." It is a somewhat curious fact that, from all I can hear, the experience of Queen Charlotte's Hospital is at variance with the above statements. It would be interesting to know whether this is the general experience of the London lying-in institutions.

Now the actual infection of the baby's eyes with gonococci may come about in three possible positions—(1) in the maternal passages, either before or during the act of birth; (2) almost immediately after birth; and (3) one or several days after birth. All the evidence at our disposal points to the second as by far the commonest mode of infection. The germ-laden discharge from the maternal passages clings about the eyelids and eyelashes, and, as a rule, is carried into the conjunctival sac either by the blinking of the baby or by the water, sponges, or towels used for the first bath. This mode of infection is spoken of as "primary."

This being so, it becomes easy to understand that the disease, in most cases, makes its appearance within three days of birth, as shown in the following table:—

	Cases.	1 *to* 4 *days.*	4 *to* 8 *days.*	*After* 8 *days.*
Uppenkamp ..	328	58·84	35·97	3·35
Von V. Hecker..	100	54·00	46·00	—
R. Köstlin	15	53·33	26·66	13·33
E. T. Collins ..	32	78·13	12·50	9·37

In respect of this table, it should be noted—(*a*) that all kinds of infections, primary and secondary, are grouped together, and (*b*) that no attempt has been made to distinguish between gonorrhœal and non-gonorrhœal cases. It is improbable that a gonorrhœal infection contracted soon after birth would manifest itself later than the fourth day, and the table shows that roughly two-thirds of all cases appeared within that period. Cases occurring after that time, if gonorrhœal, are "secondary" inoculations, as from the articles used in the lying-in room or from the fingers of the mother or attendants, or are caused by micro-organisms other than the gonococcus. A table is appended of my own cases in which the gonorrhœal are distinguished from the non-gonorrhœal cases:—

	Cases.	1 *to* 4 *days.*	4 *to* 8 *days.*	*After* 8 *days.*
Gonorrhœal ..	41	80·48	7·31	12·19
Non-gonorrhœal	35	57·14	37·14	5·77

The mode of infection first mentioned—namely, that within the maternal passages—must be assumed to have occurred when a baby is actually born with ophthalmia or develops symptoms of the malady within a few hours after birth. A child, as well known, normally traverses the vagina with closed eyelids, and, as the junction between the lids is watertight, morbid secretion can hardly enter the conjunctival sac under ordinary circumstances. That could, however, readily come about during face presentations, the application of forceps, or by digital examinations on the part of the accoucheur. Some of the cases of ante-partum infection can be explained by a rupture of the membranes having taken place several hours or even days before the child was born, thereby allowing gonococci to reach the conjunctival sinuses.

(To be concluded in our next.)

(*a*) C. Fränkel (*Zeit. f. Hygiene u. Infektionskrankheiten*, 1899, Bd. 31) described in the same year three cases of pseudo-membranous conjunctivitis in children associated with the meningococcus.

AN inquest was held at Islington last week on the body of a man, aged 59, who died under chloroform at the Highgate Hill Infirmary, given for the purpose of removing a cancerous growth. This is the first catastrophe of the kind at the institution and the usual verdict was returned.

A MEMBER of the "Christian Catholic Church of Zion" at Ipswich has been committed for trial on a charge of having wilfully neglected his child, in that he refused to obtain medical assistance to set a fractured thigh.

INTESTINAL ANASTOMOSIS (a)

By E. STANMORE BISHOP, F.R.C.S.Eng.,
President of the Manchester Clinical Society and Hon. Surgeon to Ancoats Hospital, Manchester.

My own experience of intestinal anastomosis is based upon twenty-two cases. I have no experience of lateral approximation, all my work having been end-to-end or end-to-side union. The choice of the method employed in any case is obviously of the first importance, for these cases are such that a second operation is practically impossible. Either the patient recovers, and no second attempt at union is required, or, if things go wrong the general condition becomes with great rapidity so bad that any further interference is synonymous with death, probably on the table.

Beginning with Case 7, that of a young woman with a strangulated femoral hernia, the part actually strangulated was gangrenous at the time of operation, and was situated about the junction of the jejunum and ileum. It was excised, and the cut ends reunited without any bobbin by the Czerny-Lembert suture. Everything was satisfactory for the first few hours, then vomiting returned, and the patient died on the second day. Post-mortem distension of the proximal portion of intestine was found, with œdematous swelling of the inturned edges of the gut almost entirely blocking the lumen. No leakage and no septic peritonitis, but some plastic adhesions to surrounding coils.

Case 18 was a case of pylorectomy for carcinoma united by simple suture without a bobbin in a woman, æt. 38. The growth was not adherent, there were no enlarged glands, and the growth was absolutely limited and definite. It could easily be brought outside the abdominal wound, so that all the surgical procedure could be carried out in plain view. Wölfler's operation was done, the upper part of the stomach sewn up by a continuous Lembert suture, the duodenum attached to the lower segment and united by Wölfler's suture. During the operation pulse and respiration failed twice, but responded to transfusion, artificial respiration and strychnine hypodermics. Again, the result at first was most encouraging. She passed flatus the next day, and there was little or no chloroform vomiting. On the third day, however, the face was pinched, and there was some rigidity of the recti. This condition, however, improved, until, on the seventh day, sudden collapse occurred with increase in the area of the liver dulness. Death on the fifteenth day. Post-mortem, there was a large subphrenic abscess, communicating with the gastro-duodenal line of union, in which was an opening, with partially digested edges, just at the point where the vertical and circular lines of suture met.

Case 19 was one of incision of a part of the sigmoid flexure for carcinomatous stricture in a woman, æt. 62. This was removed without difficulty, and the two ends easily united over one of my own bobbins, after permitting free exit of large quantities of gas and some fæces from the distended descending colon. The patient bore the operation well, the bowels moved twice during the next twenty-four hours, and some food was taken; but from thirty hours after the operation when the last stool was passed, she began to retrograde. The descending colon evidently began to fill up again, and the patient died on the fourth day. No post-mortem was allowed, but the course of events pointed clearly to blocking of the bone tube in the large intestine by masses too large and too hard to be forced through. Duvivier and Graff have had similar experiences with the Murphy button.

Taking these three cases together they raise and illustrate, I think, the question of the use or rejection of artificial supports in the shape of decalcified bone or other bobbins in this work. Now, the whole intestinal tract is not, for surgical purposes, of the same character in respect, not only in construction, but in the character of its contents, the latter difference being of very great importance. For instance, the fluid contained in the stomach, duodenum and jejunum especially, and for an undetermined extent in the ileum, has certain chemical and digestive properties; these become less accentuated in the lower ileum, and are absent in the cæcum, colon, sigmoid, and rectum. When the bowel ends have been sewn together, the material thrown out as a uniting medium is exposed to some extent to the action of whatever happens to be contained in the lumen of the gut; if the suture is weak at any point, this exposure is, of course, more likely to occur. Peristaltic action is more constant and persistent in the upper part of the small intestines than in the large, owing to the liquid character of its contents. The openings through which the suture passes are therefore exposed to a more frequent repetition of strain and alteration in the small intestine than in the large. This, however, is compensated to a great extent by the more severe strain which they have to resist in the latter. It is, however, especially the liquid and pepto-chemical character of the contents of the stomach and small intestine which constitutes the main danger against which some protection of the line of union is needed, and this is supplied by the bone bobbin if properly made. The post-mortem appearances in Case 18 showed not only a weak point in the suture, but the edges of the opening at this point had a semi-digested look, and I have no doubt that this process rendered abortive any attempt that otherwise might have been made by plastic adhesions to limit the escape of the gastric contents, even if it had no part, as I think it had, in starting the lesion.

On the other hand, the lumen of the bobbin in the sigmoid flexure undoubtedly became blocked by hard fæcal masses, which might have passed through an intestine which was flexible, such as would be left by a simple suture, but could not be driven through a rigid tube such as is formed by any apparatus in this situation.

Another danger of simple suturing in the small intestine is well shown by Case 7, in which Czerny-Lembert suturing alone without any protective apparatus resulted in an œdematous condition of the inturned gut, and consequent stenosis, ending in death. The danger from any such œdematous swelling in the large intestine, should it occur—all the cases noted have been in the small—on the other hand, is not likely to be great, owing to the greater calibre of that portion of the gut. I think, therefore, that the facts point in favour of the use of such appliances in the stomach and small intestine, but markedly against their employment in the large.

If bobbins are to be used in operations on strangulated hernia it becomes a matter of some difficulty to choose between the large number which have been devised. I have here a large and fairly representative collection. Murphy's button occupies a place by itself. It is perhaps most quickly applied, and when properly made gives a rapid, safe, and reliable union. It was originally devised to save suturing entirely, which is the manœuvre which occupies most of the time expended. Many surgeons, however, prefer to place a row of sutures outside, and then its superiority in point of rapidity of application is not very apparent. It has, moreover, certain very definite drawbacks. It is heavy, and has produced kinking of the bowel. It acts by producing sphacelation of the parts included in its grip.

I am able, by the kindness of Dr. Jacob Frank, of Chicago, to exhibit here to-day his coupler, which, so far as I know, has not previously been shown in England. This, you will see, is based upon Murphy's pattern, but is intended to evade some of the objections to the use of the latter. The two metal shoulders of the Murphy button are here replaced by absorbable decalcified bone, and the metal stem and spring are represented by a rubber tube, the two ends of which are sewn to the shoulders. The bowel ends are slipped over the shoulders, and confined between them and around the central tube, as in the Murphy button, by purse-string sutures, the shoulders being pulled apart to permit of this. When they are *in situ* the natural resiliency of the rubber tube clamps the intestinal ends between the two bone ends. When these

(1) Abstract of Paper read before the British Medical Association at Swansea, August, 1903.

parts become softened the attachments of the tube loosen, and the tube itself passes on down the intestine. Being smaller than its lumen and compressible, it is not likely to cause any later obstruction by its presence, and the bony shoulders are so softened and digested that they, too, pass easily. I have no experience of its use, but it is highly spoken of by American surgeons. The only difficulty which I have found in experiments upon the cadaver is in slipping on the second intestinal extremity, whilst maintaining traction upon the bobbin, but that, no doubt, is due to my own unfamiliarity with the appliance. With it I show also a very useful instrument which he has also devised, an enterometer, by which the calibre of the bowel at any point can be determined, and a suitable size of bobbin be chosen.

The ideal bobbin should be easily introduced, it should be of such a shape that the tightening of the purse-string sutures in the ends of the gut automatically approximate them, it should give a solid and reliable support, it should adequately protect the line of union from all possible contact with the contents of the lumen of the gut, and it should place the ends in such a position as to render any further suturing easy, rapid, and even. The same form is not likely to suit all positions; for instance, the best form for end-to-end union, as in enterectomy, is not likely to be the best for end-to-side union as in ileo-colostomy or gastro-enterostomy. For ordinary enterectomy I have endeavoured to fashion a bobbin which should possess the advantage which is to be found in Allingham's. The hour-glass shape of that appliance renders the tightening of the purse-string sutures placed around the gut ends a means by which they shall be also rapidly approximated, and once brought together, a security against their being separated until the whole bobbin disintegrates. The ends are kept steadily in one line, and the bobbin itself cannot slip about. But whilst I think highly of this special feature of Allingham's tube, I have found them peculiarly difficult to introduce, and therefore the ends of mine are cone-shaped, like those of Jessett. By undercutting the central declivity, so to speak, the redundant tissue of the bowel end produced by such tightening is allowed more room, as in the Murphy button. This, moreover, renders it practically impossible that any of the bowel contents can reach the uniting line.

In ileo-colostomy, however, the end which enters the colon if left as in the first form would be redundant, and might injure the opposed mucous membrane. Moreover, the course of the fæcal material here is that of a small drain emptying itself into a large one, and having once passed through the bobbin the contents will fall away from it, so that the projection is unnecessary. In gastro-enterostomy, by Roux's method, which would seem to be the most satisfactory in evading a sequent vicious circle, it is also an advantage that the gastric opening of the bobbin should lie almost flush with the internal surface, so that there may be no pool of retained gastric contents lying around it. I have, therefore, for these two purposes had a separate form made in which this portion of the bobbin is cut away, and the opening widely flared, so that it resembles a vase; this rim I also find very convenient for slipping into the longitudinal cut in the stomach or in the fundal line of the colon, and the retaining suture previously placed around the intended opening draws it tightly around the neck of the appliance. Both these bobbins I have had opportunities of using on the living patient, and I have found them in every way fulfil my expectations. They are made for me by Messrs. Down Bros.

I have said that bobbins are inadmissible, in my opinion, in the large intestine, but I have one form here which should be probably exempted from that dictum. Dr. Wackerhagen, of Brooklyn, has most courteously presented me for the purpose of this meeting with a set of his wafer supports, and the moulds upon which they are made; these supports are made of dough, modelled upon these various moulds, and are baked upon them. When baked the moulds are sprung out of them, and they are then used in the same way as those made of decalcified bone. As they commence to soften and disintegrate from the moment of use, they will not produce the obstruction which follows the use of the bone tube, and therefore might with safety be used in situations where the others would become blocked by hard fæces. There can be no doubt that the presence of some support enables the surgeon to apply his sutures more evenly, and therefore more safely, but the very transiency of their presence contra-indicates to my mind their use in the small intestine, where they would give but little protection, and that little for too short a time.

It may be noticed that I have said nothing of Senn's plates, or of their representative in potato, turnip, raw hide, or segmented rubber, nor have I included them in this collection. The union formed by these appliances is ungainly and awkward. The bowel so united forms a large unwieldy mass which it is difficult to return into the abdominal cavity without an otherwise unnecessarily large opening, the prospect of adhesions of the cell containing them to surrounding coils, and consequent later obstruction, is increased, and as far as I can judge from current literature they have had their day, and are being wisely given up.

Modern methods of suture may be divided into those which penetrate and those which do not penetrate the entire wall. For many years surgeons entertained a holy horror of the former. I am not sure that this horror does not even yet prevail in many minds. All kinds of dire results were supposed to follow the penetration of the gut lumen by a suture, and I well remember the opposition which I encountered in 1887 when I first proposed such a method. Since that time, however, Halstead has demonstrated admirably the necessity in all suturing of obtaining a firm hold upon the submucosa, the only portion of the wall of the intestine which is capable of resisting the effect of peristalsis in causing the yielding and tearing loose of the thread. Any surgeon who has attempted to carry out this principle upon intestine in the post-mortem room or to secure this layer upon living animals will acknowledge that it is practically impossible to be certain that his thread does not penetrate one of Lieberkühn's follicles, and does not therefore communicate with the intestinal lumen. If Halstead's suture is safe, and numberless cases in very various hands have testified to this safety, it necessarily follows that the danger of such communication has been greatly overrated. If we add to this the old well-attested fact first pointed out by Thompson, and confirmed by Travers, Benjamin Bell, and Dupuytren, as well as by later writers, as Byrom Robinson, that all sutures, however placed, unless absorbed *in situ*, which few are, sooner or later find their way into the lumen of the gut, and are thrown out of the body by that route, we shall agree, I think, that there is good reason against through-and-through suturing, if other advantages are to be gained by it. Such advantages are, first, the certainty of perfect apposition during the period of union, and, secondly, such a union that tearing away by the action of the peristalsis is practically impossible.

M. G. Connell, in 1892, and C. N. Dowd, in 1902, have both introduced sutures which, like my own, penetrate the entire gut at every stitch, and cases have been published both by themselves and others proving their entire safety. Indeed, it may now fairly be said that *the* unsafe suture is the one which yields before union is complete, either because of its own weakness, or more often because it grips only tissues, such as peritoneum and muscular layer, which cannot be depended upon to resist the strain of peristalsis.

But whilst this may be said of all perforating sutures, I do not think that it will be claimed that by either Connell's, Dowd's, Maunsell's, or Kürschner's sutures any particular effect is produced later upon the diaphragm which we are considering. That this diaphragm is gradually removed by my own suture, these specimens, obtained from dogs upon whom this operation was performed, will, I think, demonstrate. These dogs were all submitted to excision of various portions of the gut. The gut ends were then reunited by a

suture, a diagram of which was shown. After recovery they were killed by chloroform at various dates—fourteen days, one month, two months, &c., from the date of excision. As yourwill see, at each succeeding date, as the sutures separate they carry with them more and more of the obstructive ring, until the internal surface of the bowel becomes once more smooth and even.

There are two reinforcing sutures which are worthy of attention. Probably the suture most used is the Lembert, but it does not appear that its reversed form, in which the knots become buried as they are drawn tight, has found as much favour as it would appear to deserve. (Both were shown in another diagram, and the neater appearance of the result in the reversed suture was very evident.)

The other suture is one introduced by Cushing, and is called by him the right-angled suture. This also buries itself as it proceeds, and therefore greatly decreases the risk of post-operative adhesions. It is, however, a continuous suture, and is probably improved if knotted as Dowd suggests, at every third or fourth insertion. It is practically Gely's suture, only made with one needle instead of two.

Ease, regularity and rapidity in suturing is greatly increased, whatever sutures are used, by the employment of Allis' basting forceps.

With regard to the advisability or otherwise of preliminary colotomy when portions of the large intestines have to be removed for malignant disease, it is evident enough that instead ofoneoperation the patient has to face three: the colotomy itself, the excision of the affected portion of gut, and the subsequent closure of the colotomy opening, all of which must be carried out at separate times; but the advantages gained are sufficient, in my opinion, to entirely overbalance this. In some cases,as suggested by my friend Mr. Wilson, of Manchester, when the meso-colon or meso-sigmoid is long enough at the point of constriction, two of these operations might be combined. The growth itself might form the apex of the portion of gut withdrawn at the preliminary colotomy, especially if seated in the sigmoid. After the surrounding union was firm, that is, within forty-eight hours, it might be removed along with a sufficient amount of healthy bowel, and when everything had again become normal, so far as contraction of the previously distended proximal extremity was concerned, the two ends might again be freed from the anterior wall and united. Several things, however, would have to be favourable in order to accomplish this. The location of the obstruction must be known. It is, no doubt, the experience of others, as it has been my own, that many of such cases only come to the surgeon when obstruction has been complete for some days, when the abdomen is uniformly distended, and the situation of the growth can only be surmised. Then the growth must not beadherent to parts around, nor should there be any enlarged mesenteric glands. The meso-sigmoid —for it is in this region that most of the growths capable of treatment in this way are situated—must be sufficiently long not only to permit of the exit of the intestine affected, but of a sufficient amount on either side to permit of the section being carried far enough from the growing neoplasm. It would not be possible for all these favourable circumstances to be found in many cases; and therefore it will still be necessary, in most instances, to face the three operations. The advantages obtained are, in my opinion, very great. Preliminary colotomy transforms a patient who, with tensely distended abdomen, is in a very unfit state to bear any operation but the most rapid, into one who can safely stand the necessary manipulations of an anastomosis. In somecases theabdominal side of the growth can be examined, so that a better idea of what will be required at the major operation can be obtained beforehand. This was done with great advantage in Cases 3 and 5; the parts themselves can be made clean before division; they can be kept so after it, and only when the union is firm and reliable need they be called upon to resume their normal functions.

For the sake of clearness, allow me to recapitulate the points to which I have referred.

1. It is suggested that the terms "fundal point" and "fundal line" will be useful for purposes of description as defining that portion of the intestine which is opposite to the mesenteric insertion.

2. The use of decalcified bone bobbins is advisable in operations for union in the gastric region and the upper part of the small intestine, mainly because they act as a protection during the early stages of union, and because the intestinal contents in these segments are liquid, and possess certain chemical and digestive properties, from which the line of union in these regions needs to be protected.

3. That the use of such appliances is doubtful in the lower small intestine, and is absolutely contra-indicated in the large, mainly because of the solid or semi-solid nature of their contents. That this objection does not apply to Wackerhagen's wafers, which, indeed, are to be restricted to those segments of the gut.

4. That in choosing a mode of suture, that one is to be preferred which gives the most perfect security against leakage in yielding to the peristaltic strain, which exposes itself the least, and so minimises the irritation and consequent adhesion of surrounding peritoneal surfaces, by which later obstruction may be produced, and which removes the inevitable diaphragm formed by the necessary inturning of the bowel ends, so as to leave a smooth internal surface.

5. That the use of forceps, such as O'Hara's, or the preliminary crushing of the intestine, as in Doyen's or Vidal's methods, all of which are based upon the idea of producing sphacelation of the inturned edges of the gut, are of very doubtful value, are associated with increase of shock and unnecessary risk of later perforation, and should not be preferred to simple suturing or to suture over some absorbable and protective appliance.

6. That in cases where a neoplasm or other obstruction has to be removed from the large intestine, the prospects of success are greater if a colotomy above the seat of the obstruction can be previously carried out.

THE SIGNIFICANCE OF LEUCOCYTOSIS IN APPENDICITIS.

By DRS. MAURICE CAZIN and EDMOND GROS,
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MUCH attention has been devoted during the last two or three years to the clinical importance of leucocytosis in appendicitis. During the recent debate at the Surgical Society of Paris, the majority of speakers, although agreeing that immediate intervention is necessary in all cases in which there is suppuration insisted upon the difficulties that the diagnosis of suppuration presents. It appears from the recently published works on this subject that by merely counting the blood corpuscles very important indications in regard to the diagnosis, and to the exact course of the disease, may be obtained, especially with respect to abscess formation, the increase in the number of leucocytes being associated, as shown by Professor Hayem long since, with circumscribed suppuration, following an acute inflammatory attack.

We will intentionally omit dealing with the claims advanced on behalf of Ehrlich's iodine reaction on the white corpuscles of the blood for the differential diagnosis of the various phases of appendicitis. The few examinations which we have been enabled to make on this subject do not allow of our forming a trustworthy opinion as to its value, since it has been observed in various infective diseases without its having been found possible to define the limits which separate the normal from the pathological state. It is idle to hope that the results of examination of the blood will bring about an agreement between the advocates of surgical intervention and those who are in favour of systematic abstention. The former will, indeed, probably despise this method

of investigation as an indication of the necessity for operation or otherwise, since they always intervene as soon as they diagnose appendicitis. Why, however, should they not take this into account, at any rate in doubtful cases, in which the examination of the blood gives more precise information than either pulse or temperature? But, after all, it is the abstentionists who are most to blame for neglecting the research of leucocytosis, which alone can give a positive operative indication, when all the other symptoms are ill-defined, a fact of which we have been able to convince ourselves in several instances, and which is confirmed by those who resort systematically to the procedure in all cases of appendicitis. They all report numerous cases in which the clinical data provided by the examination of the blood had a greater importance than the other symptoms, and have sufficed to decide in favour of operation.

Before discussing the significance of leucocytosis in appendicitis it may be well to describe briefly the procedure which we employ, which, simple though it be, enables any practitioner, however unfamiliar with the use of the microscope, to promptly estimate the proportion of white corpuscles in the blood.

We use Hayem's hæmatimeter with a movable plate. The blood is collected with the usual precautions by pricking the finger, preferably on the dorsum. We employ a special pipette to hold 20 cubic millimetres of blood, which enables us to prevent coagulation, which occurs so readily with the small ordinary pipette of 2 cubic millimetres. After having carefully wiped the end of the pipette to remove any excess of blood, it is emptied into a test tube, containing 500 cubic millimetres of a 5 per cent. solution of acetic acid. The acid destroys the red globules, and renders the nuclei of the leucocytes very visible. Shake the mixture well, so as to make sure of the proper distribution of the white corpuscles. The pipette used to measure the solution generally retains 6 cubic millimetres; consequently, only 494 cubic millimetres of the solution will be expelled, to which is added the 20 cubic millimetres of blood.

The calculation which allows us to estimate the number of leucocytes contained in a cubic millimetre of blood is based upon the answers to the following questions:—How much blood is there in a cubic millimetre of the mixture just described? This mixture comprises 494+20=514 cubic millimetres; these 514 c.mm. contain 20 c.mm. of blood; therefore, 1 c.mm. of the mixture contains 20 : 514.

How much blood is there in each square of the ruled hæmatimeter? Now each square corresponds to a cube of 0·2 mm., *e.g.* to 0·008 c.mm. of the mixture to be examined. Now we know that 1 c.mm. of this mixture contains 20 : 514 c.mm. of blood. Therefore, in 0·008 c.mm. there is (20+0·008) : 514, or 1 : 3,212, or, approximately, 1 : 3,200 of one cubic millimetre. The leucocytes found in one square of the hæmatimeter belong therefore to 1 : 3,200 c.mm. of blood.

If, for instance, one square presents 5 leucocytes, it follows that 1 : 3,200 c.mm. of blood contains 5 leucocytes, and, consequently, 1 c.mm. contains 3,200 times more, or 5 x 3,200.

But when several squares are successively examined in the same preparation, the same number of leucocytes is not found in all. The white corpuscles of a certain number of squares must, therefore, be counted, and an average taken of the numbers obtained. If, for instance, by displacing the preparation so as to examine the drop of liquid from side to side 285 leucocytes have been found in a total of 52 squares, the conclusion come to is that each square contains on an average 285 : 52 leucocytes, and that the number of these per cubic millimetre, is, therefore, equal to (285 : 52)+3,200. M. Hallion has devised a very simple plan to facilitate the calculation, *viz.*, to count the corpuscles of 32 squares. If, in these 32 squares, we find a total of 314 leucocytes, we immediately come to the conclusion that each cubic millimetre of blood contains (31 : 432)+3,200, or, by simplifying, 314 x 100=31,400.

By this process, the examination of blood for leucocytosis can be effected in a few minutes.

If we wish to obtain very exact results, the count must be done several times over, taking the average of several evaluations, each of 32 squares. At least two numerations must be made, and if for the two series of 32 squares each two results almost equal are obtained, it will suffice. When, on the contrary, there is a marked difference, it is necessary to repeat the examination several times, for the oftener this is done the more correct the average is, and the nearer to the true number.

For those who are not very familiar with the microscopical examination of blood, instead of employing the solution of acetic acid, which destroys the red corpuscles, we may stain with gentian violet, which brings the leucocytes into prominence. This method, however, takes much longer.

Dr. J. B. Deaver has rightly insisted upon the necessity of careful observation, upon which depends the value of the procedure. It is obvious that careless observation will altogether change the result, for simple as is the process some practice is indispensable to accurate estimation. It is a good plan to examine the blood of a person, either healthy or sick, several times over, making a fresh prick each time—the results obtained by calculation must be almost identical before anyone can consider himself sufficiently expert to undertake the enumeration of the leucocytes in a case of appendicitis.

In the adult male the number of white corpuscles in the blood in a normal state averages 7,500 per cubic millimetre (Malassez); it varies from 8,000 to 10,000 according to Curschmann; from 7,000 to 9,000 according to Küttner; from 4,000 to 11,000 according to Wassermann. In a child the proportion is usually higher and less constant than in the adult. Speaking generally, we may take it that any number over 10,000 per cubic millimetre testifies to an increase of the white corpuscles.

In spite of the generally received opinions, leucocytosis is usually present from the outset of the attack of appendicitis, even in the absence of suppuration. Curschmann is very positive on this point, and considers it fully demonstrated that, in the majority of all the forms of perityphlitis, from the very beginning the number of leucocytes is increased; in slight cases this increase is usually not very pronounced, the number of leucocytes varying between 10,000 and 15,000, but sometimes reaching between 19,000 and 20,000, as we have ourselves observed, by the second or third day, even in the absence of localised suppuration. The increase, however, is very evanescent, and the proportion soon falls from 20,000 to 10,000, and even to 6,000.

These data concord, moreover, with the experimental results, published long since by Schulz, who showed that, in the dog, simple irritation of the peritoneum by an aseptic incision, through the linea alba, followed by an immediate closure, determined occasionally very marked leucocytosis amounting even to 54,000 leucocytes per cubic millimetre of blood. Wassermann's observations established the fact that laparotomy for the removal of the appendix during a period of quiescence is usually followed by leucocytosis; the proportion of the white corpuscles being quite normal and varying between 7,800 and 8,500 before the operation, rising to 14,000, 14,600, or even 20,800 after it, ultimately falling to normal, without there having been the slightest suspicion of sepsis.

It is therefore demonstrated that even a septic irritation of the peritoneum determines leucocytosis. Every attack of appendicitis, accompanied by the least peritoneal reaction, is followed by an increase in the number of leucocytes, except in certain hypertoxic forms, when the defensive reactions of the organism have not had time to take place.

There is not, at the onset of the attack, any noticeable difference in the proportion of leucocytes between the cases which end in resolution and those which terminate in suppuration. Mere enumeration of the white corpuscles cannot therefore afford us any assistance at

the beginning of an attack of appendicitis so far as the diagnosis of the form; and it is only by methodical enumeration repeated morning and evening that it is possible, as we shall see, to distinguish cases which tend to resolution from those in which an abscess is forming. It follows that on the first or even on the second day operative measures still constitute the only sure means of averting the always possible fatal termination, and the blood count tells us nothing as to whether the course of the illness will be mild or serious.

But if leucocytosis cannot be employed to diagnose the kind of appendicitis, at the onset of the attack, this sign should nevertheless be sought for, if only to establish the nature of the affection in doubtful cases. Indeed, any increase in the number of white corpuscles, however small, favours the diagnosis of appendicitis, and allows us to discard all the other affections characterised by hyperleucocytosis, or not associated with any modification of the number of leucocytes.

As we have just pointed out, single enumeration, practised at the onset of an attack of appendicitis, teaches us nothing in regard to the particular form which we are dealing with. But it is quite different when we make repeated enumerations once or twice daily.

It may be affirmed in a general way that in the mild cases ending in resolution the proportion of leucocytes does not exceed 20,000 to 25,000, such increase, moreover, being very fugitive.

We have collected notes of seventeen mild cases, ending in resolution, in which the enumeration of the white globules was carried out systematically; six times only did the number exceed 15,000; twice it reached 15,400, and three times it varied between 20,200 and 22,900.

We may therefore admit, with Curschmann, that, if the number of leucocytes only undergoes a slight increase, in the majority of instances the course of the illness will probably be mild and comparatively short, and that, if the number during several consecutive days remains comparatively low, or undergoes a notable but ephemeral increase (20,000 to 25,000), one may almost certainly foretell resolution, even when the temperature or its fall fail to justify such a prognosis.

If there be one point upon which all surgeons appear to agree in regard to the treatment of appendicitis it seems to be upon the necessity of prompt intervention in all cases of abscess. Now, if surgeons admit almost unanimously the necessity of evacuating all collections of pus of appendicular origin, they also agree in recognising the difficulties which frequently occur in the diagnosis of abscess. It is in this respect that Hayem's sign truly deserves to become indispensable in general practice, since this sign alone permits of the early diagnosis of abscess, in cases where all other symptoms are wanting. As has been conclusively proved by Curschmann's demonstrations, the curves provided by the enumeration of the leucocytes, systematically repeated, have a value far superior indeed to the temperature, persistent hyperleucocytosis constituting, so to speak, a constant and invaluable sign of suppuration, while the fever may be slight and even sometimes *nil*, in spite of very extensive suppuration. Wassermann, moreover, considers persistent hyperleucocytosis to be pathognomonic of the formation of an abscess, in regard to the precise moment at which the physician, having reached the end of his tether, declines all further responsibility and hands the case over to the surgeon.

As we have said initial leucocytosis in appendicitis, in spite of a very high temperature and violent local pain, does not furnish any definite conclusion in regard to the future course of the malady, even when it corresponds momentarily to a comparatively high proportion—*viz.*, 20,000 or 25,000 white corpuscles per cubic millimetre. When, on the contrary, the number of white corpuscles undergoes a considerable and permanent increase, this proves with certainty the existence of suppuration, whatever other symptoms may be present.

Personal observation has convinced us of the truth of this statement. In one case, that of a child, æt. 15, at the beginning of the third day of appendicitis, with a temperature of 40° C. and a pulse of 80 only, the enumeration of the white corpuscles gave 8,500. On the fifth day the fever had dropped, and the general state was satisfactory, but forty-eight hours later the examination of the blood, which had not been made for two days, indicated a leucocytic proportion of 31,000 per cubic millimetre, although the rectal temperature did not exceed 37·6° C., and the pulse was only 80. Locally there was only a very moderate muscular resistance, and but slight swelling. The patient was immediately operated upon, and a retrocæcal abscess the size of a hen's egg was evacuated, after which she began to recover forthwith. This case is particularly interesting, as showing the precision with which the examination of the blood allows of the diagnosis of appendicular abscesses, even when the physical signs are uncertain and little marked, and this when the temperature and the pulse are normal or nearly so.

Professor Dieulafoy has rightly insisted on this deceitful lull, which often follows the violent and painful onset of appendicitis, during which the peritoneal lesions do not cease to develop in the most rapid and serious manner, in spite of the apparent benignity of the symptoms. Now this lull cannot deceive us if the enumeration of the white globules of the blood is systematically practised, for, as has been shown, this enumeration suffices to indicate for certain the existence of suppuration, which no other symptom would authorise one to suspect.

There does not exist, let it be well understood, a leucocytic formula which can be considered to correspond, even approximately, to a mean of the number of white corpuscles in cases of suppuration of appendicular origin. The defensive reaction of the organism of which leucocytosis is merely a manifestation obviously varies according to many circumstances, and under certain conditions is very difficult to define. It may, however, be asserted that, contrary to what takes place in the mild forms, ending in resolution, in which the leucocytic rate varies between 10,000 and 15,000, and does not reach or exceed 20,000, except ephemerally, in the case of abscess, the leucocytic rate remains about 20,000 very persistently, and more often increases progressively until it reaches a point never met with in cases in which there is no suppuration—*viz.*, either 30,000, 35,000, 40,000, and 45,000.

All the published observations show that there is no relationship between temperature and leucocytosis; the latter may be very high, whilst the temperature is normal, or thereabouts. On the other hand, the study of the numerous observations in which repeated examinations of the blood have been made during appendicitis prove beyond doubt that it is to leucocytosis, and not to temperature, that we must in case of non-agreement attach the greater importance as regards the necessity for operative intervention.

We are in a position to affirm that in all cases in which leucocytosis has led to early diagnosis and evacuation of the abscess, even when other symptoms were wanting, recovery has followed, precisely because the examination of the blood precipitated the operation, which one was hesitating to perform. In one case quoted by Jauerbruck operation was delayed, although the leucocytosis was high, and when it was decided upon at a time when the leucocytes had reached 40,000 it was too late to be efficacious. We have also observed a case in which the enumeration of the white corpuscles having satisfied us of the existence of an abscess, in spite of a rectal temperature of 37° C., and a pulse of 90, and a satisfactory general state, we proposed immediate operation, which was not accepted. The next evening all the signs of generalised peritonitis manifested themselves, and the patient was moribund when the operation was performed. This, however, proved the existence of a circumscribed abscess opening into the peritoneal cavity. With such conclusive evidence we may take it as proved that the enumeration of the white corpuscles is of primary importance as regards the diagnosis of abscesses, and that any physician who has to deal with a case of appendicitis, in which he believes himself justified in postponing surgical intervention,

cannot conscientiously omit to have recourse to the examination of the blood, often repeated, if he does not wish to expose his patient to death, on account of a tardy operation, which by this method might have been performed in time to bring about recovery.

In spite of the unanimous opinion of the surgeons who have verified Curchmann's results, M. Grauvitz, in the new edition of his treatise of hæmatology, makes some reservations as to the value of leucocytosis in the diagnosis of abscess. He admits, and this, indeed cannot be denied, that the positive result given by the examination of the blood in regard to the increase of the white corpuscles may help to guide the diagnosis in a very satisfactory manner, and for that very reason affords one of the clearest indications for surgical intervention. But, he adds, a negative result is in no way absolutely incompatible with abscess formation. Now, it has never been claimed that this sign is to be considered pathognomonic of appendicular suppuration. It is sufficient for this enumeration to be taken into consideration that it never deceives when the leucocytic rate indicates the positive presence of an abscess. The operation is performed without delay, and saves the patient. On every occasion on which this method has been systematically followed, and has given a positive result followed by immediate intervention, the surgeon has found an abscess, and has cured his patient. It would be greatly to our advantage if other symptoms of equal importance existed as regards appendicitis.

It is none the less true, however, without in any way reducing the certainty of positive results, that the absence of marked leucocytosis has been noted even when suppuration existed, but the negative result seems to have been obtained in only two cases of very different nature. In a first series of observations we have to do with non-circumscribed suppurations in certain cases of diffuse hypertoxic peritonitis in which the defensive reactions of the organism are lacking, the leucocytic rate remaining slightly raised, or even below the normal.

In a second series, we have cases of encysted abscesses persisting after the acute symptoms, and in these leucocytosis may also be wanting. These abscesses are shut in by a thick fibrous wall, which does not allow the reabsorption of toxins from the suppurating cavity. Now it is evidently the reabsorption of these toxins and their dissemination through the circulation that determines leucocytosis. This absorption will take place the more readily the more recent the abscess formation, on account of the structure of the wall. It may be *nil* in the case of an old encysted abscess with fibrous walls.

We have mentioned that suppuration may take place without leucocytosis in certain cases of diffuse hypertoxic peritonitis. Only a limited number of observations are available of leucocytosis in diffuse peritonitis, ending rapidly in death. Curschmann, however, believes that in cases of generalised peritonitis the leucocytic rate, at first greatly increased, comes rapidly down to the normal and even below.

Rieder, Küttner, Kühn, and Coste have recorded the absence of leucocytosis in cases of acute peritoneal septicæmia, in which the organism had no time to react. Da Costa published twelve observations ending in death; out of this number leucocytosis failed twice only, the leucocytic rate not having exceeded 6,000 and 11,000; in the other ten cases the mean was 19,400, with a minimum of 14,200 and a maximum rising to 58,500.

This absence of leucocytosis, nothwithstanding the gravest clinical indications, justifies any serious prognosis, for it points to a considerable decrease in the resistance of the organism. When, on the contrary, it does exist, in cases of generalised peritonitis, leucocytosis indicates a defensive reaction, which renders the prognosis after operation comparatively favourable. Thus, in the case of a patient suffering from generalised peritonitis, and treated by immediate intervention, M. Küttner has found as many as 50,000 white globules, and has effected a cure.

M. Wassermann emphasises the fact that in a case in which the operation showed the existence of diffuse peritonitis, leucocytosis was in amazing opposition to the comparatively trivial clinical signs, there being an abdominal facies, the pulse only 102, regular and full, the abdomen very slightly distended and painful. It may be added that, as early as the morning of the second day, on account of the persistence of marked leucocytosis, the operative indication was clear. This is another very clear case of cure obtained by early intervention, performed on account of the examination of the blood.

There is another practical and important fact which is shown by enumeration of the leucocytes, no longer in regard to the propriety of operation, but in respect of the post-operative prognosis. After the evacuation of isolated collections of pus, a decrease, generally rapid enough, of the leucocytosis is noticed; often as early as the next day or the day after the number of leucocytes is quite normal. When, on the contrary, there are several foci of suppuration, and one only has been opened, the leucocytosis persists. M. Curschmann has recorded a very typical instance of this. The patient was a student operated on on the fifth day. In this case the appendix was amputated after an abscess had been opened. On the following days, the leucocytic rate did not show any tendency to decrease, and in presence of this persistent leucocytosis, in spite of a comparatively low temperature, a second operation was performed, when a second abscess in the pelvis was evacuated. This time the number of white corpuscles fell immediately to normal. We had an opportunity of observing a similar case in a young man, with 27,000 leucocytes per cubic millimetre, in whom a large abscess was opened, and suitably drained; yet in spite of this, not only the leucocytosis did not decrease, but, on the contrary, it continued to increase to a marked extent, and the patient died before a further intervention could be practised.

Enumeration of the white corpuscles in appendicitis is, therefore, of great value as an indication for operation, at any rate, in a certain number of doubtful cases. Indeed, as stated by M. Curschmann, though it may appear excessive to advise the daily examination of the blood in all cases of appendicitis, in view of the fact that often the evolution of the disease can be ascertained without this means of investigation, it is none the less certain that, in doubtful and obscure cases, this method really gives a wider scope to our diagnosis, and may render valuable service.

NOTES ON
A CASE OF CONTUSION
OF THE
ABDOMINAL WALL
FROM THE
KICK OF A HORSE—
DOUBLE RUPTURE OF THE INTESTINE—LAPAROTOMY.—CURE. (*a*)

Under the Care of PROF. BOGDANOVICI,
Of the University General Hospital, Bucharest.

[SPECIALLY REPORTED FOR THE MEDICAL PRESS AND CIRCULAR.]

DURING the night of January 22nd, 1903, a young man was admitted to hospital for M. Racoviceano. He was æt. 19, and was suffering from the kick of a horse. He was struck at the point of the seventh rib on a line with the left nipple. The blow caused him to faint and fall, and on being revived he complained of intense abdominal-thoracic pains. He vomited what food was in his stomach, and felt easier. On the following morning he felt easier, and looked better. He had no increase of temperature, and there were no symptoms of peritonitis, though it was noticed that his respirations were slightly quickened. At the extremity of the eighth rib there was an ecchymosis and an excoriation, and pressure produced a violent pain. The whole abdominal wall was sensible to palpation, which provoked a certain amount of resistance. Absolute rest

a) Notes of a case read before the Surgical Society of Bucharest.

was enjoined, and ice placed on the abdomen. In the evening his temperature had risen to 102·4° F., and his pulse was 120, hard and throbbing; his face congested; his tongue dry; and he complained of severe pains in his abdomen, especially in his right iliac fossa, withal there was no distension of the cavity, no evidence of a tumour, and no vomiting. The urine was somewhat reddish. The following day the patient expressed himself as feeling better; the pulse 90, and regular, and the temperature had fallen to 99·8° F.; but the epigastrium was painful on pressure, and the abdominal muscles became tense on palpation; these symptoms decided M. Racoviceano to make an exploratory laparotomy under chloroform. The abdomen was opened, and at once there came a profuse flow of a yellowish, dirty, foul liquid, which appeared to come from the left side; and with this escaped several knuckles of the small gut, which were stuck together by a false membrane, which covered two intestinal perforations, which were situated face to face on the mesenteric border of the bowel. The rents were about the size of a sixpenny piece. The intestinal wall in the neighbourhood was very brittle, which caused us to refrain from suturing the openings. With sterilised compresses we mopped up all the liquid contained in the abdomen and afterwards washed out the peritoneal cavity with artificial serum and brought the wounded loops of intestine into place by the apparatus of Mikulicz. The intestines were sutured, the abdominal wall closed, and ice placed over the wound.

No food was given for four days, but subcutaneous injections of artificial serum were administered daily, 3,000 grammes on the first day, 2,000 grammes on the second day, and 1,000 grammes on the third day. During those days the patient had some light peritoneal reaction, with bilious vomiting; the pulse ranged from 90 to 98; and the temperature from 98·6° F. to 101·5°F. On January 22nd the bowels acted naturally. Day by day the man improved, and was convalescent at the end of January. It is remarkable that the only external lesion in this case was the ecchymosis, which occurred on a situation considerably removed from the position of the intestinal injury, which goes to prove that the injury is not caused by the sudden compression between the striking force and the vertebral column. Again it is remarkable that for thirty hours after admission the patient was free from any sign of peritonitis; he felt so well that the suggestion of an operation to him came as a surprise, although the abdominal cavity had a large quantity of foul liquid, and that inflammatory changes were well advanced in the peritoneum. Withal the patient had some fugitive evidences of mischief, evidences very likely to be overlooked—the increased frequency of the respiratory movements, and the elevation of temperature, which commenced at the sixteenth hour. But for the first twenty-four hours there was no characteristic sign of a grave intestinal injury, even though the muscles became tense on palpation, and there was pain on pressure. Between the twelfth and the fifteenth hour vomiting and an elevation of temperature occurred, symptoms which Dubujardoux considered called for surgical intervention. It is difficult to interpret the symptoms in these cases of abdominal injury, where the anterior wall is intact. Dubujardoux, of Blida, considers that the pathognomonic symptoms of injury to the intra-abdominal organs are a crimson colour of the skin over the malar bones and of the nose; a sub-icteric coloration of the sclerotic and respiratory movements of the alæ nasi; frequent and anxious respiratory action of the thorax; an increase of temperature; tension on palpation of the anterior abdominal muscles; and vomiting. All these symptoms have, however, been observed in other diseases. Demosis, at the Congress of Surgery at Paris in 1897, insisted on the value as a sign of intra-abdominal injury on the rigidity of the anterior abdominal muscles. He looked on it as a definite symptom characteristic of an injury to one of the hollow organs. At the same Congress, Le Dentu asserted that the hyperæsthesia of the abdominal walls was a sign that demanded laparotomy. But those who systematically study the symptoms for some pathognomonic sign or group as Hartman shewed when addressing the Congress of Surgery at Paris on one of M. Manclaire's cases, in which hyperæsthesia was present. Hartman classifies contusions of the abdomen into those which have contraction of the muscle tissue of the abdomen and those which have not. Of twenty-seven cases he examined, ten of them had contraction of the abdominal walls: one of them refused to allow an operation and died soon after of peritonitis consequent on an intestinal rupture; the other nine had injuries of the abdominal viscera. Of the seventeen patients who had not muscular contraction, they all got well without surgical intervention, though two of them had hæmaturia, probably due to some renal injury.

The Out-Patient Departments.

GREAT NORTHERN CENTRAL HOSPITAL.

Medical Cases under the Care of H. W. Syers, M.A. M.D.Cantab.

I.—A woman, æt. 23. She complained of severe pain in the right hip and thigh, which had been present for two days before being seen. The pain was of a cutting burning character and prevented sleep. A rash had also been observed.

Dr. Syers remarked that in cases such as this it was not unusual in old people to find that the lesion was zoster, but that in young persons such severe pain as was complained of in the present instance was not a marked feature of the malady. Nevertheless, an examination proved the case to be one of zoster, the eruption appearing to follow the course of the small sciatic nerve, and extending to the right labium, where a very prominent patch of vesicular eruption was visible.

A soothing ointment and an opiate draught were ordered, but the pain continued extremely acute, so much so that the patient sought admission. She was treated with a morphia injection, but even this did not induce sleep. With the full evolution of the rash, the pain disappeared. Such extreme pain is very unusual in these cases, though it is less uncommon in older patients.

II.—A child who had been ill for a week with cough, severe pain in the right chest and feverishness.

An examination revealed the presence of dulness extending to the angle of the scapula. The breath sounds were scarcely diminished in intensity, and it was thought that the case might be one of pneumonia.

Dr. Syers pointed out that the malady was pleurisy with effusion, and that this diagnosis was not in the least affected by the fact of the well-marked breath sounds. He stated that in children the physical signs of pleural effusion were very often indeed nearly identical—not quite—with those of consolidated lung. The essential difference does not concern the breath sounds, but the quality of the dulness on percussion. The dulness is more pronounced, higher pitched and more uniform than is the case in pneumonic consolidation.

Dr. Syers remarked that fluid was certainly present, but it was altogether impossible to say whether it was clear or purulent unless the exploring syringe was used.

The use of this instrument proved the presence of clear fluid.

III.—A man, æt. 20, who complained of debility and of palpitation. Examination of the heart revealed the presence of a systolic murmur at the apex conducted to the axillary region and faintly audible at the angle of the left scapula. There was no history of rheumatism. The murmur was soft and blowing, and Dr. Syers pointed out that it was affected by the movements of respiration. When the patient held his breath the bruit disappeared.

Dr. Syers laid stress on the importance of not mistaking the real nature of the phenomenon. He asserted that the murmur was certainly not indicative of organic heart disease, but was due to the pressure of the ventricle upon the left lung. The murmur

was audible during inspiration, when the heart and lung came in contact. These murmurs were very frequently met with by those whose duty it was to examine large numbers of recruits, and unless they were thoroughly understood, cases really suitable for the Services might be unnecessarily rejected.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—XIII.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

THE NATIONAL HOSPITAL FOR CONSUMPTION FOR IRELAND.

WHILE pulmonary tuberculosis is steadily declining in England, statistical returns seem to indicate that in Ireland no diminution is occurring, and that in some districts it is even increasing. Certainly phthisis is extremely prevalent in the Emerald Isle. This is apparently due, in great measure at least, to the widespread destitution, the wretched habitations of the poor, the insufficiency of suitable food, the widespread addiction to excessive alcoholic indulgence, and the profound ignorance respecting hygienic requirements.

The means at present available for dealing with consumption in Ireland must be considered altogether inadequate. There are two public institutions—the National Hospital for Consumption, situated near Newcastle, in County Wicklow, and drawing cases mainly from Dublin and district; and the Forster Green Hospital at Fortbreda, Belfast, providing chiefly for patients in the north of Ireland. At the present time there are only two private sanatoria in the whole of the country—Altadore Sanatorium, near Greystones, in County Wicklow, and Rostrevor Sanatorium in County Down. The National Hospital for Consumption for Ireland was opened early in 1896 for the treatment of poor patients suffering from pulmonary tuberculosis in its incipient and early stages. Patients of both sexes are admitted from all parts of Ireland without any religious or other distinction. Treatment is conducted in accordance with modern methods. The institution is, in fact, a sanatorium in which the principles of the hygienic treatment of consumption are carried out. The President is the Earl Fitzwilliam, the Vice-Presidents being the Marquis of Zetland and the Earl of Crewe, and there is an influential board of governors. The medical staff consists of nine well-known consulting physicians. The visiting physicians are Dr. Alfred R. Parsons and Dr. James B. Coleman. Dr. H. B. Steede is the resident medical officer, and on him devolves the greater portion of the responsibility of directing the treatment of the cases. There is a trained nurse as Lady Superintendent and a small staff of nurses.

Admission to the hospital is obtained only by a letter of recommendation from a member of the Association or subscriber entitled to recommend patients. The central offices are at 5, Leinster Street, Dublin. A minimum charge of seven shillings a week is made for each patient. A few paying patients are admitted at the rate of thirty shillings a week for men, and twenty-five shillings per week for women, and such have separate bedrooms. The hospital, having only a very small endowment, is almost entirely dependent on voluntary contributions.

The hospital, surrounded by twenty-eight acres of ground, is situated about three miles from Newcastle station on the Dublin, Wicklow and Wexford Railway, and can be reached in about an hour from Dublin. Arrangements can be made whereby cars meet any train.

The site cannot be considered ideal, but nevertheless offers many advantages for the purposes of the consumptive subject. The sanatorium is situated on the southern slope of an open grassy upland, and lies about midway between the the sea on the east and the Wicklow mountains on the west. The building and grounds are somewhat lacking in shelter, but allow of good exposure to sunlight. The sanatorium is nearly three miles from the sea, and about two miles distant the hills rise to nearly 800 feet. The soil consists mainly of gravel, and is consequently very porous, soon dries, and is convenient for the system of drainage.

The system of sewage disposal has recently been remodelled by the construction of a septic tank and filter beds, and is said to work well. The hospital ranks as a fairly equipped meteorological station of the "second order."

The general character of the building will be ascertained from the following description. The central portion is devoted to administrative purposes. On either side is a three-storeyed block, one for men and one for women, separated from the central block by a winter garden. Verandahs afford protection to the patients while resting. The balconies on the first floor are unfortunately too small to conveniently take a bed. The rooms and wards are good and well equipped for their special purpose.

Several important additions have recently been made, and include a new kitchen, laundry, servants' hall, store-rooms, and rooms for nurses and servants, and also a disinfecting chamber.

On the men's side there is a comparatively new pavilion, which contains four large airy wards, two smaller ones, and four staff rooms, besides the necessary baths and lavatories, and accommodates twenty-six male patients. In front there is a large verandah.

Originally the hospital was ventilated on the plenum system, but now, of course, open-air methods prevail. The windows are arranged so that they can remain open constantly, but arrangements have been made whereby the wards can be warmed by steam.

It is hoped that a new pavilion may soon be erected on the female side of the sanatorium, for at present a large number of applicants are always awaiting admission.

Treatment is conducted in accordance with the principles of a strict hygienic existence. Open-air life is insisted on, exercise and rest is carefully regulated, the food is good and abundant, and every patient is subject to more or less constant medical supervision.

Dr. Steede lives in the grounds in a house specially built for the residence of the medical officers.

According to the medical report for last year, 289 patients were under treatment. Improvement was noted in 82 per cent. of the cases; only six died. Gain in weight was recorded in 90 per cent. of the patients, and in fifty instances the increase was over a stone. As is too frequently the case, patients do not usually apply for admission until the early stage has been passed. The medical report merits much praise; is is a most carefully compiled document, and manifests a true scientific spirit. We are glad to find that in recording the results of treatment the temptation to classify cases as "cured" has been resisted, although abundant evidence is afforded to warrant the conclusion that in a considerable number of instances the disease has been arrested. The report contains particulars concerning the daily routine, and in an ingeniously arranged table the patients are classified and results of treatment concisely expressed. Abstracts of the clinical records of a large number of cases are given and afford interesting evidence of the care with which individual cases are studied.

Efforts are made to instruct patients in the rational conduct of a hygienic life, and it is believed that many on leaving the sanatorium still maintain open-air habits. Deltweilter's expectoration plates have been in use constantly since the hospital was opened in 1896. Strict precautions are taken to secure the thorough disinfection of all sputum; it is collected twice daily and completely burnt in the engine furnace.

The central offices of the hospital are at 5, Leinster Street, Dublin, but it seems unfortunate that there is no city out-patient department in connection with the institution where new cases can be examined, and where also waiting and former patients could perio-

dically be medically inspected and suitably controlled in the conduct of a hygienic life.

The needs of the phthisical poor in Ireland are so pressing, and the opportunity of the National Hospital for Consumption is so great, that the work should not be allowed to be hampered by lack of enthusiastic support and adequate financial help.

After a very thorough inspection of the institution, I have no hesitation in earnestly advocating its claims to all interested in the amelioration of consumptive sufferers in Ireland.

The Sanatorium can be easily reached from Dublin. Newcastle is the nearest railway station (Dublin, Wicklow and Wexford Railway). Arrangements are made for cars to meet trains. The telegraphic address is "Newtownmountkennedy."

France.

[FROM OUR OWN CORRESPONDENT.]

Paris, Sept. 27th, 1903.

Ankylostomasia.

A great deal of attention is being paid to the existence among the miners of Europe of a kind of worm, located generally in the duodenum and the small intestine, producing gastric disorder and, as claimed by some, the well-known miners' anæmia. The name given to this helminth is ankylostome.

Its nature was described by Professor Perroncito, of Italy, who found it in the dejections of the workmen cutting the tunnel of St. Gothard, and who suffered from anæmia with considerable disorders in the intestine. The Swiss doctors on the other side were charged by the Federal Government to verify the assertions of the Italian professor, and found them correct. Subsequently attention was turned to the miners, whose work is somewhat similar in its conditions to that of piercing long tunnels, and in these the parasites were found in abundance, especially among the Austrian and German miners. The French doctors immediately made similar researches in the mines of their country and discovered the same ankylostome.

But here a difficulty arose. Whereas the Italian *confrères* pretended that the miners' anæmia was due to the presence of those parasites, which in certain individuals attained fabulous numbers—one to two thousand—the French school refused to admit the assertion, declaring that the anæmia was solely due to insufficient aeration, and that in many such cases the worms were absent.

However that may be, it is conceded by all that ankylostomasia, or the presence of ankylostomes in the intestine, is an affection which materially injures the health of the miner and is easily propagated by the men, who ease themselves promiscuously in the galleries. The recent Medical Congress held at Brussels treated the subject at great length, and finally came to the conclusion that water-closets should be prepared for the men at the surface of the mine, where they should be invited to go before entering the mine, and that receptacles should be placed throughout the galleries for urgent cases. The men should be also instructed on the dangers resulting from infection by the parasite. The French Government has already responded by inviting all the mine doctors of the Republic to send in reports on the presence of ankylostomes among the miners under their care, and to indicate what measures have been taken or should be taken to stamp out the disease.

Patient Lost Through the Telephone.

A well-known professor at Bordeaux was in communication with a patient. Husband: "The condition of my wife is worse, the treatment was not energetic enough." Professor: "We will try the new treatment which I mentioned to you." Husband "What is it?"

At this point the communication was switched off at the head office, and the husband heard: "I think she is covered with excoriations inside. Let her cool all night, and before heating her, take a hammer and strike her on all sides vigorously!" Evidently it was an answer to some fireman about a steam boiler, but the professor never saw the patient again.

Number of Doctors in France.

A census has just been published of the number of doctors in France. It amounts to 18,735, or 1,751 more than the previous year.

Germany.

[FROM OUR OWN CORRESPONDENT.]

Berlin, September 26th, 1903.

The last number of the *Therap. Monatsschrift* has an article by W. Friedländer on

Syphilis and Locomotor Ataxy,

written with a view of determining the etiological connection between the two. Instead of the question, "How many tabetics have had syphilis?" he would ask, "How many syphilitics get locomotor ataxy?" Reumont, among 3,600 people who had had syphilis, found only forty cases of locomotor ataxy. Neftel observed that in Central Asia, where he practised for six months and where syphilis was rampant, he did not see a single case of locomotor ataxy. Holzinger, in Abyssinia, where there was an extraordinary spread of syphilis, found locomotor ataxy only very rarely. Däubler, among the negroes on the Zambesi, found syphilis very prevalent, but saw no case of locomotor ataxy. In Abyssinia from 80 to 90 per cent. of the population was sypnilitic, and in Zanzibar about five-sixths of the population. In Siam at least 70 to 80 per cent. of the European population had had syphilis. In spite of this general spread of syphilis, the so-called metastatic forms of the disease, tabes and progressive paralysis, were either very rare or altogether unknown. From all this Friedländer concluded that syphilis cannot be the sole cause, or even the most frequent cause, of the disease, as many authors have assumed. V. Düring, of Constantinople, whose experiences had been very extensive, came to the certain conclusion that syphilis *per se* could not be the cause of tabes and paralysis. Among the tens of thousands of syphilitics in Asia Minor scarcely a tabetic or a paralytic was to be found. The statistics of Fournier were opposed to this. Among 1,000 cases of locomotor ataxy he found 925 who had had syphilis. This author, who looked upon syphilis as the most important factor in the disease, confessed the importance of neuropathic weakness and of nervous irritation or over-stimulation, and that tabes was always refractory to antisyphilitic treatment.

Edinger had succeeded in producing changes in the posterior columns and posterior roots in rats that had been made to work very hard. This degeneration, analogous to that of tabes, was caused more readily in rats that had been previously rendered anæmic (by pyrodine). On the basis of these experiments, he had propounded the hypothesis that locomotor ataxy developed in individuals whose organisms had suffered much and become weakened from various causes, among which syphilis might be one; to this must be added the second factor, excessive strain and fatigue of the nervous system.

In pure uncomplicated tabes antisyphilitic treatment was risky. A necessary result of the acceptance

of Edinger's theory will be the maintenance of perfect bodily rest along with good feeding. Suitable hydrotherapeutic measures would also be useful. As to the employment of "compulsory exercises," opinions are divided.

In the *D. med. Zeitung* (74/1903), Dr. Biarlolyzeski has a reference to the use of

METHYLENE BLUE IN URINARY DISEASES.

In the Child Jesus Hospital in Warsaw, he has used it in both acute and chronic affections of the urinary passages with the best and quickest results. It acted less rapidly, but always favourably, in suppurative affections of accidental origin. In gonorrhœal affections, also, improvement took place; in tuberculous diseases the pain and burning passed away, and also the frequent desire to micturate, but the treatment had no influence on the tuberculous process itself. In cases of bladder insufficiency, also, improvement was obtained. Summing up, he concludes that methylene blue possesses a calmative, antiphlogistic and antifermentative action, and that, moreover, it strengthens the bladder and regulates its function. He has noticed that in some cases it has caused nausea at first, but in the end patients have all borne it well.

It has also been given in the severe and uncontrollable diarrhœa of phthisis in doses of 0·15 grm. per day. The following recipes have been recommended :—

℞. Methylene blue, 0·15 grm.
Lactose, 0·6 to 0·8 grs.

To be given in one dose. Or,

℞. Methylene blue, 0·05
Lactose, 0·2 grs.

Three or four to be given in the day.

The lactose is for the purpose of dividing the powder better and enabling it to be better borne. The liquid motions cease very quickly, and may even give place to constipation.

At the Surgical Society, Hr. F. Krause read a paper,

ON THE SURGICAL TREATMENT OF NON-TRAUMATIC JACKSONIAN EPILEPSY.

He said that, according to recent investigations, only the anterior cerebral convolutions were faradically excitable. This had been tested in the human subject, and had been found to be the case here also. The speaker had treated inveterate cases of Jacksonian epilepsy starting in a certain group of muscles by opening the brain, and after determining by faradisation the point in the cerebral convolution from which the epilepsy proceeded, had extirpated it. The first case was that of a boy, æt. 9½, who at six years of age developed Jacksonian epilepsy after an attack of encephalitis, and who remained imbecile. He made an extensive trepannation over the anterior cerebral convolution, and found a large subcorneal cyst below the region of the facial nerve. After extirpation of the cyst the epilepsy ceased, and the mental development became normal. One would, however, have to wait several years before being quite sure of complete recovery. (2) A case in which the brain surface appeared to be normal; he ascertained by faradic stimulation the diseased spot on the lower border of the anterior convolution, and excised it to a depth of 5 mm. with a successful result. (3) A man, æt. 36, who up to sixteen years of age had been healthy; then he had hemiplegia with Jacksonian epilepsy, which, in spite of all treatment, continued unchanged for twenty years. Here was a slight leptomeningitic change shown by stimulation of the posterior cerebral convolutions, extirpation, and recovery. (4) A young seaman; extirpation after ascertaining the spot by faradic stimulation. Recovery. But how should one proceed when no anatomical change could be found? The anatomical determination of the centre was not possible by external marks. A large opening should therefore be made in the skull of about 6 cm., and a mild faradic current applied. The effect of cortical excision is much greater at first than afterwards. The post-operative paralysis went off very quickly, and only the local excision symptoms remained, but gradually disappeared. The sensory zone was affected, although the posterior cerebral convolutions are not touched, a proof that the anterior convolution also contains sensory fibres. This sensory paralysis also disappeared in a few weeks. Even in cases in which no anatomical changes could be found the result was good. Braun had operated successfully in a case of cyst, in which a flap had been made for the purpose of relieving intracranial pressure, but without effect. A structural change in the brain was present, although no coarse anatomical lesion could be found. Whether epilepsy would be set up later by the cicatrix could not be said. In any case it is certain that epilepsy cannot be cured by relief of brain pressure by the formation of a flap. The prognosis in which no anatomical lesion was to be found was not good.

Hr. Braun, Göttingen, had operated after Krause's method on a case in 1890, and he had heard that the patient remained well. In 1902, however, he was called to him on account of a severe attack of epilepsy, and now learned that the patient had had several attacks, so that he had been deceiving him.

Hr. Jolly agreed that some cases had remained well after operation, but maintained that the epilepsy generally returned.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, September 26th, 1903.

EARLY DIAGNOSIS OF TYPHOID.

ADLER recorded his experiments in the diagnosis of typhoid, and considered the agglutination test as fair a one as we yet had at command. His method of applying the test is to puncture the spleen with the needle of a fine syringe and extract one to ten drops of the fluid with antiseptic care, and then put in sterile bouillon or the serum of a goat diluted to 1 in 100,000.

These experiments have been positive in 92 per cent, of the cases. The puncturing of the spleen is an innocent operation except in those suffering from hæmophilia, hæmorrhagic diathesis, arterio-sclerosis, or old age.

PATHOLOGICAL URINE.

Jaksch contributed a paper on the distribution of nitrogen eliminated during the different diseases, and affirmed that urea was not an absolute measure of the amount of the nitrogen eliminated, although urea expresses the largest quantity of it. Yet there are other bodies not precipitated by tungstate of phosphorus and containing a large amount of the nitrogen, which may be considered amidogenic bodies. These appear in the urine of patients suffering from nephritic disease, phosphorus poisoning, diabetes insipidus, in a less degree in diabetes mellitus, and in typhoid.

These bodies are usually increased in their nitrogenous property 20 to 25 per cent. in the form of amidogen or allantoin.

DIFFERENTIAL TEST IN PHTHISIS.

Petruschky has published a test to define the presence of tubercle that may be as reliable as the test of tuberculin itself, to which he compares it. He tells us there is pain or tenderness to impressions over the spinous processes of the third, fourth, fifth, sixth and

seventh dorsal vertebræ, which he now recognises as incipient phthisis. In all such cases he has applied the tuberculin injections and found the reaction positive, and looks upon the symptom as pathognomonic probably due to the initial changes in the bronchial glands, which may give rise to a sort of latent spinalgia. Out of 285 school children he has found it present in thirty-seven, or 13 per cent.

Fürst remarked that in young children we had as yet a very imperfect knowledge how the mesenteric glands took on the tuberculous condition, but we knew still less about the introduction of the bacillus into the bronchial glands.

Kraemer thought the spinalgia described by Petruschky was more likely to be pathognomonic of spondylitis than tuberculosis of the lung. It is an acknowledged fact that the lung is first affected by the inhaled bacilli before the bronchial glands are affected, and therefore not an early symptom of tubercle at all.

Zupnik disagreed with the last speaker, and thought the bronchial glands were early affected.

Singer said he had seen the disease commence mysteriously in the saphenous veins, where no history was to be traced to his ancestors. He then detailed the history of a young man, healthy and strong, with an excellent history, who one day took on inflammatory symptoms over the course of the saphenous, in which tubercle finally was proved.

Mitulescu thought the stage of this disease was an important point in the discussion He was inclined to divide the changes of the life history into three periods: (*a*) Evolution, or the initiatory period of development; (*b*) the period of rest; and (*c*) a period of devolution or organic degeneration. In the first case the bacillus must find a suitable organism whereon it can flourish. This condition increases the metamorphosis of the organism, at the same time augmenting the cell change, which sooner or later destroys the equilibrium and establishes a loss of compensation, which is only to be restored by the diffusion of protein from the tuberculous centres that neutralise and check further destruction for the time being. Next comes the period of rest with some show of convalescence. During these changes no bacilli are to be found, and the only diagnosis to be relied upon is the tuberculin injection. After an indefinite period of quiet the third stage of degeneration appears when the bacilli are thrown off and the diagnosis confirmed. The lesion at this period is too great to be remedially improved.

Hungary.

[FROM OUR OWN CORRESPONDENT.]

Budapest, September 26th, 1903.

At the last meeting of the Nagyvárad Medical Society, Dr. Fráter Imre exhibited a patient with a femoral hernia, incarcerated for fourteen days. The patient, an elderly woman, became very exhausted, the pulse could scarcely be felt, and the limbs were already cold. Operation had to be performed forthwith, to save life. The patient was only anæsthetised by Schleich's method. The incarcerated gut portion was already gangrenous, and during the operation it fell back into the abdominal cavity, so that some of its contents escaped into the abdomen. The diseased gut portion was dissected out, and the ends were united with a Murphy's button; the peritoneal cavity was irrigated with hydrogen dioxide. The edges of the peritoneum were not sutured, but left as they were, and Mikulicz' tamponade was applied, that is to say, the whole cavity was packed with iodoform gauze.

In the course of three or four days the pulse became stronger, the temperature fell, and the patient made an uninterrupted recovery in twenty-one days.

Fráter Imre has employed the Murphy's button already in upwards of one hundred cases, and never had to repent having done so, despite what other surgeons say, *viz.*, that the button cannot escape through the ileo-cæcal valve.

Dr. Révész Vilmos gave a lecture on

Pneumonia Fibrinosa Chronica.

He observed, in his clinic, many cases of this sort, and the correctness of the diagnosis was evidenced by the autopsy in the fatal cases. Compared with the great number of the acute pneumonias, it may be said that the chronic cases are of uncommon occurrence. The investigators are unable as yet to settle the question, whether the chronic fibrinous pneumonias stand in any pathological relationship with the acute pneumonias or not. Most authors assert that such is the case, and differentiate it only from the consecutive forms. Whether evolved from a genuine pneumonia, when it is genetically dependent on it, or whether it be an independent pathological form, we must consider this variety of chronic pneumonias to be primary because they were not preceded by other changes of the lung tissue.

As to the diagnosis, it is much easier in the later stages than at the onset of the illness, when it is very similar to acute pneumonia. Whether it be associated with tuberculosis can be decided by the examination of the sputum. Diseases of the heart valves are also easily diagnosed. The prognosis as to perfect recovery is not favourable, but life is not endangered even if one lung is shrunken.

Regarding treatment, after the cessation of the acute stage treatment should consist of improvement of the hygienic conditions. The lecturer has chosen the combination of methods advocated by Marchand and Kalden; by this method the mechanical obstacle to the influx of air is put aside. Nominally the authors in question held that owing to congestion in the lungs, aëration is imperfect, and the fibrinous matter cannot be absorbed as brought up. Therefore the lecturer has artifically improved the mobility of the lung by means of massage. Several times daily the chest is rubbed with a 6 per cent. solution of iodvasogen, whereby great pressure was exerted upon the smeared surface. At the outset of this procedure rise of temperature made its appearance, but this promptly subsided after administration of quinine.

Dr. Schiff Ernö, Director of the Hospital for Sick Children, read a paper on

Cerebral Abscess after Typhoid.

T. P., æt. 9½, the late offspring of a musician, fell ill with headache and fever on December 4th. The fever gradually rose in the first days, when, on the sixth day, enlargement of the spleen, roseolæ, and other signs of typhoid fever made their appearance. In the urine well-marked diazoreaction was observed. In spite of the fact that the fever reached 40·2° C., not the least alteration was shown in the sensorium of the child. Nay, in the second week of the disease he was mostly sitting in his bed, playing with his toys; ultimately all the characteristic symptoms of typhoid disappeared, and coincidently with this the morning temperature sank below normal, while even in the afternoon a subfebrile condition was the rule.

Although the typhoid had been recovered from, and the child felt quite well, yet the evening temperature remained subfebrile. Searching for the cause of this state, he failed to elicit any obvious lesion, till the following observations were made:—(1) The pulse-rate became gradually (beginning on Januarv 10th very

high. (2) The increase of the rate of respiration (25-35), the lungs being not the least diseased. (3) Repeated rigors. On April 4th the third stage of the disease commenced. There was severe headache, and in association with this vomiting occurred, and soon, also, photophobia was noticed. The pupils were dilated, and reacted sluggishly, perception dim, pulse irregular. On April 21st twitchings were seen in certain muscles, and total aphasia supervened. On April 24th moderate trismus, aphasia, disarthria, and ptosis of the lids were noticed. From this time the boy became gradually emaciated. The pulse-rate had been 150-170. Finally death ensued on April 30th.

The whole pathological picture was in favour of the diagnosis of a cerebral abscess. As to localisation, the symptoms of the disease pointed to an abscess seated in the left lower part of the frontal lobe.

The Medical Section of the Hungarian Natural Scientists held its great touring session in Volorsvar, on September 9th, Count Esterhazy, president of the Transsylvanian Museum Society, in the chair. Among the papers read great attention was paid to that of Donath, who discussed the diagnostic and therapeutical value of the Quincke lumbar puncture. He especially called the attention of general practitioners to it as being very simple, effective, and free from danger. He had performed it in ninety-eight instances, and never had any inconveniences with it. Especially was it found valuable in cases of inflammation of the meninges, having a very effective, soothing action; further, in the gastric crises of tabetics and in the status epilepticus of epileptics. (Donath was the discoverer of the fact that the cramps of the latter are due to a poisonous metabolic product—*viz.*, cholin.)

Great attention was paid also to the address of Professor Hephim Apáthy, who read a paper with the title, "The World of the Microscope." For sake of brevity we need only mention one prominent feature of the dissertation. The author said that the perfectness of microscopical technique had arrived to-day at such a degree that we could not be satisfied with the micro-millimetre, that is "μ," but we shall shortly be compelled to introduce also a smaller unit, for which purpose the best would seem the acceptance of the thousandth part of the mikron, to which Dr. Apáthy would like to give the name of "millimikron."

The Operating Theatres.

ST. JOHN'S HOSPITAL, TWICKENHAM.

NEPHRORRAPHY.—Mr. CARLESS operated on a woman, æt. about 40, who had suffered from movable kidney for many years. She was a thin, spare subject, and both kidneys could easily be felt moving up and down on respiration. The excursions were very considerable, and the patient complained of pain of a renal type and suffered from nausea and occasional vomiting. As the left kidney was the more painful, it was decided to deal with this first. The usual oblique incision was made across the loin, dividing the muscles. The last dorsal nerve was seen and pulled on one side. The loose perinephritic fat thereby exposed was opened freely, and the kidney freed from it over the whole of its posterior surface. A considerable amount of this loose fatty envelope was pulled away. The kidney was now steadied by the hand of an assistant, and a rectangular flap of the true fibrous capsule dissected off the cortex backwards; this flap measured three or four centimetres in length, and two centimetres in breadth; it was left attached towards the hilum, and a pair of Spencer Wells' forceps was temporarily placed on its apex. Silk stitches were now inserted by means of a hernia needle through the muscular margins of the wound at the top and bottom, passing *en route* through the kidney substance above and below the detached flap of the capsule. These were tightened after the kidney had been pushed back into position against the abdominal wall by the hand of an assistant placed on the front of the abdomen. As these stitches included a portion of the capsule a firm hold of the kidney was thereby secured, and the up and down movements of the organ during respiration at once ceased. All bleeding points were now secured, the wound in the muscles was closed by a sufficiency of silk sutures, some of which passed through the flap of the capsule, which was brought out through the incision, the apex being finally stitched down by a buried catgut suture to the outer aspect of the muscles. The skin was then closed by a continuous suture. No drainage was required. Mr. Carless has tried most of the many methods of fixing kidneys. He was one of the first, if not the first, to attempt Bulbets' operation in this country (a case of this type was reported in "Operating Theatres," November 25th, 1896). He had come to the conclusion, however, that that procedure was very little better than any of the other plans which had been suggested apart from decortication of the organ. He thought it was hardly reasonable to suppose that a smooth structure such as the kidney in its capsule would become adherent to the abdominal parietes, especially when one knew how readily sutures are absorbed when passed through the kidney substance. Other surgeons removed nearly the whole of the capsule from the posterior aspect of the organ by a crucial incision and fixed the tags of capsule thus formed to the muscles; personally, Mr. Carless considered the plan he had just adopted preferable; a sufficient area of the cortex was uncovered to secure firm adhesions, and the stitches passed through the organ above and below the bare area sufficed to hold it in place whilst these adhesions were forming, even if they did nothing more. Unless some portions of the capsule were left no deep stitch through the gland could be expected to hold. It was also an important detail to press the kidney back into position from the front before tightening these deep stitches.

A Sanitary Crusade Round the World.

MR. ROBT. BOYLE, the well-known sanitary engineer, is a practical as well as a scientific exponent of the laws of health, and among the many benefits he has conferred upon humanity as a pioneer in sanitary reform may be mentioned the gift of £100,000 by him last year on the occasion of his Majesty's Coronation, for the purpose of promoting the teaching of hygiene in the schools and colleges of the Empire. He has recently returned from what constitutes his eighth sanitary crusade round the world, having encircled the globe that number of times preaching the gospel of pure air and advocating the adoption of hygienic measures that would tend to secure the better health and consequent welfare of the peoples of the many countries he has visited from "China to Peru," Mr. Boyle having on one of his crusades travelled through China to its most remote boundaries, and last year the West Indies and South America.

Typhoid Fever at Merthyr.

ACCORDING to the report of Dr. D. J. Thomas, the medical officer of health for the Merthyr Urban District Council, the outbreak of typhoid fever in August last was due to the consumption of contaminated cockles, though we cannot say that this assertion is satisfactorily established in the report in question. The allegation is based on the assumption that the shell fish became contaminated after their arrival at Merthyr, which, on the face of it, is unlikely. Still, the evidence of the epidemic having had its source in the cockles is very strong, and the only doubtful point is how they became the vehicle of the poison.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 30, 1903.

AN IMPERIAL MEDICAL SOCIETY.

THERE are times for thought and times for action, and a subject we would submit at this holiday period for the reflection of the profession is whether the medical societies of the Metropolis are fulfilling their functions to the best advantage, and, further, whether those functions could not be enlarged and adapted to wider ends. There are some seventy societies, each appealing to some section of the profession, either by their aims or by their *locale*. Some of them are identical in aim, such as the Medico-Chirurgical and the Medical; others overlap, such as the Medico-Psychological and the Neurological; all tend to the formation of cliques. Every man is confronted with the problem—which societies shall he join, and how many societies can he afford? Not infrequently he relieves his perplexity by joining none. This course does not tend either to the diffusion of knowledge or to good-fellowship. Again, of what do the usual society's proceedings consist? A paper by one man, generally the record of some half-dozen successful cases that have been under his care, followed by a desultory discussion, taken part in by a few members, who think they would have been no less successful had the cases been in their own hands. Dr. A. *thinks* that peptonuria occurs more frequently in empyema than appendicitis, whilst Dr. B. *inclines* to the opposite view; C. feels that A.'s and B.'s reagents must have been at fault, for whereas peptonuria is rare in either condition, albumosuria can almost invariably be detected in both. However, A.'s paper passes into the society's transactions—a fact recorded against A.'s name in the "Medical Directory"—and no one is much the better, or worse. A man who belongs to three or four societies finds at the end of a decade or two that his book-shelves are encumbered with a mass of literature in the shape of these transactions, whose interest is quite ephemeral, and he is constrained to take counsel with the second-hand bookseller, who buys by the pound, or to find ignoble uses for the volumes. There must be some radical defect in our system if the energy and money expended on society work—we speak of serious societies, not such as aim at providing relaxation in the shape of social gatherings—conduce to no more permanent, far-reaching, and useful results than these. Two objects we should like to see aimed at especially, amalgamation and concentration; amalgamation into one large society or academy with organised subsections, and concentration of the work of the sections on definite objects. By these methods we believe not only would intermingling tend to obviate the dangers of exaggerated specialism, but the work of the specialists might be made available to the general body of the profession. A central body, with a chosen council on which all interests were represented, could control, govern, and manage the collective work of the sections, prevent overlapping, and direct enthusiasm, aptitude, and energy into the most useful channels; whilst general problems in medicine and general subjects of interest could be discussed at general authoritative gatherings. Individualism would be given full play at sectional meetings, where egotism might be carefully repressed; but the common sectional good would be subordinated to the common academical good. Concentration of work on definite objects could be carried out to the greatest advantage. As a model of the work for sections, we would hold up the report of the Committee of the Clinical Society on Myxœdema, published by that Society in 1888. This report has an authoritative and permanent interest. It presents in the compass of one volume all that was known of myxœdema, historically, pathologically and clinically, at the date mentioned, and no one wishing to make himself acquainted with the subject need go further back in his investigations than that year if he wish to read all that was worth knowing in the year '88. If he do, there is a complete bibliography of the subject attached. We venture to think that were the work of the sections of a central society or academy focused in some such manner as was this Committee's a substantial and durable benefit would result, not only to the investigators themselves, not only to the whole society, but even to the whole mass of English-speaking practitioners of the art of medicine. Such work, however, can only come otherwise than spasmodically, by organisation, cohesion, and systematisation, but for all the topics which would engage the attention of the sections of such a society to be dealt with in this fashion would be an unspeakable boon to the general practitioner who wishes to know, not what the opinion of individuals is, but what is generally agreed upon by those who are especially well acquainted with a subject or department. But the advantages that would accrue to the general practitioner would by no means end here. Although unable to attend central meetings he

could, by being a member of the society, obtain his reports of all that went on in every section at a far lower figure than if he belonged to half the societies now extant, and he would have access to an indispensable adjunct to such a society, namely, a well-stocked library. A subscription of two guineas a year would attract a membership of two-thirds of the profession, and even such a society ought to be financially stable with an income of forty thousand pounds. To attain these ends, we repeat, there would have to be a sinking of the individual interest into the communal, and the success of such an undertaking would rest entirely on the self-abnegation of the members. Facilities for self-advertisement would have no place in its design or method. It remains to be seen whether medical men possess this virtue in sufficient degree.

THE CARE OF THE BRAIN.

THE ascendancy of the *genus homo* in the scheme of animal life upon the earth is obviously due to his superior development of brain. To the individual the healthiness of that important organ is of supreme importance. While he may on the one hand get through life with average comfort and happiness in spite of some grave bodily defect, yet on the other hand his lot will be sad indeed should he be cursed with a defective brain. There is reason to suppose that such propositions, commonplace as they may appear, are apt to escape due recognition by those responsible for the care of the brain both in its early and in its mature stages. It is a matter of vital importance, for instance, to recognise in infancy the quality of the individual brain action, whether that be defective, normal, or above the average, inasmuch as each condition demands careful and particular treatment. It is lamentable to reflect upon the irreparable injury to the intellectual commonwealth of the nation resulting from the ignorant methods of the nursery. The recognition of that fact by the Local Government Board is a hopeful sign of the times. Mr. Chaplin, although by no means an ideal statesman, nevertheless distinguished his term of office as President of that branch of the executive by the classification and separate housing of defective Poor-law children. Some day it might not be altogether impossible under more perfect systems to separate and foster the brains that are above the average standard, as well as those that fall below that point. Something of the kind has been achieved among the children of the poorer classes by the School Board system, which in not a few cases has enabled youths of great intellectual calibre to forsake the slums for the class rooms of the University. Nowadays it is the fashion of social reformers to insist upon the necessity of affording "equality of opportunity" to one and all of our citizens, irrespective of accidents of birth and station. The fact that this phrase almost invariably refers to methods of intellectual betterment as the means to the end is not without its significance. It is the glimmering of the dawn. It means that scientific method is being brought to bear upon the problems of the rearing of a mentally sound race. The increase of insanity under the conditions of modern civilised life demands the careful attention of all who are interested in the present and the future welfare of mankind. It seems probable that a vast predisposing cause of insanity may be found in the unwholesome environment of infantile life, such as bad housing, improper feeding, starvation, and neglect. These injurious influences may be found more or less in all ranks of society. Patent foods and want of ventilation may stunt a baby in the nursery of a palace just as much as in a garret in Whitechapel. Public newspaper writers are prone to wax eloquent upon the increase of national insanity. It may perhaps interest them to learn that a certain percentage of the total amount may be reasonably attributed to the patent foods and the patent medicines for children, the advertisement of which brings huge sums to their coffers. As regards adults a considerable amount of insanity is doubtless due to preventible causes. The nutrition of the brain is affected, and at length the organ is permanently damaged by poor living, drink, dissipation, and other exhausting and impoverishing conditions. Nerve poisons, such as tea, coffee, tobacco, alcohol, and various narcotic drugs seems to exercise a peculiar fascination over mankind in all parts of the world. The way in which the brain of the average healthy man can withstand many years of such maltreatment is a marvellous tribute to the perfection attained by the bodily machine as the result of numberless ages of evolution. The stress and worry of competition tell more or less in the long run on the mental powers of many of those engaged in the modern struggle of life. Yet busy men are often the worst offenders in the abuse of their brain. A city man will obey the advice of his physician implicity as regards his liver, but will follow his own wayward will when his brain, an infinitely more delicate organ, is concerned. Clearly there is room for much education of the popular mind in the search for the ideal *mens sana in corpore sano*.

THE RESTRICTION OF HOSPITAL PRESCRIPTIONS.

IT has long been one of the unwritten rules of medical practice that nothing short of the best, where this can be obtained, is fit to be employed in the sacred art of healing the sick. It is only when that particular remedy or appliance which would be most suitable in a given case cannot, for some reason or other, be procured, that it is justifiable to use inferior means. This is not a matter of sentiment, but one of duty. Just as all that is noblest and most sublime in architecture and music is pressed into the service of the Church, so the highest of human skill, the most recent scientific discoveries, and the costliest remedies which the earth produces or the chemist manufactures are called in requisition for and made subservient to the physical needs of king and peasant alike. Medicine, like religion, is no respecter of persons. The same drug which pro-

cures relief from pain for the poor man in his humble dwelling also assuages the distress of the royal sufferer in his palace. There are times, of course, when temporary measures have their proper place, as when a broken limb is bound by sticks and pads by an intelligent "first-aider" preparatory to its final setting in the more elaborate and scientific hospital swing-cradle, or when the village practitioner is compelled, in an emergency, to use the first drug which comes to hand, there being no time in which to obtain the newer and, perhaps, more efficient remedy. Against such we have nothing to say, but when a hospital, which stands before the public as a place above all others where the latest and best of its kind is supposed to be ready at hand for the use of any sick person, is deliberately asked or expected to withhold its best, to shorten its helping arm, and to offer that which is inferior simply upon the grounds of economy, we feel it to be our duty to utter a protest in the name of the sick poor for whom such institutions were founded. It cannot be that the Metropolitan Hospital Sunday Fund will really seriously insist upon reductions being made in the amount spent on drugs, as it appears to be endeavouring to do. While it is quite right, of course, to guard against unnecessary waste or possible extravagance, it is surely needful to ascertain first whether any abuses in this direction actually exist. A little reflection cannot fail to reveal the fact that the most efficacious remedy, whether it is the most expensive or not, is, in the end, the most economical, for the patient is thereby cured the sooner and therefore either ceases to attend the out-patient department or is discharged from the wards. Again, a patient in receipt of out-door relief does not continue to take his medicine for an indefinite period; it is quickly changed by the physician in charge or dropped altogether. In this manner one remedy is provided against hospital abuse. It is, therefore, in the highest interest of any hospital to employ that drug which is known to act best and most quickly, regardless of expense, within certain limits, for by so doing it places itself in a position whereby it is able to benefit a large number of people. It is the general consensus of opinion that in out-patient prescribing, where extravagance might be supposed to prevail most, economy is practised to the greatest extent. It is to be hoped that the Committee of the Hospital Sunday Fund will re-consider their decision before it is too late, so that this body may remain in the future what it has always shown itself to be in the past, namely, one of the best friends of the metropolitan hospitals.

Notes on Current Topics.

Vaccination and National Economy.

Now that the report of the Metropolitan Asylums Board dealing with the small-pox epidemic of 1901-02 has been issued, the opportunity arises for the keen statistician and the political economist to deduce therefrom those moral lessons which such a document cannot fail to inculcate. Though it may be acknowledged that figures may be distorted in order to suit a particular theory, yet there is no denying the fact that statistics speak for themselves, and that with no uncertain voice. An analysis of the report by Dr. E. Garrett Anderson, the Hon. Secretary of the Imperial Vaccination League, in a recent letter to the *Times*, shows very plainly the value of systematic re-vaccination at school age, and the question is raised as to whether small-pox epidemics could not be entirely prevented by such means. Thus, while not a single death occurred in 1902 among vaccinated children of all ages under seven, the protective power of vaccination in infancy is seen to steadily decrease with each successive year after this age, but in spite of this diminution the influence of primary vaccination is an important factor, as the mortality occurring from 15-30 was only 4·8 per cent. among the vaccinated, as compared with 30·4 per cent. in the unvaccinated. It is, therefore, among the adult population of London that protection against small-pox is insufficient, owing to the fact that we have as yet no system of re-vaccination as a routine measure. The practical outcome of this unsatisfactory state of affairs is that the country is continually expending a large sum of money in methods of isolation, which include the upkeep of the special small-pox hospitals as well as the provision and maintenance of temporary ones, and in panic vaccination in times of an epidemic. There is always some expense going on in connection with the hospitals and ships, with the necessary apparatus for transport of patients, and this is greatly increased in epidemic years. Moreover, the cost of each epidemic is going up. The ratepayers are, therefore, burdened by these additional charges which need not be incurred at all if a system of organised re-vaccination could be adopted. Unless this be done, epidemics of small-pox are bound to recur. When it is realised that in 1902 the Metropolitan Asylums Board raised a sum of very nearly a quarter of a million more than that raised in 1900, and that £724,698 is the amount of the unpaid portion of the debt incurred by that body, and directly attributable to small-pox, it will be seen that a vast sum is needlessly expended which, if it could be diverted into other channels, might be productive of some real benefit to the public. If we could take a lesson from Germany in the matter of re-vaccination we should soon see the gradual disappearance of this dire preventible disease from our midst.

Left-Handedness.

Professor Lombroso is nothing if not ingenious, and his latest expansion of criminological science may cause a mild shock to those of us who have left-handed relations. We have hitherto been accustomed to think of them as the subjects of a minor freak of Nature, and the only people inconvenienced by their peculiarity to be the fieldsmen at a cricket match. But we have been too superficial in our view and too indulgent. In future they must be watched, for they are degenerates,

and lurking in them, according to this eminent psychologist, lie the seeds of idiocy, lunacy, and crime. They are reversions to the ancestral type, for in twenty-seven anthromorphous monkeys Professor Lombroso found the left shoulder stronger than the right; and people who "throw back" are not normal. The reason that the right hand is employed more frequently and for more complex movements than its fellow is "that the left lobe of the brain is larger than the right, for it receives blood from the brain more directly and in greater quantities." Left-handedness is more common in women than men, and this is especially seen in criminals, among whom Professor Lombroso found 13 per cent. of the males studied were left-handed, and 22 per cent. of the females. Woman is admittedly a less highly-developed organism than man. A fresh abnormality is described under the name of "left-sidedness," in which the whole of the left side is more sensitive than the right; but although this is not so damning a fault as left-handedness, we are reminded that "the proportion of sensitive left-sided persons among criminals becomes very much more if one takes into account the sensibility to pain, which they have more highly developed in the left side." For the ambidextrous there is a little comfort; the equal development of his cerebral lobes is likely only to lead to "complete inertia"; "second childishness and mere oblivion" are to be his portion. We trust that some of our leading ophthalmic surgeons may find solace in the prospect that Broadmoor and Bethlem are not for them; their painfully-acquired ambidexterity will probably only land them in some quiet "home." No, the greatest danger to society is to be apprehended from the left-handed, so that we must keep careful guard over our Benjamins, lest some Ehad arise from among them and smite us unawares.

The Value of Heart Reflex.

THE phenomenon described by Dr. Albert Abrams (*a*), of San Francisco, in 1898, known as the heart reflex, which is a diminution in cardiac dulness after cutaneous irritation of the præcordial region attributable to diminution of cardiac volume, has not, up to the present, been found capable of any real application in practical medicine. MM. Pierre Merklen and Jean Heitz, in the course of their researches in connection with this physical sign, have discovered that it is not only of interest to the clinician, but that it may also find a place in the therapeutics of heart disease. The results of radioscopic investigation leave no doubt as to the fact of the actual retraction of the heart following *tapotage*. The reflex is present in normal subjects, but is especially distinct in neurasthenic individuals. It is equally well marked in conditions of acute cardiac dilatation. Its temporary absence has been noticed in enormous degrees of dilatation and of great œdema; while it is permanently wanting in pericarditis and in profound myocardial degeneration with atheromatous change. In comparing the results obtained by mechanical excitation of the præcordial region with those derived from bath treatment, MM. Merklen and Heitz find that the first are very little inferior to the second, and they point out that massage and friction of the præcordium are generally regarded as part and parcel of the hydrotherapic treatment. By taking advantage, therefore, of the natural reflex, and assisted by the inevitable counter-irritation produced by mechanical stimulation, it may be possible to give a patient suffering from heart disease the benefits of a course of baths without their attendant expense and other disadvantages. It is also even suggested that the repeated radioscopic examination with the X-rays, which are really necessary if it be desired to note accurately the amount of cardiac retraction, may, in themselves, have a beneficial effect upon the course of the malady.

(*a*) *Bull. med.*, Paris, July 30th, 1903.

Garden Cities.

THE term sounds paradoxical—the scheme, Utopian. The garden city plan has been much discussed since Mr. Ebenezer Howard first presented it to the world. It is one that, if it can be brought to maturity, will solve not only many economic problems, but many that those who have the well-being of the worker at heart have been puzzling over since the time of Charles Kingsley. To have at once *rus in urbe* and *urbs in ruri* is a consummation devoutly to be wished, and one that, like most such, seems far from becoming a *fait accompli*. But we find that not only is the Garden City Company actually in existence, but that it has actually purchased an estate of four thousand acres in Hertfordshire, and is trying to get manufacturers to establish factories on it. The first essential is that this should be done, and then the estate can be laid out and developed for the benefit of the population that will be attracted. By taking people out of the large towns, supplying them with work under salubrious conditions, amusing them with healthy pleasures, and providing them with the amenities of a small well-governed community the Garden City Company will be doing a national work; we shall watch their progress with interest and trust that their scheme may be a financial as well as a social success. For companies cannot go on unless they pay, even when they incidentally benefit mankind.

The Action of Chloride of Sodium on the Renal Epithelium.

SINCE attention has been called to the untoward effects of the ingestion of chlorides by the subjects of nephritis, some light has been thrown on the grave results which sometimes follow the injection of normal saline solution in patients suffering from interstitial nephritis. Drs. Castaigne and Rathery, of the Paris hospitals, have investigated the action of chlorides from the experimental point of view, and their results are very instructive. They found that rabbits subjected to repeated injections of small quantities of saline

solution do not develop any obvious renal lesions unless continued for too long a time, or the solution be too concentrated, when albuminuria may supervene. The ingestion of large quantities of salt by the mouth also induces albuminuria, and this effect is induced more easily in those whose kidneys are the seat of disease. On the other hand, deprivation of salt is promptly followed by manifest renal lesions, which improve and, if not too advanced, may be recovered from when the animals are again placed on a proper allowance of chlorides. Briefly summed up, their conclusions point to the fact that persons with susceptible kidneys, or who are suffering from interstitial nephritis, develop transcient albuminuria under the influence of excessive doses of salt, and any pre-existing œdema and albuminuria in such persons are accentuated thereby. In massive doses salt determines uræmic coma followed by death. The deleterious action of the salt appears to be purely mechanical, being due to injurious osmotic processes.

The Treatment of Incoercible Vomiting in Pregnancy.

The number of remedies suggested, and sometimes employed, for the relief of the obstinate form of vomiting associated with pregnancy in certain subjects is well-nigh as great as for sea-sickness, and their success is about the same in both conditions. It has been argued, and the suggestion possesses a certain plausibility, that the sickness is due to a variety of auto-intoxication. The fact that the victims of this distressing complication are often albuminuric lends colour to this view, as does the fact that the vomiting usually attains its maximum at the period of the formation of the placenta. Moreover, the theory of auto-intoxication would explain why sickness is sometimes severe and sometimes absent, even in the same subject, for, if the cause were purely mechanical, it would be constant, which is not the case. Proceeding on this assumption Dr. Behm, a German obstetrician, resorts to irrigation of the large intestine with normal saline solution, having previously cleared the bowel by an ordinary enema. The results, he states, have been quite remarkable, the vomiting ceasing in every instance almost immediately. The saline enemata should be repeated several times daily, by the aid of a rectal tube, at a temperature of between 65° and 75° F., employing not less than a quart on each occasion.

Should Consumptives be Informed of their Condition?

It is a principle with some practitioners never to give phthisical patients a candid opinion, contenting themselves with a vague statement as to the lungs being "weak," or with some other euphemism calculated to lull the patient into a false sense of security. This practice, we hold, is founded on mistaken ideas of humanity. Admitting that in exceptional cases the news should be conveyed in a guarded manner, how can we get the victim of incipient pulmonary tuberculosis to adopt the stringent precautions necessitated by the treatment and the prevention of infection unless he, or she, be placed in full possession of the facts of the case? The patient who is told the truth may be temporarily depressed, but he soon reacts and enters enthusiastically into the fight. Phthisical patients are, as a rule, prone to hopefulness, and if the truth be withheld by the medical adviser it may be discovered later from some other source, with inevitable discredit to the original examiner. For the good of the tuberculous patients, for the protection of their friends, and of the public generally, they should be fully informed of their condition. It only remains to impart the intelligence with tact and sympathy, and to infuse the element of hope which is never altogether absent from the prognosis of such cases.

Who Should Appoint the House Surgeon?

A difference of opinion as to whether the right to appoint the house surgeon rests with the honorary medical staff or with the Board of Management has led to something like a strike at the Dewsbury Infirmary; the medical staff having nominated one candidate the Board appointed another, whereupon the members of the medical staff declared their intention to discontinue the work of the Infirmary in the absence of a formal and satisfactory understanding on this point. This is an old "bone of contention," but we must endorse the action of the staff in view of the fact that they are unquestionably better able to judge of the capabilities and professional attainments of the candidate than a board of laymen, who must of necessity base their preference on other than professional grounds. Moreover, the onus of working with the house surgeon rests with the medical staff, and not with the governors, so that the former may fairly claim the right to elect. Such disputes can only arise when there is some ambiguity in the text of the regulations, and in the interests of charitable institutions such ambiguity should be removed and a source of possible irritation done away with. The matter is shortly to be discussed at a special meeting of the Board and the medical staff, when, no doubt, a *modus vivendi* will be arrived at.

The "Abdominal Parotid Gland."

While the functions of the pancreas in connection with the digestive processes have been ascertained more accurately in recent years, there still remain many facts concerning its pathology which seem to defy explanation. Its proneness to inflammation or congestion in the course of many acute infectious diseases is one of these. A case of acute pancreatitis occurring with mumps was described by Dr. Jacob (*a*) in 1900, and M. Simonin now records the fact that out of 652 cases of parotitis treated in the hospital for infectious diseases at Val-de-Grâce, some affection of the pancreas was found in ten instances. The chief symptom in these was a dull, epigastric

(*a*) *British Medical Journal*, June 23rd, 1903.

pain, sudden in onset, relieved by pressure, and often accompanied by nausea and vomiting. The pertinacity of the pain was remarkable, as opium, cocaine, and ice, employed both externally and internally, only afforded slight relief. Its average duration was from two to five days. No albuminuria or glycosuria was observed. The condition was therefore practically one of an acute pancreatitis. M. Simonin believes that these cases tend to support the theory which has been formulated that the abdominal symptoms are due to the interstitial, œdematous infiltration of the gland analogous to that seen in the parotid with compression of the solar plexus or semilunar ganglia behind the organ. The pancreas would, therefore, well merit the name given to it by the German school of the "abdominal parotid gland." One interesting point is that the digestive functions of the gland are apparently unaffected by the parotid storm.

Excessive Drinking and Intoxication.

ONE of the great social problems before the community is the prevention of excessive drinking. It is comparatively easy to place difficulties in the way of people getting drunk, at any rate, when it degenerates into a habit, or, failing prevention, they can be made examples of, pending their incarceration in the drinkless Eden represented by the modern retreat for inebriates. No legislation, however, can touch the confirmed toper who is too experienced and too case-hardened ever to lose or confuse his *ego*, still less to commit overt acts upon which an unfavourable construction could be placed by a hard-hearted policeman. Yet the confirmed toper is a far more active and potent enemy of the common weal than his misguided fellow-sinner, since he suffers from the disease of inebriety in a chronic form, and the consequences, if less acute, are none the less disastrous. The deteriorating effects of habitual excessive indulgence in alcohol are well known to psychologists, and need not be emphasised, and there remains the waste of money to the detriment of the family and the waste of valuable time. Improvement can only be effected by moral means, by seeking to elevate the victims, or if this, as is so often the case, be impossible, by prophylactic measures destined to place the rising generation on their guard against this insidious habit which is based on regrettable social habits by no means limited to the working classes and but too much in evidence in classes of society whose education, it might have been hoped, would have enabled them to withstand them.

Professor von Behring on the Prevention of Tuberculosis.

AT the Medical Congress, held last week at Cassel, Professor von Behring read a paper on the etiology of tuberculosis and its prevention. Incidentally, he expressed the view that human and bovine tuberculosis are one and the same disease, and that the latter can be communicated to human beings through the agency of infected food, notably by tuberculous milk. He pointed out that the alimentary mucosa of infants affords far more ready passage to the infective agent than that of adults; in fact, it actually traverses the mucosa and enters the circulation. He insisted on the difference between tuberculosis and what is popularly known as consumption. It is possible for a person to have tuberculous lesions without obvious impairment of health, the constitutional symptoms only becoming manifest when, under unfavourable conditions of life, the infection becomes more or less generalised. Of course, there is nothing new or startling in these views, but the Professor hinted at the possibility of his introducing in the near future a means of rendering children immune against infection. He considers, moreover, that the milk of cows which have been rendered immune contains prophylactic elements which may prove of service in the treatment of human beings.

The Latest Electric Fraud.

OUR contemporary, *Truth*, the Editor of which has constituted himself the defender of the public health, *inter alia*, in respect of electric and medicinal frauds, deals in a very drastic manner with the latest electric humbug whose rhapsodical claims recently found hospitality in the advertising columns of the *Times*. There is nothing particularly novel in the McLaughlin Co.'s programme. It comprises all the usual tricks to gull the victims of nervous exhaustion or whatever other malady, real or imaginary, may be complained of. Nor is exorbitancy of price, *à la Harness*, anything but a prominent feature of the business. One would have thought that the curative powers of quack electrical appliances would by this time have fallen into discredit with the public after so many exposures, but no, hope springs eternal in the human breast, and there are always a certain number of willing victims at the disposal of any plausible-tongued quack who comes along. The most regrettable feature is that respectable journals lend their aid to the dissemination of pretences which they must well know to be false in their inception and deceitful in their enunciation. Sooner or later Nemesis will overtake this company just as in the case of its predecessors.

A Digital Manifestation of Rachitism.

No attention is called in current text-books, so far as we are aware, to the influence of rachitism on the shape of the phalangeal bones, possibly because the general indications are usually so pronounced as to render minuter observation unnecessary. On examining the phalanges of a rickety infant it will be seen that while the epiphyses remain approximately normal in size the diaphyses tend to undergo enlargement, giving a characteristic outline to the hand, best seen when looked at in profile. The enlargement of the bones bears more especially on the dorsal aspect. Sometimes the finger becomes more or less conical in shape with the apex at the terminal phalanx. These changes are stated to be peculiar to rickets and may be observed during the first twelve months

of life. When they occur at a later date they indicate a grave form of the disease, being invariably associated with considerable enlargement of the epiphyses and the ends of the ribs. The deformity requires to be distinguished from phalangitis of syphilitic origin. In the latter the deformity affects the terminal phalanx, whereas in rickets all the phalangeal bones are equally involved. The phalangeal manifestations follow the course of the osseous changes elsewhere and subside under appropriate treatment, but the symptom makes its appearance early in the course of the disease and may conceiveably prove of service in arriving at a diagnosis.

Insanity in Ireland.

The report of the inspectors of lunatics in Ireland for the year 1903 is the saddest reading. The record, year after year, of an increase in the proportion of the insane to the population, without any abatement in the increase, gives rise to the most gloomy thoughts. To what is this increase due? It commenced soon after Father Matthew commenced his temperance crusade, and has continued ever since. Yet if anything should have arrested the growth of lunacy it was the conversion of the nation from drunkenness to sobriety. In 1851 the total number of lunatics in Ireland was 9,980; emigration, then, and for some ten or more years after, was at its height—tens of thousands of young adults of both sexes left the country; and those that left bred healthy families, even in the crowded cities of the Atlantic seaboard of the New England States. But those that remained bred families who increased the ratio of lunacy, until in 1901 the actual number of lunatics was 25,000. The ratio was one in every 1,336 of the population in 1851, and it had risen to 1 in every 860 in 1901. The exodus of emigrants took away a very large number of the more healthy and vigorous of the people, but it also took away the majority of the ne'er-do-wells and relieved the congestion; yet the ratio steadily rose. From the famine years onwards a great change took place in the social condition of the people. Before the potato disease appeared early marriages were the rule; potatoes and buttermilk formed the staple food, and in the country the wages were, in proportion to the cost of living, greater than to-day. After the famine all was changed; the diet gradually fell off from nutritious porridge and milk to tea, white bread and American bacon; marriage was postponed to later in life, and with the repeal of the Corn Laws commenced the unrest that has marked the relations between landlord and tenant for more than fifty years. The division between the landlord and his tenant was too often one of race, religion and nationality: Teuton and Celt. The younger members, impetuous from race and age, sought to remedy existing conditions by conspiracy and rebellion, and their futile efforts widened the breach. To make matters worse the value of land for tillage fell daily. The States, Canada, Argentina and Russia competed with Ireland for England's custom. More land laws, more conspiracy, a further exodus, and still later marriages were factors in producing the alarming increase in the ratio of lunacy. Let us hope that in land laws we have reached finality, and that in peaceful occupation and in rest from professional agitation the tenants may acquire wealth and enjoy prosperity, and regain that mental stability that is the only prophylactic against insanity.

From the Particular to the Universal—A New Law in Obstetrics.

Some data by which the size of the fœtus *in utero* can be correctly estimated at full term have been long looked for, and many surmises and observations have been made from time to time as to the nature of the factors that govern fœtal development. A contemporary—the *Lancet*—in its last issue publishes a paper by Captain Lane, I.M.S., in which that writer claims to be in a position to lay down a new law in accordance with which the size of the fœtus at birth is determined. "The child grows *in utero* in such a manner and at such a rate that at full term his size is proportionate to that of the mother's pelvis through which he has to pass in order to be born." This amazing information has been acquired by Captain Lane from the result of the examination of fifty patients at the Eden Hospital, Calcutta. There is only one point that interferes with its importance, and that is that it is not applicable to great degrees of contraction, for, reasoning this time from six cases, we learn that two children born through a conjugate of 3·5 inches averaged a greater weight than four children born through a conjugate of 3·75 inches. This is very wrong on their part, but perhaps in his next series of half a dozen cases Captain Lane will be able to get more suitable results. A deduction that to our mind necessarily follows from Captain Lane's discovery has apparently escaped his notice—namely, that as the average weight of the fœtus is known to increase with the number of pregnancies, so the length of the conjugate diameter must also increase *pari passu*. Captain Lane has also discovered that vesico-uterine fistulæ are very rare, seeing that in eighteen months' practice at the Eden Hospital he did not see a single case, whereas vesico-vaginal fistulæ "were not infrequently seen." Captain Lane deduces from this that the uterus is, in the great majority of cases, drawn up out of the pelvis during labour. We would suggest that if the hospital authorities took the same care to prevent the occurrence of vesico-vaginal fistulæ that Nature takes to prevent the occurrence of vesico-uterine, the former would soon become as rare as the latter.

Antitoxin for Hay Fever.

The premature publication of expected results in a process of scientific investigation, whatever misconceptions and misrepresentations it may give rise to, has yet certain advantages. One of these is that it directs the inquiries of other observers in the same subject, and thus adduces further facts which tend either to confirm or to contradict the hypothetical conclusion. For instance, when some months ago Sir Felix Semon

published some observations of his in the trial of Professor Dunbar's hay fever antitoxin, it was thought, from the very inconclusive nature of his experiments that he was in somewhat unnecessary haste. However, there is no doubt that he interested many British physicians who would otherwise have been ignorant of Professor Dunbar's researches, and reports from many of them are now appearing. On the whole, while it is still too early to give a decided opinion, the balance of evidence is in favour of the serum. For instance, in a recent paper, (*a*) Dr. Borrowman, of Crieff, relates his experience in three cases, in all of which he believes the patient received benefit from the local use of the serum, while he thinks that its hypodermic infection produced in himself a certain degree of immunity. As, at any rate, the serum is quite innocuous, there is every reason why medical men should, wherever they have the opportunity, make further trial of it.

Diphtheria and its Bacillus.

THAT the Klebs-Loeffler organism may persist in the mouths of patients for many weeks after an attack of diphtheria has long been known, and the question always arises whether in such cases isolation is necessary. In some fever hospitals it is the rule not to discharge a diphtheria patient until a negative bacteriological report has been received, but in many cases this custom is impracticable. Usually the organism loses its virulence and becomes almost harmless (quite so to the patient himself), but one never knows what circumstances may cause a recrudescence of virulence so as to render it highly infectious. If one had any ready means of testing the pathogenicity of the organism it would be invaluable, but even inoculation, besides being too expensive for habitual use, is not satisfactory. For instance, in a case recently reported under the erroneous title of "*Chronic* Diphtheria," inoculations of guinea-pigs proved fatal, while no infectivity was manifested, although many people were exposed to infection during the persistence for several months of the diphtheria bacillus in a patient's throat.

The New Housing of the Working Classes Act.

ACCORDING to a circular which has just been issued by the Local Government Board to the various town and urban district councils, it will be seen that several important amendments have been introduced into the law relating to the housing of the working classes. Under Section 32 of the Act of 1890, it has been the custom for the sanitary authority, upon receiving a report from the medical officer of health as to the unfitness of a dwelling-house for human habitation, to serve a notice upon the owner or occupier thereof to abate the nuisance before obtaining the necessary closing order. The procedure will henceforth be simplified by Section 8 (1) of the new Act, which will empower a justice to issue a summons for a closing order and the same to be granted without such notice having been served. In the event of a demolition order being made where there is non-compliance with the order for closing, the Council has hitherto been required to sell the materials and after deducting the expenses of the demolition to pay the balance of the money (if any) to the owner, but no provision was made under the old Act where the sale of the materials did not meet the cost of the demolition. Under Section 9 of the new Act, the Council may now recover the deficiency from the owner as a civil debt under the Summary Jurisdiction Acts, or under the provisions of the Public Health Acts relating to private improvement expenses. Though these innovations may appear somewhat drastic to the owner himself, yet it must be acknowledged that the interests of the public health will be truly served thereby. The responsibility of the medical officer of health in this matter will also be necessarily increased. The new Act cannot fail to stimulate the councils of boroughs and urban districts to exercise the considerable powers which they will possess under its provisons.

(*a*) *Scottish Medical and Surgical Journal*, September.

The Kaiser as a Surgeon.

WE learn from an admiring American contemporary that the Kaiser has been able to add the record of another *rôle* successfully assumed to the many which he has previously adopted. Monarch, statesman, preacher, poet, sailor, soldier, critic, and universal admirable Crichton; he has now shown the world at large that he can also at need be a surgeon, and has taken suitable means that the knowledge of this fact shall be transmitted to posterity. A piece of tree-bark about eighteen or twenty inches long has been deposited in a glass case in the Hohenzollern Museum at Berlin, bearing the following inscription:—"Tree-bark with which his Majesty, the Emperor, improvised a temporary splint for the arm of her Majesty, the Empress, at the time of her accident in the Grunewald, March 27th, 1903." We hope that his Majesty will confine himself to improvisations, and will not trust himself among the consequences that might result from attempts to establish a reputation by serious wanderings into medical science.

Poisoning by Tannic Acid.

THE toxic effects of tannic acid, when taken internally, have usually been considered so slight as to be practically neglected, and no mention of this substance is made in many works on toxicology. Nevertheless, in an inquest recently held upon the body of a stoker who fell into a tanning pit in Bermondsey, the medical evidence was that the deceased, who was rescued from the pit and died later in Guy's Hospital, had succumbed to an irritant poison, and, as an analysis of the bark liquor into which the man had fallen showed it to contain tannic acid, the conclusion was that the fatal result was due to its action upon the mucous membranes. It is understood that Dr. Stevenson coincided in this view. In virtue of its chemical nature tannic acid in large doses appears to lose its astringent properties, and then acts as an irritant in a similar way to other acids, though in a less degree.

In such a case as this the question of idiosyncrasy must be taken into consideration, as instances are known in which medicinal doses of the drug have produced irritating effects upon the various mucous membranes. The fact that many of the workmen in the tannery are said to consume bark liquor as a "pick me up," even in large quantities, only shows that they have gradually become accustomed to its action, but when an enormous amount is consumed at one time, the limits of toleration are exceeded, and its toxic effects then manifest themselves. The stimulating properties of this peculiar beverage are due not so much to the tannic acid as certain other vegetable astringent substances it contains, such as oak bark and acorn cup. The habit of drinking haphazard such fluids is not one to be recommended, and, similarly, the practice of "nipping" spirits, essences, and oils, frequently indulged in by other factory workers is to be equally condemned.

Formic Acid Production in Acute Rheumatism.

The evidences regarding the infective nature of acute rheumatism have been greatly strengthened during the last few years. It is now pretty well established that the disease is due to a particular variety of coccus, whether this be described as a diplococcus, streptococcus, or not. It has given positive inoculation results, thereby fulfilling the necessary criteria of a pathogenic organism. In the course of a recent paper communicated to the *British Medical Journal* by Dr. Ainley Walker, who has been working at the subject, it is stated that the appellation of Micrococcus rheumaticus appears to be more in accordance with the requirements of systematic bacteriology. In association with Mr. Ryffel, demonstrator of chemistry at Guy's Hospital, Dr. Walker has studied the pathology of rheumatism more especially from the chemical aspect, with a view to obtaining further evidence as to the production of acid in that disease. The same observers a short time ago came to the conclusion that it was not lactic acid which was concerned in the rheumatic process, and now the interesting statement is put forward that the micrococci produce formic acid in considerable quantity, and that this substance appears in the urine in appreciable amounts in rheumatic fever. The acid is not only present in the filtered cultures, but also in the bodies of the organisms themselves. Although the subject is still being pursued further, yet this fresh discovery is one of great importance, especially as it opens up the possibility of the explanation of the beneficial effect of the salicylates in acute rheumatism upon chemical lines.

A Baby Incubator.

An apt illustration of how good sometimes springs out of evil as well as out of foolish methods used by well-meaning societies recently occurred in the States. A baby incubator, such as the one exhibited at the Pan-American Exposition at Buffalo, had been in operation at Coney Island during the past summer, until the Society for the Prevention of Cruelty to Children caused the arrest of one of the proprietors of the incubator exhibit, for running a "baby farm." The case was brought before the Coney Island Court, and to decide upon the merits of the apparatus the Mayor appointed a committee of health officials, who reported that the incubator was doing good and should be purchased by the township.

Mammary Opotherapy.

In view of the uselessness of the majority of the medicaments and measures destined to determine an adequate secretion of milk in young mothers, it is interesting to know, on the authority of Dr. Prip, of Copenhagen, that the ingestion of cows' udders almost invariably accelerates and enriches the flow. The gland was given boiled, roasted, pounded or fried, but, unfortunately, however prepared, the patients often evinced great repulsion for this article of diet. If Dr. Prip's observations are confirmed it would be worth while to invent a means of exhibiting the gland that would be more acceptable to the patients, although, as a certain quantity must be taken, the problem presents some difficulty.

Tuberculosis in Cattle.

Butchers' associations are getting nervous in respect of the prevalence of tuberculosis in cattle, and we note that at a recent meeting held in Cardiff a resolution was unanimously passed that in future no stock would be purchased without a guarantee of freedom from the disease. If this example be followed the tuberculin test for tuberculosis will have to be resorted to on a much larger scale unless the vendor be willing to take the chance of the cattle turning out to be diseased when slaughtered. If strictly applied, the result must infallibly be a general rise in the price of meat, but after all, it is better to pay a slightly enhanced price than to run the risk of becoming infected.

Dr. Harold Scurfield has been elected Medical Officer of Health for Sheffield. A vacancy will therefore be created at Sunderland.

Sir John A. Cockburn, K.C.M.G., will deliver the Introductory Lecture at King's College on October 1st, taking for his theme "Imperial Federation and its Physiological Parallels."

Special Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

[from our special correspondent.]

BELFAST.

The Water Supply.—The question of our water supply and its relation to the constant epidemics of typhoid from which we suffer is still a matter of general interest, and has been discussed with considerable warmth at meetings of the Corporation and Water Commissioners. Whatever the ultimate verdict may be, nothing but good can result from the free

ventilation of Professor Lorrain Smith's report, to which reference was made last week. The Public Health Committee, while emphasising the fact that the report holds the water as chiefly to blame, is paying some attention to such questions as drain testing, ashpit cleaning, milk vending, and the far too common practice of keeping pigs in the city. The chairman of the Belfast Water Commissioners, at the last meeting of that body, called attention to the report, and criticised it at length. To fair-minded people, however, his statements will be largely discounted by the fact that he made a vigorous personal attack on Professor Lorrain Smith, accusing him of being prejudiced, partial, and unfair. His chief arguments against the report were that typhoid occurred in all parts of the city, and not only where the Stoneyford water is supplied, and that sufficient precautions were not taken to prevent typhoid infection getting into the reservoirs from the cases occurring in the catchment area. He also stated that in the village of Dunmurry, which is now supplied with Stoneyford water, typhoid is no commoner than before that water was laid on, and that all the cases actually occurring had been traced to causes other than the water, such as bad drainage or infected milk. In a recent epidemic in Belfast, cases occurred in eight out of the twelve houses in the row, and on inquiry it was found that all of the eight received their milk supply from a particular dairy, from which none of the others were supplied. It was only to be expected that each of these public bodies would try to shuffle off its responsibility on to others, but that is simply bluff, and they see quite clearly that they must really attend to their business a little better, and not merely talk.

CHLOROFORM FATALITIES.—There have unhappily been two fatalities with chloroform during the past week. In one case the patient was in a state of exhaustion from suppuration at the knee-joint, and an amputation was about to be done to give him a last chance. After careful consideration chloroform was chosen as the anæsthetic, but the patient died almost at once from cardiac failure. The other case was in hospital, chloroform being administered by a resident pupil for a minor operation.

Correspondence.

BOARD-SCHOOL DISEASES.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—With regard to some remarks in your article on "Board-School Diseases," the writer apparently has not realised the distinction to be drawn between boarding and board schools. "Blight" and "granular lids," comparatively trivial in the latter, is of course a serious matter in the former. This confusion is common to many writers on ophthalmic work. A little experience of day schools as well as the hospital out-patient room, soon effectually removes it.

I am, Sir, yours truly,

JAMES KERR.

September 25th, 1903.

Literature.

DISEASES OF THE HEART. (*a*)

THIS is a pretentious volume of 800 odd pages. The author treats his subject in a light and readable manner, which does not impress one with either weight of reasoning or high authority. "No claim is laid to originality, as is apparent from the numerous references to authors from whose works valuable suggestions and information have been derived." It would have been more satisfactory, however, if the works of the authorities referred to had been given, so that inquirers might go to the source direct, if they so desired; but many of the names given as authorities are not of such world-wide reputation that the mere mention of their names guides one to their classic monograph. Some of the statements in which the authority is given, scarcely obtain much dignity thereby, *e.g.*, "the apex bruit in neurotic individuals is not infrequently vibrant or 'whizzing' (Drummond) (?)" Whereas for the time-honoured and realistic illustration of the appearance of a heart covered with soft fibrinous exudate, viz., "resembling the appearance produced by tearing apart two pieces of thickly buttered bread," no mention of Lænnec, its author, appears. In fact, on reading through this book one would hardly suppose that such men as Lænnec, Corrigan, Stokes, contributed anything of importance to our knowledge of the heart, if we except Cheyne-Stokes' respiration and Stokes-Adam's disease. Lænnec is mentioned a few (four) times in reference to unimportant points, and "Corrigan pulse" is also mentioned.

"The phraseology has been kept simple . . the terms which are in most familiar use among American and English physicians." Many expressions are used which the latter, however, would hardly consider technical, and which some will think detract from the dignity of descriptive English. For instance, we read frequently of "the flatness of the liver," "the flatness of the heart," where hepatic or cardiac dulness are meant; "the pulmonic sound being split," "the pulmonic sound being very banging and slightly split," "the action of the heart was likened to rope jumping."

Physical examination is dealt with very clearly and carefully, and many illustrations are inserted for making clearer special points alluded to. In the case of pericardial effusion, we cannot agree with the author on the great value of Rotch's sign. We admit that if it can be made out it may be the earliest recognisable sign of effusion, but the demonstration of either its presence or absence is not so easy as would appear from the text. The book description is all right if we are not dealing with an enlarged heart, but where there is slight hydrothorax, or the right side of the heart is, or may be dilated, the certain diagnosis of effusion relied on by this sign alone is to our mind unsatisfactory. We prefer to follow Hilton Fagge in considering that the most important indication of the presence of fluid in the pericardium is augmented dulness first discoverable at the base, viz., in the third left interspace. So much importance is attached to Rotch's sign, and the making out of straight or curved lines of dulness, that the great importance of the upward spread of dulness is not sufficiently emphasised.

Figure 29 represents the condition of a case on June 2nd. There was evidently a large pericardial effusion, reaching up to the second rib, which was subsequently absorbed, for on June 24th an autopsy revealed extensive soft, recent adhesions. It is evident, however, that this effusion was not recognised, owing, perhaps, to Rotch's sign not being made out. The case has been given as illustrating acute endocarditis. Again, Figure 62 represents a large pericardial effusion reaching to the second rib, but though the relation of this case occupies eight and a-half pages, there is no mention of either its presence or absence. There was here no post-mortem examination, but the rapid cardiac failure, with late œdema quickly increasing, while "the urine was and always remained negative," is strong support of the inference we have drawn from the diagram.

"Special attention has been paid to treatment."—Nearly 100 pages are devoted to the treatment of valvular heart disease, and it is very carefully dealt with, both in the various phases and with respect to habits, marriage, climate, use of drugs, &c. We must confess, however, that we consider that too great prominence has been given to treatment by baths and to Schott's treatment. No work of the kind would have been complete without a concise account of these methods, but several pages of letterpress and nineteen illustrations of the graduated or resistance exercises advocated by Schott give that treatment a prominence

(*a*) "Diseases of the Heart and Arterial System." By Robert H. Babcock, A.M., M.D., Professor of Clinical Medicine and Diseases of the Chest, College of Physicians and Surgeons (Medical Department of the Illinois State University), Chicago, &c. With three coloured plates and 39 illustrations. New York and London, D. Appleton and Co. 1903.

of which it is not worthy. Baths, too, whether taken at Nauheim or at home, hardly deserve the importance they are given. Does any scientific physician honestly believe that "water containing 1 per cent. of sodium chloride and 1-10th per cent of calcium chloride" (p. 465) will cause "increased tissue change, together with reflex stimulation of the heart, which causes its slower and more powerful contractions, and with a physiological stimulation of the arterioles and capillaries by *the passage of the gas and salts through the skin*" (p. 467, italics ours)? Why not add to the water some Bovril and sugar and so have nourishment as well?

The writer frequently illustrates special points—mostly in dealing with treatment—by relating cases which have occurred in his own experience or practice, and in most instances these illustrations are very strikingly and clearly given. By going into details of the treatment of special cases he, however, lays himself open to criticism which we all know is more free and general on the subject of treatment than on almost any other. He evidently has great faith in cathartics; he says "the success of such treatment depends not alone upon its vigour, but also upon its persistent continuance, day after day, till the upper hand has been gained over the dropsy." In reading over one case—which occupies eight and a half pages—we find these precepts were carried into practice. It was a case of aortic regurgitation with secondary mitral regurgitation, and we read that on one day (Tuesday, apparently) "a cathartic was ordered," and he had "half a dozen watery stools." "On Wednesday morning, in spite of free hydrogogue catharsis, his condition was still worse." "Thursday came. . . . More bowel movements of a watery character were secured without any impression on the stasis." He died about 10.30 that night (p. 317). The author says (p. 492): "This procedure is sometimes objected to on the ground that the cardiac sufferer is too weak to endure depletion. As a matter of fact the patient's weakness is due to his circulatory embarrassment, and experience teaches that instead of being enfeebled to the degree a healthy individual would be by the purgation, the cardiopath actually finds he feels stronger so soon as the primary effect of the catharsis is past." For our own part, we agree with the above objection. We are confident that, though robust, half-a-dozen watery stools in a forenoon would have a very depressing effect, and this repeated three days in succession would certainly cause us very considerable weakness. How such an effect on a healthy individual could be transformed, so as to make an advanced cardiopath feel stronger, passes our comprehension, and our experience is, that it does not.

The subject, "cardiac pain," considered apart from angina pectoris, is treated of in three-quarters of a page. It is a subject that deserves more attention, but it requires a great and ripe experience to deal with it in its various bearings. To most students and recently qualified men cardiac pain means angina pectoris, or it means nothing.

The book is profusely illustrated with diagrams, pulse tracings, skiagrams, and photographs of various morbid conditions of the heart and vessels, But it is not one with originality in research or teaching.

As with most American publications, the book is so heavy that it must be read at the table, which the highly glazed surface of the paper renders distressing to the eyes. Some material or substance used in the binding or printing has pervaded the book with a strong, and most unpleasant odour.

LIFE AND LABOUR OF THE PEOPLE IN LONDON. (a)

Mr. Charles Booth's epoch-marking work finds a worthy conclusion in the present volume. Seventeen years and an equal number of volumes have been occupied in this monumental production. Not only have the researches themselves proved of exceptional interest and wide service, but they have done much to awakening the conscience and intelligence of many thinking men and women to the problems of our Metropolitan life. The studies appeal to all sorts and conditions of thinkers and workers, but the present concluding volume is especially rich in material which will be of particular attractiveness to medical men, and those immediately connected with work dealing with the habits and hygiene of the people. Every chapter teems with suggestive notes. We have careful comparisons of poverty and crowding, birth-rate and death-rate, and poverty and wealth. The ways of the masses are portrayed with true discernment, and luminous descriptions are given of their customs and manners, habits and follies. Much light is thrown on such matters as marriage and morality, the use of holidays and amusements, betting and drinking, and the various economic conditions of life. Important sections deal with public-houses and licensing, prostitution, and police and crime. The medical reader will be particularly interested in the chapters on the organisation of charity hospitals and nursing; the latter, however, being all too meagre for an adequate presentation of the subject.

A very valuable part of this volume is the convenient abstract of the contents of the complete work, which with its seventeen volumes forms quite a little library. An interesting map of London is given, showing the distribution of churches, schools, and public-houses, all most important factors in the evolution of the people.

We have nothing but admiration for Mr. Charles Booth and his coadjutors in this remarkable investigation, but we cannot but feel that a much nearer approach to the true meaning of many perplexities and problems in which the physical element necessarily looms large would have been attained if the intimate assistance of suitable and specially experienced medical men had been sought. In spite of limitations and many shortcomings, the work is a monumental one, and all wishful to play a part in useful service for mankind should study it with discernment. We particularly commend the concluding volume to all medical men.

(a) "Life and Labour of the People in London." By Charles Booth. Final Volume. Notes on Social Influences and Conclusion. Pp. 451, with maps. London: Macmillan and Company, Ltd. 1903. Price 5s. net.

Messrs. J. and A. Churchill announce for early publication a new (the sixth) edition of Dr. Galabin's "Manual of the Diseases of Women." The work has been greatly enlarged and contains twice as many illustrations as in the previous edition, viz., 284. The same firm have also in the press new editions of Dr. Jellett's well-known books on midwifery and gynæcology. The latter will be much larger than before, and be profusely illustrated.

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Messrs. Bailliere, Tindall and Cox will publish during the next few days "The Health of Armies in the Field," by Surgeon-Major Caldwell, a record of whose extensive experiences in South Africa, India, and elsewhere should prove useful in future campaigns. Also, "The After-treatment of Operations," by J. P. Lockhart Mummery, F.R.C.S.Eng.; an illustrated handbook of "Diseases of the Ear," by Richard Lake, F.R.C.S.Eng.; "Home Nursing," by Dr. Bernard Myers; and a new edition of Mr. Mayo Robson's "Diseases of the Gall-bladder and Bile-ducts." New editions are also in the press of their Students' Aid Series in "Surgery," "Physiology," "Chemistry," and "Hygiene."

Laboratory Notes.

ANTIPHLOGISTINE.

The Denver Chemical Manufacturing Company have submitted to us a sample of a product called antiphlogistine. This is a grey paste which, when spread over the skin of inflamed tissues, exerts resolvent and anodyne effects tending to promote the subsidence of local inflammatory mischief with relief of pain and swelling. It is not greasy, does not stain linen, and it is intended to be left *in situ* for at least twenty-four hours, when it can be peeled off easily enough. Anti-

phlogistine is a smooth homogeneous mixture of several chemical substances, the base being the silicates of alumina and magnesia in intimate alliance with pure glycerine, while the antiseptic property is conferred by the presence of boric and salicylic acids. There are, in addition, other ingredients which in our opinion combine to render this preparation well suited for the purposes for which it is designed.

This preparation has met with success in America as a local application of great value in various classes of cases. We have given it a careful trial, and we have satisfied ourselves by analysis that its composition corresponds with the ingredients stated, and that its therapeutical effects are such as to render it a valuable adjuvant in the treatment of localised inflammatory and certain other conditions.

CHELTINE: A SOLUBLE MALTOSE FOOD.

WE find on examination that, as claimed, this food is practically all soluble in water, and is free from woody fibre and from starch, both substances but too often present in foods intended for infants.

The sample submitted to us yielded, on analysis, the following results:—Moisture, 4·5 per cent.; nitrogenous matter, 8·0 per cent.; fat, 1·0 per cent.; mineral matter, 2·6 per cent.; the remainder consisting of sugars (chiefly maltose) and soluble carbohydrates.

The directions given are that milk should be used in preparing the food for children, which is scientifically correct, inasmuch as the addition of milk provides the due proportion of fat which is at present lacking to make the proper balance of constituents for a correctly designed infant's food. The food is sterile, it would apparently keep good for any length of time if closely stoppered. Unless corked tightly each time it is used, it absorbs moisture from the air, but not so rapidly as to entail any serious detriment to its value.

This food fully complies with the standards for infants' foods, set forward by Mr. C. G. Moor in his work on "Standards of Purity for Foods and Drugs."

FERRUGINOUS TABLOIDS.

MESSRS. BURROUGHS WELLCOME AND CO. now prepare a tabloid product containing soluble iron phosphate (gr. ij.) with soluble hyphosphite of iron (gr. j.)—a useful combination suitable for administration in cases of neurasthenia associated with anæmia, and generally as a ferruginous tonic. The tabloids are sugar coated, thus ensuring their inalterability.

QUININE SALICYLATE TABLOIDS.

THE salicylate of quinine is a salt which has of late come into favour in rheumatic and neuralgic affections. As it is also an excellent tonic, a tabloid containing only one grain of the drug is now prepared.

SOLOID ROMANOWSKY STAIN.

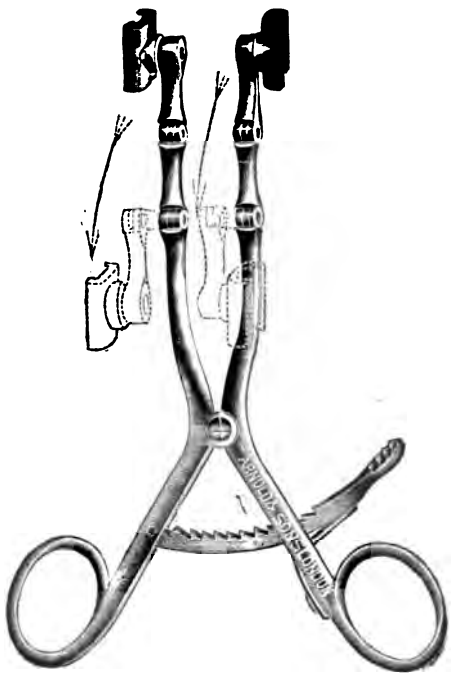
THE Romanowsky stain (Leishman's powder) is the most recent addition to the useful series of "soloid" microscopic stains. The soloid product is dissolved in 10 cc. of pure methyl alcohol for use in staining blood films, the characteristic red tint being brought out by dropping distilled water on to the film under examination. Each tube contains six "soloid" products.

New Instruments.

AN IMPROVED MOUTH GAG.

Suggested by Dr. COLE-BAKER.

THIS instrument is made in the form of a forceps, the front ends of which are fitted with grooves to fit on the gums or teeth. The invention consists in making the front limbs with two pivotal joints so arranged that when the gag is fixed in the mouth the handles can be bent round laterally out of the way of the operator. Many mouths, from absent teeth on upper or lower jaw, offer great difficulties for the ordinary gag. With this invention there is no mouth in which a suitable position cannot be found. When fixed it will allow of operating on either side, the handles being bent well out of the way. The handles of the instrument are so slender that with the ordinary face-piece, gas can be readily given for the extraction of teeth, allowing the operator to rapidly pass from one side to the other by simply turning the handles laterally on their pivotal joints. The instrument can be most readily inserted by holding the last phalanx of the limbs between finger and thumb with the ends of the fingers pressed against the ends of the grooves and thus steadying them with the handles resting in the palm of the hand. This can be done with one hand, while by the other the handles are squeezed together in order to open the limbs sufficiently, these being held in proper position required by means of a ratchet arrangement.



The gag is made by Messrs. Arnold and Sons, of London, and it can be used for removal of tongue, adenoid tonsils, cleft palate, and all laryngological operations—in fact, for every use of all other gags except that of forcing the mouth open.

Obituary.

DR. JAMES RAVERTY, OF BRAY.

WE regret to announce the death of Dr. James Raverty, of Bray. He was medical officer of the Bray No. 1 dispensary district, and medical officer of health for the borough. He belonged to a medical family which for the past seventy years were resident in the town. His practice was large and remunerative, for he was not only successful as a physician but was possessed of the secret of inspiring and retaining confidence.

MR. ALBERT CHARLES QUEELY.

MR. ALBERT CHARLES QUEELY, a Fleet-Surgeon of the Royal Navy, retired, died on Wednesday of last week at the age of fifty-five. During the war between Chili and Peru, 1879-1881, he, as senior officer of the "Triumph," the British flagship on the Pacific, was detailed for duty at the hospitals at Lima to aid the sick and wounded during the course of hostilities, for which services he received the approval of the Admiralty, and also the thanks of the Provisional Government of Peru.

Medical News.

Central Midwives Board.

A MEETING of this Board was held at the Board Room, Suffolk Street, Pall Mall, London, on September 24th, when the following business was transacted:—(1) Dr. Champneys was re-elected chairman of the Board until the first meeting in the month of April, 1904. (2) A letter was read from the Clerk of the Council enclosing a sealed copy of the rules as approved by the Privy Council, August 12th, 1903. (3) The secretary reported that the rules and forms were now printed and ready for publication, and were on sale at Messrs. Spottiswoode and Co.'s, Limited, 54, Gracechurch Street, E.C., and 5, New Street Square, E.C. Prices: Rules (paper covers), 6d., post free 7d.; (stiff boards), 8d., post free, 9d. Forms, 1d. each. (4) The secretary was instructed to complete the registration of the rules and forms, so as to preserve the copyright. (5) A letter was read from the hon. secretary of the Manchester Southern and Maternity Hospital enclosing an application for recognition as a training school for midwives under the regulations of the Board. The further consideration of the matter was adjourned, and the secretary was instructed to ascertain meanwhile whether the application of the hospital included a request for the recognition of their certificate as a sufficient qualification under Section 2 of the Act. (6) Applications were read from registered medical practitioners for recognition as teacher under Section C (3) of the rules. The secretary was directed to obtain further particulars from the applicants. (7) Several applications were read from ladies desiring to be trained as midwives at a nominal fee. The secretary was instructed to refer any such applicants to the Association for Promoting the Training and Supply of Midwives, 12, Buckingham Street, Strand, whence all information relative to the training and work of midwives might be obtained. (8) It was unanimously resolved, on the motion of Mr. Parker Young—"That the best thanks of the Central Midwives Board be and are hereby given to the Privy Council for their kindness in placing office accommodation and the use of the Board Room at the disposal of the Board during the time they were without offices." (9) The "Suggestions to County and County Borough Councils" as to the working of the Act (including the delegation of powers) were further considered and amended. The secretary was instructed to inform the county councils that the suggestions would, when finally approved, be forwarded to any council desiring a copy.

King Edward's Hospital Fund for London.

IT is proposed to create a "Shopping Day" in connection with King Edward's Hospital Fund for London, and to endeavour to make it a record one for all classes of shops in London joining the scheme. The day fixed is the first Tuesday in November next. It is hoped that those joining the scheme will benefit by the advertisement and publicity given them, and that they in return will be willing to contribute a percentage of their takings on that day to the London hospitals. The King and the Prince of Wales, as patron and president of the fund, have signified their approval of the movement, and a number of well-known proprietors of retail establishments in the West End and City have already intimated their intention of supporting it.

The North London Medical and Chirurgical Society.

AT the next meeting which will be held in the Board Room of the Great Northern Central Hospital, Holloway Road, N., on October 8th, at 9 p.m., Professor R. T. Hewlett will read a paper on "Insects as Carriers of Disease." The attendance of medical practitioners is cordially invited.

English Hospital at Venice.

A NEW English hospital has been opened on the Giudecca Island, Venice, by Princess Christian, who was accompanied by the Princess Elizabeth of Saxony. This foundation, which supplies a long-felt need, is due to the beneficence of Lady Layard.

Plague and Cholera.

BOTH plague and cholera are raging at Pei-tang. 2,000 deaths having occurred during the last two months. The present mortality averages fifteen daily. The epidemic of plague at Rio de Janeiro shows no signs of abating, and there have been ten deaths during the past week.

University of Durham.

THE following candidates passed the Second Examination for the Degree of Bachelor in Medicine during the September examinations in Anatomy, Physiology, and Materia Medica:—

Honours—First Class.—Lewis Augustus Clutterbuck, L.R.C.P. and S. Ed. and I.

Honours — Second Class. — Vincent E. Badcock, Florence B. Lambert, Frederick C. Pybus, Neville A. Eddlestone, Richard W. Swayne.

Pass List.—George E. P. Davis, George Denholm, Horsley Drummond, Sampson G. V. Harris, M.R.C.S., L.R.C.P., D.P.H., Walter N. Johns, Arthur C. H. McCullagh, George R. Philipson, Norman Spedding, James B. Williamson, Thomas L. Wormald.

The following candidates passed the First Examination for the Degree of Bachelor in Medicine:—

1. *Elementary Anatomy and Biology, Chemistry, and Physics.*—John E. Hanna, James W. Smith, Leslie H. Walker.

2. *Chemistry and Physics.*—Ronald M. Davies, Lionel K. Edmeades, George R. Ellis, John Everidge, Alfred L. Forster, Elizabeth N. Havelock, Thomas H. V. King, Herbert M. Levinson, Stanley D. Metcalfe, Thomas D. Miller, M.R.C.S., L.R.C.P., Charles J. Neilan, Edward D. Smith, Howard B. Stephenson, George Walker, John F. Young.

3. *Anatomy and Biology.*—Hubert C. W. Allott, Edward P. H. Joynt, Herbert F. Joynt, Robson E. I. Mason, John Paxton.

The following candidates passed the Third Examination for the degree of Bachelor in Medicine:—

Honours — First Class.—Lewis A. Clutterbuck, L.R.C.P. and S. Ed. and I.

Honours—Second Class.—Olga A. Schiele, Reginald I. Douglas.

Pass List.—James H. Cooke, William Cowden, Hugh B. Cunningham, William E. Falconar, Saville J. Fielding, William P. A. Hardwicke, L.S.A., Arthur H. Hogg, Bernard W. Lacey, Frederick R. H. Laverick, William E. C. Lunn, Samuel L. McBean, Francis H. Moxon, Charles D. Relton, William Seymour, Frank T. Simpson, Francis R. Snell, Thomas J. S. Suffield, L.R.C.P., L.S.A., Edward Tate, Janet A. Vaughan, Tys Visser, Ernest Young.

Society of Apothecaries of London.

THE following candidates passed (September, 1903) in:—

Surgery.—W. V. Braddon (Section II.), W. H. Bush (Sections I. and II.), K. R. Jay, A. Jurriaanse (Sections I. and II.), P. S. Klots, L. W. Roberts, S. H. Ryan (Sections I. and II.), A. Turner (Section II.).

Medicine.—J. E. L. Bates, W. H. Bush (Sections I. and II.), L. E. Ellis (Section II), A. H. Falkner (Section II.), A. Jurriaanse (Sections I. and II.), N. O. Roberts (Section I.), F. Robinson (Sections I. and II.), S. H. Ryan (Section I.), F. J. Waldmeier, J. W. Watson (Section I.).

Forensic Medicine.—J. E. L. Bates, W. V. Braddon, A. Jurriaanse, E. H. Price, N. O. Roberts, F. Robinson, S. H. Ryan, R. Wallace, R. Watson.

Midwifery.—W. B. Harris, A. Jurriaanse, R. Reynalds, F. Robinson, S. H. Ryan, A. Williamson.

The Diploma of the Society was granted to the following Candidates, entitling them to practise medicine, surgery, and midwifery.—J. E. L. Bates, L. E. Ellis, and A. Jurriaanse.

DR. LOUIS PARKES has been appointed to succeed the late Professor Corfield as Consulting Sanitary Adviser to his Majesty's Works and Public Buildings department. Dr. Parkes is lecturer on public health at St. George's Hospital.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

L. D. S.—Adrenalin is often employed as a local hæmostatic in dental and other minor operations, in the same way as the solution of perchloride of iron. It is at least as efficacious as the latter, over which it has the advantage of being more cleanly and non-caustic.

PRACTITIONER (Southwark.)—We have heard nothing more of the alleged discovery of a serum for the prophylaxis and cure of typhoid fever since the publication you refer to. When further details are available we shall not fail to deal with them.

F. R. C. S.—We find on inquiry, that the appointment to which you refer is not vacant.

THE SALE OF A PRACTICE AND ITS OBLIGATIONS.

To the Editor of the "MEDICAL PRESS AND CIRCULAR."

SIR—I shall be very much obliged if you will be so good as kindly to let me have answers to the following questions, in the pages of your journal and if possible in its next issue. (1) When a medical man sells his practice to another, is it or is it not, the custom for the Vendor to hand over to the Purchaser, the case books of the patients of the practice. (2) Can such transference of the patients' case books be regarded as a breach of confidence between the patients and the Vendor. (3) If the Vendor is not compelled to give up the patients' case books to the Purchaser, and if he refuses to part with them, can the Purchaser compel the Vendor to let him have a ist of the names and addresses of the patients of the practice which he has bought? Thanking you in anticipation.—I am, yours truly—"ALPHA."

[(1) There is no "custom" bearing on the disposal of the case books, it can only be a matter of mutual agreement. Obviously the purchaser has a moral right to the pathological history of the patient he may be called upon to treat, but *a la rigueur* to these only. This is a matter in which the Vendor is entitled to exercise a discretion. (2) Yes, it might conceivably be so regarded, save in respect of such patients as consented to be introduced to the Purchaser as their future medical attendant. (3) Certainly the Purchaser, in virtue of the terms of the usual contract, is entitled to have a list of the names of patients, indeed it is difficult to conceive of the sale of a practice such information being withheld. These details should form the subject of discussion and agreement previously to drawing up the contract of sale and ought to be incorporated therewith.—ED.]

CORRIGENDUM.—In our last issue the printer's devil, or one of his subordinates, transformed the name of Sir William *Job* Collins into Sir William *Jesse* Collins. It is of no particular importance since Sir William is too well known for the error to have escaped correction, but he (the p d.) ought to have known better.

Meetings of the Societies, Lectures, &c.

THURSDAY, OCTOBER 8TH.

THE BRITISH GYNÆCOLOGICAL SOCIETY (20 Hanover Sq., 8 p.m.)—Specimen will be shown by the President.—(1) Calcareous Degeneration of Fibroid. (2) Sclerosis of Ovary. Dr. Macnaughton-Jones—Mammary Gland [by means of Epidiascope, and other specimens illustrating cases. Dr. Macnaughton-Jones—(1) Notes on a case of Cœliotomy in a patient for the third time. (2) Extensive cellulitis after Hysterectomy. Dr. Hodgson, Incarcerated and irreducible Fermoral hernia in a woman. Instrument.—Dr. Macnaughton Jones, Peritoneal Knife.

Appointments.

CROSS, JOHN, M.B., Ch.B.Glasg., House Surgeon to the Victoria Infirmary, Glasgow.

DAVIS, EDWARD SANDOM STONE, M.R.C.S., L.S.A., District Medical Officer by the St. Austell (Cornwall) Board of Guardians.

ECCLES, W. MCADAM, M.S.Lond, F.R.C.S.Eng., Joint Lecturer on Anatomy at St. Bartholomew's Hospital.

GEOGHEGAN, FRANCIS J., M.D. Trinity College, Dublin, Resident Medical Officer to the Victoria Central Hospital and Wallasey Dispensary, Liscard, Cheshire.

MILLEA, WILLIAM C., B.A., R.U.I., L.R.C.P. & S. Edin., Medical Officer, South District of the Poplar Union.

NORMAN, R. H., M.D.Lond., B.S., M.R.C.S., L.R.C.P., Anæsthetist to the Tottenham Hospital.

RUSSELL, JAMES, M.B., Ch.B.Glasg., House Surgeon to the Victoria Infirmary, Glasgow.

SMITH, M. STEWART, M.R.C.S., L.R.C.P.Lond., Assistant Medical Officer to the London Temperance Hospital.

Vacancies.

Belmullet Union, Knocknalower Dispensary District.—Medical Officer' Salary £170 per annum. Applications to E. N. Flynn, Belmullet' (See advt.)

Bradford Poor-law Union.—Resident Medical Officer for Sanatorium. Salary £100 per annum with rations, apartments, and washing. Applications to Thos. Crowther, 22 Manor Row, Bradford.

Clifden Union.—Medical Officer. Salary £175 per annum. Applications to F. King, Clifden. (See advt.)

David Lewis Northern Hospital, Liverpool.—Matron. Salary £110 per annum. Applications to the chairman.

Jersey General Dispensary and Infirmary.—Resident Medical Officer. Salary £120 a year, with rooms gas, and attendance. Applications to Honorary Secretary, Infirmary, Jersey.

London County Asylum, Banstead, Sutton, Surrey.—Junior Assistant Medical Officer. Salary £150 per annum, with board, furnished apartments, and washing. Applications to R. W. Partridge, Asylums Committee Office, 6 Waterloo Place, S.W.

Manchester Children's Hospital, Pendlebury.—Medical Officer. Salary £180 per annum. Applications to the Secretary, Children's Dispensary, Gartside Street, Manchester.

Parish of Birmingham.—District Medical Officer. Salary £350 per annum. Applications to Walter Bowen, Clerk, Parish Offices, Edmund Street.

St. Mary's Hospital for Sick Children, Plaistow, E.—Resident Medical Officer. Salary £100 per annum, in addition to board, residence, and laundry. Applications to Percy Glenton, Secretary.

Southampton Incorporation.—Resident Assistant Medical Officer. Salary £120 per annum, with apartments, rations, washing, and attendance. Applications to David P. Gwillim, Clerk's Offices, Workhouse, Southampton.

Warwick County Asylum, Hatton, near Warwick.—Third Assistant Medical Officer. Salary £130 a year, with board, lodging, and washing. Applications to the Medical Superintendent.

Births.

HOLMAN.—On Sept. 21st, at Galeston, Eton Avenue, Hampstead, N.W., the wife of Frank Kay Holman, M.R.C.S., L.R.C.P., of a daughter.

HORNER.—On Sept. 24th, at 77 Church Hill, Walthamstow, the wife of C. J. Horner, M.R.C.S., L.R.C P., of a son.

Marriages.

GALLIE—CRIGHTON.—On Sept. 24th, at All Saints', Hove, Captain James Stuart Gallie, R.A.M.C., elder son of the late John Gallie, of Queenstown, Ireland, to Florence Ostle, only daughter of Charles Edwin Crighton, of 10 Albany Villas, Hove, Sussex.

GUNN—WALKER.—On Sept. 23rd, at St. George's Church, Doncaster, Alexander Gunn, M.B.Edin., of Blackburn, Lancs., youngest son of William Gunn, of Nutwood, Strathpeffer, N.B., to Beatrice Mary, elder daughter of J. Greenhalgh Walker, of St. George's Villas, Doncaster.

HARDENBERG—WEALL.—On Sept. 24th, at St. Andrew's Church, Watford, Edward Francis Herman Hardenberg, M.B., M.R.C.S., L.R.C.P., elder son of the late W. F. H. Hardenberg, of Amsterdam, to Annie Margaret Graham, second daughter of John Weall, of Rutland Lodge, Watford.

Deaths.

BLACKSTONE.—On Sept. 27th, at 6 Albert Terrace, Regent's Park, London, Joseph Blackstone, M.R.C.S.Eng., aged 64 years.

OPERATIONS.—METROPOLITAN HOSPITALS.

WEDNESDAY.—St. Bartholomew's (1.30 p.m.), University College (2 p.m.), Royal Free (2 p.m.), Middlesex (1.30 p.m.), Charing Cross (3 p.m.), St. Thomas's (2 p.m.), London (2 p.m.), King's College (2 p.m.), St. George's (Ophthalmic, 1 p.m.), St. Mary's (2 p.m.). National Orthopædic (10 a.m.), St. Peter's (2 p.m.), Samaritan (9.30 a.m. and 2.30 p.m.), Gt. Ormond Street (9.30 a.m.), Gt. Northern Central (2 30 p.m.), Westminster (2 p.m.), Metropolitan (2.30 p.m.), London Throat (9.30 a.m.), Cancer (2 p.m.), Throat, Golden Square (9.30 a.m.), Guy's (1.30 p.m.).

THURSDAY.—St. Bartholomew's (1.30 p.m.), St. Thomas's (3.30 p.m.), University College (2 p.m), Charing Cross (3 p m.), St. George's (1 p.m.), London (2 p.m.), King's College (2 p.m.), Middlesex (1.30 p.m.), St. Mary's (2.30 p.m.), Soho Square (2 p.m.), North-West London (2 p.m.), Chelsea (2 p.m.) Great Northern Central (Gynæcological, 2.30 p.m.), Metropolitan (2.30 p.m.), London Throat (9.30 a.m.), St. Mark's (2 p.m.), Samaritan (9.30 a.m. and 2.30 p.m.), Throat, Golden Square (9.30 a.m.), Guy's (1.30 p.m.).

FRIDAY.—London (2 p.m.), St. Bartholomew's (1.30 p.m.), St. Thomas's (3.30 p.m.), Guy's (1.30 p.m.), Middlesex (1.30 p.m.), Charing Cross (3 p.m.), St. George's (1 p.m.), King's College (2 p.m.), St. Mary's (2 p.m.), Ophthalmic (10 a.m.), Cancer (2 p.m.) Chelsea (2 p.m.), Great Northern Central (2.30 p.m.), West London (2 30 p.m.), London Throat (9.30 a.m.), Samaritan (9.30 a.m. and 2.30 p.m.), Throat, Golden Square (9.30 a.m.), City Orthopædic (2.30 p.m.), Soho Square (2 p.m.).

SATURDAY.—Royal Free (9 a.m.), London (2 p.m.), Middlesex (1 30 p.m.), St Thomas's (2 p.m.), University College (9.15 a.m.), Charing Cross (2 p.m.), St. George's (1 p.m.), St. Mary's (10 p.m.) Throat, Golden Square (9.30 a.m.), Guy's (1.30 p m.).

MONDAY.—London (2 p.m.), St. Bartholomew's (1.30 p.m.), St. Thomas's (3.30 p.m.), St. George's (2 p.m.), St. Mary's (2.30 p.m.), Middlesex (1.30 p.m.), Westminster (2 p.m.), Chelsea (2 p.m.), Samaritan (Gynæcological, by Physicians, 2 p.m.), Soho Square (2 p.m.), Royal Orthopædic (2 p.m.), City Orthopædic (4 p.m.), Great Northern Central (2 30 p.m), West London (2.30 p.m.), London Throat (9.30 a.m.), Royal Free (2 p.m.), Guy's (1.30 p.m.).

TUESDAY.—London (2 p.m.), St. Bartholomew's (1.30 p.m.), St. Thomas's (3.30 p.m.), Guy's (1.30 p.m.), Middlesex (1.30 p.m.), Westminster (2 p.m.), West London (2.30 p.m.), University College (2 p.m.), St. George's (1 p.m.), St. Mary's (1 p.m.), St. Mark's (2.30 p.m.), Cancer (2 p.m.), Metropolitan (2.30 p.m.), London Throat (9.30 a.m.), Royal Ear (3 p.m.), Samaritan (9.30 a.m. and (2.30 p.m.), Throat, Golden Square (9.30 a.m.), Soho Square (2 p.m.)

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A GLIMPSE AT SOME OF THE DEFORMITIES AND DISEASES OF WOMEN DUE TO CLOTHING.

By W. WILLIAMS, M.D., M.R.C.P.,
Hon. Physician, Royal Southern Hospital, Liverpool.

IN the beginning of 1892, I published in the *Liverpool Medico-Chirurgical Journal* an article on the disease known as chlorosis. In that article I pointed out the probable connection between this disease and tight costume.

In my contribution to these reports it is but fitting that I should again refer to the practices prevailing among women with reference to their clothing, and to

No. 1.—A boy, æt. 15, with acute anterior myelitis. He had a difficulty with his head owing to some of the muscles of the neck being involved in the paralysis. When made to stand, a feat he could only accomplish with difficulty, he pushed back his shoulders and cocked up his chin, evidently for the purpose of balancing his head, and thereby exhibited a well-marked "ewe-neck."

the consequences resulting from these practices, as they are responsible for the largest class of ailments I have to deal with in the female medical wards of this hospital.

In the above-mentioned article I endeavoured to show that chlorosis, in some degree an almost universal complaint among young women, was the simplest of all forms of anæmia, that due to hæmorrhage; that this bleeding took place in the stomach, that it was derived from a gastric ulcer, and that the gastric ulcer was in its turn produced by the stays, or, in other words, by wearing about the waist a tight, unyielding, constricting mechanism which compressed the liver and stomach, disarranged their circulation, and—as further explained—produced the lesion in question.

Practically every young woman loses blood in the way indicated, and, as a consequence, becomes the prey to anæmia more or less marked; the worst cases of anæmia from this cause occur not in those whose figures have been systematically trained by the stays from infancy, but in those who from previous neglect are taken in hand later in life, and more hasty and violent measures resorted to, as is the case with the poorer classes.

In an ordinary case the change shows itself shortly after the final alteration or evolution as regards dress of the girl into the woman, from the 16th to the 18th year, but the exact age will necessarily vary with the

No. 2. THE EWE-NECK.—I had some trouble in finding this specimen. It is evidently not a deformity that is usually admired; photographed.

tastes of the mother. Stays, in some form or other, are worn from infancy in nearly all the cases where they are used, but up to 16 or so, except in a certain proportion of cases, the victim has only been broken to tolerate the stiffness and feel of the thing; growth, therefore, is, we find, fairly advanced in most cases before the anæmia supervenes, before a very injurious degree of pressure comes to be applied. It is consequently, as a rule, not the building up of the frame, but the building of that more important edifice, the constitution, that is most interfered with. This work, which may be defined to be the maturation of the frame, organs and their functions, is a work with which we all become occupied after the period devoted to growth is over, and which of necessity takes some years to accomplish.

There can be no doubt but that constitutionally the average young woman is far behind the average young man, and that with increasing age the difference between them becomes more and more marked. The powers of the system in those who have suffered from the ill-effects of stays do not appear to be vigorous enough to

be sufficiently sustained to accomplish both purposes—the effort made to build the frame seems to exhaust it. And we must all readily admit that to be without healthy digestion and without healthy blood from 16 to 24 or 30, which is now the case with most, with nearly all, young women, especially with those who are of a very fashionable turn themselves, or whose mothers are of that degree or persuasion, is to arrive at the latter age in a very deplorable condition, without a constitution, without, in other words, that which we all have to rely upon to secure us an enjoyable existence, and to ward off from us invalidism, premature old age, and decrepitude. Some apology for a constitution may no doubt with reform be acquired after thirty, even though reform after this age is necessarily a rare contingency and one difficult to accomplish, and to compare a constitution obtained by such late repentance with one secured by healthy habits all through life would be to compare things of a very different quality.

The lives of women, and the functions and responsibilities belonging to them, require that they shall have strong, robust constitutions, and it is besides no less essential to them that it is to the rest of the animal kingdom that their anatomy should be normal, the

No. 3.—A girl, æt. 14, convalescent from typhoid. The thoracic angle, marked as in the other cases with a chrome pencil before being photographed, was in this case found to be a little more than a right angle. The size of the thoracic angle, normally about a right angle, is an accurate measure of the area of the base of the chest in most cases. Respiration was abdominal. By the aid of the X-rays the movements of the diaphragm were measured and found to be 2¾ inches. This is a good example of a normal chest with normal respiration.

parts allowed to remain in their normal positions; whereas the present practice that prevails so largely is to push a stomach into this out of the way corner, and a liver, or some other equally ignored organ, into that, anywhere in fact, so long as place is made for the waist, a voluntary deformity of as undesirable a nature surely as any that ever originated in thoughtlessness and ignorance, and compared, or side by side with which, many an unavoidable deformity due to disease would, but for the depravity of taste, which faulty education has brought about, be a more acceptable contemplation. Nature has always a merciful design, her deformities are for the purpose of curing or improving some other and worse condition; and she avoids almost invariably injuring the vital parts; we see, for instance, that the spinal marrow escapes injury in most instances of disease of the bones which leads to curvature of the spine, and the normal or relative size of the base of the chest as gauged by the amount of diaphragm action that is present in any case is, so far as my experience goes, never interfered with in cases of deformed chests from disease, or from causes other than voluntary interference except in hypertrophic emphysema. Are all departures from the normal chest—excluding those that are voluntary—always compensatory, and so never present without altered lung capacity, spinal disease, or some other diseased condition requiring an alteration in the shape of the chest as a contribution to aid recovery?

In hypertrophic emphysema, with an increase in the lung volume and in the size of the thoracic angle, there is a marked decrease in the lung function and in the action of the diaphragm.

The few cases of deformity of the chest due to Pott's curvature that I have so far examined have all of them shown a great increase in the size of the thoracic angle, but as the increase was not associated with a lessening of the action of the diaphragm in any of these cases, it

No. 4.—A strong, active woman, æt. 40; by occupation a vegetable-cook; admitted for influenza. Thoracic angle appeared normal; breathing abdominal, ample and free. Had not worn stays as a child; had tried to do so later in life, but not for long, as she could not do her work with them on.

may be a compensation to an encroachment on the area of the base from some other direction.

Whilst it is the case that the corset is the author of the worst evils humanity owes to its vices, it is true also that there are other habits, with reference to clothing, that lead to deformities equally pernicious morally, though applied to regions of less immediate importance vitally. In China, for instance, we know that it is a custom for all women, except those of the very lowest class, *i.e.*, those who work, to have the natural growth of their feet stopped at an early age. In other countries, and the fact is made abundantly clear to us in ours, it is a custom for the women as a whole, or very nearly as a whole, to have the natural development of their waists, chests, breasts, and backs diverted into deformity, with muscular and glandular atrophy, also at an early age. Either of these two practices—the one has no more to recommend it than has the other, beyond the fact that the Chinese woman meddles with a less important part than do her sisters in other countries—were they adopted as generally by

the male population of any country, would insure the extinction of the race to which it belonged as an independent people, and a lapse of it into slavery as certainly and as quickly as would a combination of all the vices that have ever been instrumental in destroying nations in the past. Bearing in mind its powerful moral influence as well no cause of retrogression can be more rapid than that produced by, or arising from, a loss of bodily health from vice.

Most vices promise, and indeed afford, at all events for a time, a period with pleasurable sensations; these are the return, the set off, against the hosts of drawbacks inseparable from vice always. It is possible, indeed it happens in most cases of vicious habits, that the drawbacks are seen to so far outweigh the apparent advantages that the game ceases to be considered, so to speak, worth the candle; under these circumstances the victim may reform, and so return to what he knows to be a better and more enjoyable state of existence. Before such a result as this can ever become possible, however, it is clearly necessary that the backslider, of whatever sort he may be, should have the materials at hand wherewith to form a judgment, that he should know

No. 5.—Æt. 20; admitted for extreme anæmia, cardiac murmurs, venous hums, faintings, &c. She was quite well when photographed, and the thoracic angle was much improved in size. Her stays when on contracted it to about half the size shown in the photograph. The sides came together very easily on the application of pressure, showing that they were regularly exercised in this way. This chest could no doubt be restored.

what a tolerably blameless life was like, through having once led one himself. When a vice, pernicious habit, call it what we may, while always bearing it in mind that hard names will not help any cause, is implanted on a child at an age beyond the reach of memory, it is evident that such a subject can never summon up the experience of a former time to help a present judgment; reform under such circumstances must, then, ever present a very hopeless prospect, and we may therefore well cease to wonder or to ask ourselves the question: How is it that women so persistently indulge in a vice such as their present day mode involves, to the loss of health, constitutional and muscular vigour, youth, shape, all gracefulness of movement and carriage, so conspicuous in the female child, without a single return of any sort? The question that perhaps more naturally arises is: Do they know any better? They certainly invariably when accused deny that they squeeze, and it is also true that they have no materials,

experience, at hand whereon to found a judgment—the habit is imposed upon them at such an early age that they can have no knowledge of a previous natural condition to guide them, they are brought up artificially in a bad faith, they do not know what is right from what is wrong in this respect, the faculty of natural appreciation is here in abeyance.

It is evidently under these circumstances, with the loss of the initiative in the individual, that the necessity arose for the establishment among us of a custom for general guidance. This has developed into a vice, and the practical outcome is the strict and rigid conventionalism which we see prevailing in the present day in regard to female dress and habits, with its effects, moral and physical. If pride of figure and pride of style are based on a false foundation, one composed of artificial moulding in one region and of padding in the next, there is instituted a wrong moral teaching, which is always detrimental to mental health.

Conventionalism is now the reigning authority, the deity to whom the female form, and the female life as well, are sacrificed. Conventionalism, always an eloquent confession of individual ignorance and insuffi-

No. 6.—Æt. 30, a teacher; admitted for debility, indigestion and gastralgia. No anæmia, but general feebleness. Thoracic angle very much contracted. Breathing thoracic only. She said that she had been very carefully shaped with stays from a very youthful age. The deformity here was permanent, the sides of the thoracic angle were quite fixed. This case contrasted unfavourably with No. 5, in whose case the sides of the thoracic angle, the lower ribs, were very movable indeed. These two cases occupied quite different stations in life. No. 6, the higher one of the two, had been carefully shaped from an early age. No. 5 had not been much attended to until her own tastes came into play, and so her waist was probably normal when she first got intimate with it. In a few years the sides of the thoracic angle in No. 5 will be fixed too, no doubt.

ciency, the reverse, in fact, of independence, exercises unrestricted and undisputed sway. Female independence in dress, as in everything else, is impossible until the barriers set up by conventionalism are down, and only pioneers know the trick of these. The pioneers are at work, of course, though as yet only in comparatively small numbers; meanwhile, and until they have produced an impression, the conclusion that women are more sinned against by the circumstances of their lot than voluntarily sinning themselves is a perfectly just one to come to, and one to which all the facts tend.

It is said that every cloud, however dark it may appear to be, has a white spot somewhere. In what direction are we to look for a hopeful sign here? Decidedly in the direction of the tendency existing nowadays to aim at a higher standard of mental culture

for women, to the cultivation of tastes for athletics and for manual labour, which, though as yet so generally ignored by women, can be disgraceful to no one except through its neglect, as it only means leading a natural and healthy life in place of one of an opposite kind; in fact, in the direction and with the aid of these the healthiest influences, moral and physical, that can be brought to bear upon human existence, whatever the state this may be in. Let us wish all speed to these agencies, and congratulate ourselves upon the fact, as I think we may, that they, but more especially the first and second, are more in contention in the present day with ignorance, prejudice and credulity, their natural enemies, than they have in the case of women ever jointly been before, probably.

Deformities due to Clothing.—The first of these to appear is lateral curvature of the spine. In this deformity, the spinal column assumes the shape of the letter S reversed, with the upper curve to the right, and the lower to the left. Briefly, of course, it gives rise to inequality in the height of the shoulders, to a projection, a growing out of the right shoulder-blade behind, and to an ungainly figure generally.

Cause of Lateral Curvature.—In the natural exercise of its functions the spine preserves its normal shape, or lines, by means of its beautifully arranged and most delicately balanced muscular system; being a flexible column, having so many joints at such short intervals, such a system is essential to it—one set of muscles designed to exactly counter-balance the opposite. It can readily be imagined how easily such a system can be deranged by any interference. Boys are allowed full freedom to retain this mechansm in its highest perfection, and their freely active lives enable them to go on developing this system of muscles to its full extent; consequently, we never see boys with lateral curvature of the spine properly so-called. The case of the girl is far different, she has to wear a support for her spine from infancy; this support presumes to supply the place of the delicately balanced muscular system already alluded to, which Nature has provided for the spine. That it is a great deal less fit to do this than is a wooden leg fit to compete with a real one can readily be gathered from the fact that the muscular system of the spine is infinitely more complex than that of the leg; moreover, artificial support to any part means that the natural support provided for that part will waste away, in other words, every structure, organ and function in our bodies must be kept in normal activity, must be frequently worked in a proper manner, or it will begin to die.

Nothing produces a straighter or better-shaped back than does the special use the muscles of this part are put to when a weight is carried on the head, though this use is not so much a special use as it is an exaggeration of the normal function of the spinal system, probably. The spinal column with its muscles forms the only prop between the head and pelvis, and this has to be kept more than usually rigid to support the extra or added weight, and a great deal of muscular power is also made use of, and made use of in the best way muscles can be used in preserving the balance, *i.e.*, antagonistically; no muscle or set of muscles can in this way be developed in excess of their opponents. It is, no doubt, the necessity there is for a proper balance during progression under the conditions of increased difficulty which prevail when a weight is carried on the head that leads to such an equable development of the intrinsic and other muscles related to the spine as to result in the beautifully straight backs we are familiar with in basket women.

The next deformity that I shall allude to may be called the "ewe-neck." This is commonly seen in women, especially those who, from choice or necessity, have been *very* fashionable, and who have commenced to be so at an early age. Accompanying this deformity, and characteristic of it, is a hump in the dorsal region between the shoulders. The ewe-neck itself is a concavity at the nape of the neck such as is present in sheep, the reverse, in fact, to an arch or crest.

Cause of the Ewe-Neck.—Its production may, I think, be accounted for in the following manner—the head, face included, is attached to the spine excentrically, behind its transverse axis; consequently, there is more weight in front than there is behind the point of contact. Under these circumstances there would be a tendency in all upright animals for the head to droop forwards unless some sufficient counterpoise were made use of, to counteract it and to keep the head on an even keel. This, we find in the human subject, is supplied by the upper extremities, shoulder-blades and arms, which are attached to the head behind by means of the trapezii muscles. These members, then, by their combined weights, help to keep the head level. But to do this effectually the shoulder-blades must be allowed to hang free, and also to hang well behind, so that the line of pull may be at right angles to the transverse axis of the head. Where the above conditions are not fulfilled, and where the shoulder-blades come to be supported, and as mostly happens they even come to be pushed up by the upper parts of the stays, their influence as weights is destroyed and the muscular attachment to the head, forming normally the nape of the neck, being no longer in use, wastes, and a hollow concavity—the deformity in question—is created at this spot. The presence of the shoulder-blades at a higher level than the normal one, with a forward inclination of the neck and a cocking up of the chin, the latter made necessary under these changed conditions to preserve the balance of the head, tend to accentuate the peculiarity.

Next Deformity.—The chief of the deformities which I have to refer is the waist, a contraction of the area of the base of the chest brought about by pressure applied to the lower ribs, by means of which they become eventually deformed and fixed in an altered and false position. This deformity, as is abundantly proved by the extent of it which is met with in the majority of female chests that come under observation, must in very many cases be started at a very early age, in fact, while the ribs are still soft and capable of readily yielding to pressure; up to twenty or so, by reform aided by muscular exercise, much of the evil may be undone, but at twenty-four, or soon after, my experience is that it has become permanent.

In addition to the intercostals, latissimus dorsi, serrati and pectorals, which are affected through being so bound down by the stays that they cannot be used, the special muscle involved here is the diaphragm; this, next to the heart itself, is the most important muscle in the body—the breathing muscle. The diaphragm, besides playing a very necessary part in the functions of the abdominal organs, to which the importance of its influence as a propelling force it would be difficult to exaggerate, plays the chief part in the functions of the lungs, which will consequently suffer proportionately in all interferences with the activity and integrity of this muscle. When the area of the base of the chest is reduced in size the action of the diaphragm is lessened in exact proportion to the amount of this reduction, because, by the approximation—a gathering together of its attachments to the lowest ribs—it is made too slack for a contraction to be effective in producing the piston-like descent which is characteristic of the work a normal diaphragm has to do. When the stays are on the tension below also comes into operation as a preventive.

The abdominal wall muscles that have attachments to the ribs or to their cartilages are affected in the same way, only in a lesser degree, as the diaphragm is, *i.e.*, their attachments are approximated in all cases where the area of the base of the chest is lessened.

In very many women, then, the function of this all-important muscle is to all intents and purposes annihilated, and they consequently never use it at all, or never while the stays are on, but create instead an artificial way of breathing for themselves, with the upper part of the chest. This part in them, as is amply evident when low dress is worn, performs the heaving or piston-like action of the discarded diaphragm. This thoracic variety being quite an unnatural way of breathing, must, in common with all things that are unnatural,

fall short of the requirements and demands of the original design, and, therefore, it must fail to meet the wants of a vigorous constitution. Thoracic respiration by itself is artificial, and supplementary to all human beings, men and women alike. In children of both sexes the abdominal variety of respiration prevails invariably. We see men made dependent upon, and compelled to resort to, thoracic respiration alone only in certain diseased conditions, as, for instance, in hypertrophic emphysema, where the diaphragm has already been lowered to its full extent, and fixed in that position by the enlargement of the chest and lungs which characterises that affection, and we see thoracic respiration prevailing in other diseases, acute most of them.

As related in the article already alluded to, compression of the waist, and in this compression is included two-thirds of the chest and abdomen, interferes also with the functions of digestion and assimilation, leads to dilatation and ulceration of the stomach, atrophy, attenuation and dilatation of the abdominal walls with their accompanying evils, of which hæmatemesis, anæmia, dyspepsia, &c., are a few of those that are most familiar in everyday practice. I have seen cases where dilatation of the heart was present, the direct result, I thought, of exercise under the conditions of lessened lung space and breathing capacity.

With all this evidence before us, it can scarcely be necessary to ask ourselves the question: Why does a woman get old sooner than a man? The latter at seventy and over can do his day on the hills or at the river-side with every possible enjoyment of hard work. A woman, on the other hand, is, in the majority of instances, permanently crippled as to her skeleton at twenty-four, and permanently crippled as to her muscular system by the time she is thirty.

Those who will not subscribe to this statement, let them ask themselves the question: How many women are there who can go even for a long walk without their stays, any more than a cripple can go without his crutches? and they will find that these views are not unfounded on well-known facts. That this process of crippling and deformation is conducted under the sway of ignorance is proved by the fact that the most deformed are considered the best figures, and are advertised as such, along with the most effective stays, in all the foremost journals of fashion, and that all natural figures are viewed with abhorrence and disgust wherever they are met with. This is plain enough to everyone, and we know besides that it is alone the unlimited nature of the vicious mental effects of vice long indulged in that can make such a state of things possible.

It is certainly not a prevailing rule in the animal kingdom generally that the females are less able-bodied than the males, and we know that in some classes the females actually exceed the males in bodily strength as well as in size, as in the falcon tribe, for instance.

If all children, irrespective of sex, start even, as we see they do, what but a change in their later habits and mode of life can lead to the great disparity that eventually creates such a gap between them as men and women?

Any effort made to remove this difference does but seek to increase the happiness of both sexes, by indicating the way partnerships between them could exist on more even terms than at present prevail, and to show that women need in no case so dwindle in their bodily capacity as to be forced to belong more to the house than fit to compete with their male companions out of doors, which we see is so much the tendency.

Where women lead healthy, active lives, *i.e.*, the lives of the ordinary out-of-door men labourers, such as is happily still the case in some country districts, and especially the case in the colliery districts of South Wales, they are mostly fine, well-developed, able-bodied individuals, and many of them are far more powerful than the average man. Their condition is entirely due to the fact that they work with pick and shovel, like men do, and do so properly clothed in loose clothing. The choice of clothing here is, of course, the choice of necessity, otherwise the more universal pattern so different from theirs, and so constantly flaunted before these workers as something choice, select, and to be aspired to, would soon work a change—an object-lesson in fact, that should go some way to teach us all how health, vigour, strength, and robust constitutions, in other words *able bodies*, are to be obtained and maintained by women, and how important it is that the present practices, tending in an opposite direction, should by all means in our power be most earnestly and diligently warred against.

Lastly, and with regard to the use made of the term vice, in its application to the practices related above, it may not be out of place to refer to the announcement made long ago, especially as this announcement is the only one we have on the subject, "that the virtuous woman will be found with her waist girded with strength." Not, therefore, with whalebone, which as we have seen leads to weakness of this part.

OPHTHALMIA NEONATORUM:

ITS ETIOLOGY AND PREVENTION. (*a*)

By SYDNEY STEPHENSON, M.B., C.M.,
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(*Concluded from page* 360.)

It is, however, probable that there is another means whereby the eye becomes infected *in utero*, namely, by the passage of gonococci through the intact membranes. The first authentic case of this kind known to me was reported in 1858 by Rivaud-Landrau, of Lyons, and since then cases have been published by Chancon, Strzeminski, and Armaignac. Armaignac's case (*Annales d'Oculistique*, October, 1902) was so well reported as to deserve a word of passing description. An ill-developed infant, weighing only 1,786 grammes, was born at the eighth montn, after a labour lasting one hour and a half. The membranes were ruptured by the midwife three-quarters of an hour before the expulsion of the fœtus. At birth the eyelids were found to be red and swollen, and, on separating them, pus escaped from the eyes. A purulent vulvitis was also present. The mother had borne one child two and a half years before, and that child had remained free from ophthalmia. During her second pregnancy, however, the mother had suffered from metritis. One must therefore admit that so-called "congenital ophthalmia neonatorum" does occur, although very rarely. Nieden's case (*Klin. Monatsbl. f. Augenheilk.*, October, 1891), where a baby, born in a caul, developed ophthalmia twenty-four hours later, doubtless belongs to this class. Under the above circumstances, we must, I suppose, assume the existence of a specific endometritis, with the passage (direct or indirect) of gonococci into the amniotic fluid, although that is a possibility upon which it would be most interesting to hear the expert views of members of the Society. Finally, Dr. Mules ("Essay on Ophthalmia Neonatorum," 1888) has claimed that during the passage of the fœtal head through the external orifice, specific muco-pus may be introduced directly into the eyes by a mechanical action of the tightly-stretched edge of the perineum. This interesting fact, which Mules has himself seen, need not detain us, inasmuch as for present purposes such cases may well be classed with those where infection occurs shortly after birth.

The recognition of the connection between leucorrhœa in the mother and ophthalmia in the baby certainly dates back to 1750, when Quellmatz (*Centralbl. f. prak. Augenheilkunde*, February, 1894) insisted upon the point. The fact was mentioned by Goetz in 1791, and by Selle in 1793. It is, however, gratifying to note that to an Englishman, Dr. Benjamin Gibson, of Manchester, who wrote in 1807 (*Edinburgh Medical and Surgical Journal*, p. 159) we owe the first clearly reasoned description of the rational means of preventing ophthalmia neonatorum. I cannot refrain from quoting the exact words, which are as follows:—

(*a*) Read at the meeting of the Obstetrical Society of London, July 1st, 1903.

"(1) To remove, if possible, the disease in the mother during pregnancy; (2) if that cannot be accomplished, to remove artificially as much of the discharge as possible from the vagina at the time of delivery; and (3) to pay, at all events, particular attention to the eyes of the child by washing them immediately after delivery with liquid calculated to remove the offending matter, or to prevent its noxious action." A few years after the appearance of this article, Dr. John Vetch ("Practical Treatise on the Diseases of the Eye," 1820, p. 242) furnished the experimental proof of the truth of Gibson's deduction by inoculating the urethra with ophthalmic pus, thereby inducing gonorrhœa within thirty-six hours.

To Credé, however, undoubtedly attaches the credit of having devised the most practical means of preventing ophthalmia neonatorum. This was by the application of a single drop of a 2 per cent. solution of silver nitrate simply dropped into the baby's eyes as soon as possible after birth. Writing in the year 1881, Credé explains that during some seven years before the adoption of his plan, no less than 10 per cent., in round numbers, of the 2,266 babies born in the Leipsic Maternity Hospital developed ophthalmia. After the systematic use of the silver solution, one child only, among 1,160, was attacked, that is, 0 per cent. As Dr. J. Watt Black, a former President of the Society, has justly said, when discussing this question a few years ago:—"Except the introduction of vaccination by Jenner, nothing greater has ever been done for the prevention of blindness in children" ("Transactions," Vol. xxv., 1894)—a sentiment with which I am in complete accord.

Credé's epoch-making experiences have been repeated, extended, and confirmed in every quarter of the civilised world. Medical literature contains many striking testimonies to the success of his plan. Thus, in 1895, a most instructive paper on the value of the method was published by Dr. R. Köstlin, of Halle (*Archiv. f. Gynäkologie*, 1895, Heft 2, p. 257). Köstlin showed that prior to the introduction of the method, the amount of ophthalmia ranged from 3 per cent. to 50 per cent. in the practice of thirty-eight observers, and averaged 9·24 per cent. in the returns from thirteen observers, who gave the necessary figures. After the employment of Credé's plan, among 24,724 babies, the percentage of ophthalmia sank to 0·655. Could any figures be more conclusive as to the value of the method?

Many attempts have been made to replace silver nitrate by other agents, antiseptic and otherwise. The long list includes carbolic acid, sublimate, sterile water, iodoform, protargol, aniodol, iodine trichloride, to name only a few of the number. Each and all of the foregoing agents, with the possible exception of corrosive sublimate and protargol, have proved themselves inferior to the 2 per cent. silver recommended by Credé. A glance at the following figures, modified from Köstlin's tables by Dr. Lucien Howe (*American Journal of Ophthalmology*, Vol. xiv., 1897, p. 232) and myself, will render this obvious:—

Agent.	*Births.*	*Ophthalmia.*
1. Silver nitrate, 1%	1,223	2·42
2. Carbolic acid solutions ..	1,623	7·7
3. Sublimate, 1%	2,361	0·47
4. Sterile water..	5,823	3·12
5. Iodine trichloride solutions..	701	1·2
6. Protargol, 20%	2,100	0·28
7. Aniodol, 1 in 4,000	940	0·74

Although objections have been raised to anything like a general adoption of Credé's method, yet these have usually been of so vague a character that it is impossible to examine them seriously, let alone to refute them. On the other hand, of 110 medical men who replied to a circular letter on ophthalmia neonatorum, issued by Professor Hermann Cohn, of Breslau, in 1896, fifteen only were opposed to the general introduction of the Credé method ("Ueber Verbreitung u. Verhütung der Augeneiterung der Neugeborenen," Berlin, 1896). Of the dissentients, one alone (Dr. Wilbrand, of Hamburg) was able to bring forward any definite objection in the shape of consecutive corneal opacities.

Nevertheless, a few tangible objections have been mentioned by various writers. They are three in number, *viz.*, (1) conjunctival catarrh, (2) conjunctival hæmorrhage, and (3) corneal opacities or ulcerations. It will not be a waste of time to examine these points one by one.

(1) That the use of 2 per cent. solution of silver nitrate is often, perhaps always, followed by a discharge from the eyes, and in rarer instances by a certain amount of hyperæmia, will be disputed by nobody who has had practical experience of the method. Cramer's observations (*Centralbl. f. Gynäkologie*, 1899) bear out this statement. He found an appreciable reaction in no less than 96 per cent. of his 100 cases. This, he thinks, is closely connected with the development of the baby, and to some extent with the mode of birth. Cramer believes that in a large number of instances the silver sets up inflammation of the conjunctiva, and entails incurable sequelæ. It must, however, be pointed out that Cramer did not adhere strictly to Credé's method, but in order to secure a full distribution of the solution, opened and closed the baby's eyelids with his forefinger a number of times. This makes it possible that traumatism had something to do with his bad results.

In order to ascertain the facts, Drs. Brehaut and Worthington, of Queen Charlotte's Hospital, have recently, at my suggestion, made a series of observations upon babies in whom Credé's method had been employed shortly after birth. The results were as follows:—Between January 5th and January 21st, 1903, fifty consecutive babies were closely observed, and in all, except possibly one, there was some reaction after the use of the silver drops. This took the form of a watery, mucous discharge from the eyes, unaccompanied by any appreciable redness of the ocular or palpebral conjunctiva. In a few instances, discharge from the eyes was noted within one hour of the application, but usually it was not observed until three hours had elapsed. It persisted from four hours to two and a half days.

Zweifel (*Centralbl. f. Gynäkologie*, 1900, Nr. 51) has lately conducted some suggestive experiments to ascertain the cause of the catarrh that so frequently follows Credé's method. In 816 newly-born babies that observer washed one eye with distilled water before applying the silver, while, after the silver had been applied, he irrigated the other eye with a dilute solution of sodium chloride. Zweifel found that catarrh developed in the first but not in the second case. He therefore thinks that catarrh may be due to the absence of the saline tears from the newly-born child, and, logically enough on this view, advises that the silver employed in the Credé plan should be afterwards neutralised by means of a solution of salt.

So far as I can gather, there is no evidence to show that the application of 2 per cent. silver can cause an actual inflammation of the conjunctiva. *Post hoc* is not always *propter hoc*. At most, it may predispose to such inflammation by reducing the resisting powers of the parts, so that common micro-organisms, usually non-pathogenic as regards the conjunctiva, may assume infective powers. This view is borne out by the undoubted fact that in many mild catarrhs of newly-born babies where the silver has been used nothing can be found in the conjunctival secretion beyond the S. p. albus and the ubiquitous Xerosis bacillus, which some authorities think to be normal, or almost normal, inhabitants of many healthy eyes. (*a*)

(2) It is a rather curious coincidence that several cases have been reported where persistent bleeding from the conjunctiva has followed the use of silver drops. For example, A. J. Abbe (*Annals of Ophthalmology*, 1899, p. 10) mentions such a case in a baby, born at term, but weighing only five pounds. Some twelve

(*a*) Dr. A. W. Sikes examined seventeen such cases, and found the secretion sterile in twelve cases, and the following organisms each present in a single case:—Xerosis bacillus, B. cromoides, Sarcina flar., Micrococcus sulphurens and S. pyogenes albus.

hours after birth, owing to the existence of discharge from one eye, a drop of a 6 per cent. solution of silver nitrate was used, but "before this was done," to quote the author's words, "the lid of the right eye had begun to look red and swollen." Shortly after the application, blood commenced to trickle from one eye, and this was soon followed by bleeding from the other eye. Despite treatment, the baby succumbed about two days after the bleeding was first noticed. In De Schweinitz's case (*Medical Record*, April 18th, 1891), a 2 per cent., and then three hours later, a 4 per cent., silver solution was applied to the eyes. Twelve hours afterwards bleeding from the conjunctiva set in, and persisted for about two days. The baby recovered. With regard to the cases mentioned it is clear that in neither can the hæmorrhage be charged against Credé's method, in which a single drop of a 2 per cent. solution is used.

In a case recorded by Pomeroy (*New York Medical Record*, August 20th, 1897), Credé's method appears to have been adopted one day after birth, and was followed by a slow oozing of blood from the conjunctiva. The baby died. In this connection it may be noted that bleeding from the conjunctiva has been seen by several authors in babies suffering from, or convalescent from, ophthalmia neonatorum. Hansell (*Ophthalmic Record*, February, 1901) described such a case, in a child born at the seventh month, and weighing 3 lbs. 3½ ozs. Nettleship ("Diseases of the Eye," 1897) met with a similar condition. Oetlinger (Michel's "Jahresbericht," 1900, p. 498) mentions the case of an undersized baby in whom, on the thirteenth day after birth, bleeding occurred from the conjunctiva of one eye, and was followed next day by hæmorrhage from the skin. Death took place in six days, and the autopsy revealed hæmorrhages into internal organs.

Indeed, it may fairly be asked whether there is any causal connection between the use of silver drops, on the one hand, and conjunctival bleeding on the other. In trying to decide this question we must remember that many newly-born children are predisposed to hæmorrhage, as witness those not altogether uncommon conditions epistaxis, cephalhæmatoma, sterno-mastoid ecchymosis, melæna neonatorum, omphalorrhagia, and visceral hæmorrhages. In some babies, again, aside from any definite anatomical lesion, there is a great tendency to spontaneous bleeding. Although rare, this so-called "idiopathic hæmorrhage" (which appears to be distinct from hæmophilia) is well known to those who have much to do with very young children. It has been estimated that death occurs in from 30 per cent. to 60 per cent. of the cases, and the condition, in some instances, is almost certainly connected with congenital syphilis. Cases of this kind have been recorded where hæmorrhage occurred from the conjunctiva, apart from any use of silver drops. Thus Kudisch ("Jahresbericht der Opthalm.," 1898, p. 274) reported such a case in a baby one day old, which proved fatal in about seventeen (*a*) days. It is quite likely that Pomeroy's case (the only one in question) belonged in reality to that class.

(3) It is alleged that corneal opacities may follow the use of the Credé method. Few of the recorded observations with regard to this point will bear any critical examination. Wilbrand's two cases have been mentioned before, but in neither could it be ascertained, despite Professor Cohn's careful inquiries into the facts—(*a*) how the method was carried out, nor (*b*) the actual strength of the solution employed. I must leave you to judge what credence must be attached to loose statements of this kind. Van de Bergh (*Presse médicale belge*, October 13th, 1895) reports a case where the energetic use of sublimate and afterwards of 2 per cent. nitrate of silver was followed within twenty-four hours by an opacity of one cornea. Credé, however, never recommended so drastic a measure of prophylaxis. Romiée (*Le Scalpel*, February 2nd, 1896) quotes cases where a fibrinous conjunctivitis and corneal opacities followed the employment of the Credé method, but his statements are open to a similar kind of criticism.

Against these inconclusive statements we may put the fact that amongst 30,000 babies treated by Credé's method by Dr. W. Leopold (*Berl. klin. Woch.*, No. 33, 1892) an unfavourable reaction was never observed. The same remark applies to the 24,723 babies tabulated by Dr. R. Köstlin. It may be taken for certain, as Dr. Lucien Howe has shrewdly pointed out, that if a bad result could be traced to the Credé method, the fact would be accorded a wide publicity.

Two other objections have been raised to anything like the general adoption of the Credé method: (1) That it is too complicated to be entrusted to the average midwife; and (2) that it does not always prevent the development of ophthalmia.

(1) That the ordinary midwife is too unintelligent to apply the method correctly can scarcely be admitted as a serious argument. She is often compelled, for instance, to undertake things that require at least as much intelligence as applying a drop of liquid to a baby's eyes, such as tying the cord, or giving a vaginal douche. Michaelsen's case (*Centralblatt f. prak. Augenheilkunde*, 1900, p. 63) where a midwife, having run out of the 2 per cent. solution, hastily sent to the nearest chemist, and obtained a solution of 20 per cent. silver, which she dropped into the eyes of two babies, with consequences that may be better imagined than described, must surely constitute a unique instance of carelessness on the part either of the chemist or the nurse. It is, however, no argument against Credé's method. Nevertheless, stress has been laid upon this objection by several of the contributors.

(2) Does Credé's method always prevent the development of ophthalmia neonatorum? The answer to this question must be in the negative. In response to Cohn's oft-quoted circular, replies were received from thirteen medical men, who had met with no fewer than 36 cases of blennorrhœa among 310 births—that is to say, in 12 per cent. This seems a startling result. But a moment's reflection will show us that the percentage ought to be calculated, not from the results of thirteen returns only, but from the whole number replying to the circular. Then there remains the fundamental fact, namely, that amongst the 24,723 babies included in Köstlin's lists, where the Credé plan had been used, only 0·65 per cent. developed ophthalmia. Indeed, it is clear that the correct use of the silver drops should prevent ophthalmia when the eyes have been inoculated with specific secretions either just before or just after birth. On the other hand, it obviously cannot prevent ante-partum infection, which I admit to be rare, or secondary inoculation, which I know to be common. Hence the method may be expected to fail in a certain small percentage of cases, and that has been shown to be so by Köstlin's figures.

To sum up the whole matter, the sole disadvantage of the Credé method, according to my view, is the production of a more or less trivial catarrh of the conjunctiva, and, after all, what is that compared with the risks of being blinded by ophthalmia?

The Obstetrical Society of London acted well and wisely when it caused to be inserted in its midwives' certificate a paragraph touching the disinfection of babies' eyes with a 1 in 4,000 solution of corrosive sublimate. The question now is whether with all the evidence before it the Society might not be induced to accord a formal approval of Credé's plan, and to recommend it for general adoption. That recommendation, coming from such a body, would go far to strengthen the hands of those who for years have been trying to get the plan universally adopted. It would, moreover, have an immense influence in still further reducing the ravages of ophthalmia neonatorum.

(*a*) Schmidt-Rimpler (*Klin. Monats. f. Aug.*, October, 1887) also reports a case of bleeding from beneath the left upper eyelid, nose, and behind the ear, &c., fatal in ten days. But his patient was æt. 9 months. However, it doubtless belonged to the same class.

The twenty-second annual dinner of the President, Fellows, and Hon. Fellows of the Royal College of Surgeons, Ireland, will take place on the morrow of St. Luke's Day—Monday, the 19th inst—at 7.30 o'clock, p.m., in the College Hall.

Vienna Clinical Lectures.

SPONTANEOUS FRACTURE OF A VESICAL CALCULUS.

By PROF. G. KAPSAMMA, M.D.,
Vienna University.

THE spontaneous fracture of a vesical calculus is a phenomenon of sufficient rarity to justify such a case being placed on record. In my search through the literature of the subject I found but sixty such cases. The resource to litholapaxy in modern times has made the probability of such cases in the future even less frequent. The observed cases were, almost without exception, urates. In one case, however, that of Benno Schmidt, the stone was a phosphatic one, and in the case of M. Simons it was an oxalate. Fully 90 per cent. of the cases occurred in old men, and the rest in about equal proportion between young women and children. In the first observed case, that of Borricinus (1671), the patient was a boy, æt. 7. The conditions under which the fractures occur are unknown, as Zuckerkandl, in his work, "Local Diseases of the Urinary Organs," in 1899, does not mention them. The theories which have been put forward to explain the phenomenon are principally based on chemical grounds. Heller, in 1860, put forward the theory that between the layers of uric acid occur deposits of porous ammonium phosphate, which, owing to their porous nature, contain urine, which after a little undergoes decomposition, with the production of carbonic acid and the forcing apart of the segments of the calculus. Southam (1868) also ascribed it to the development of gases. Ultzman, in accepting Heller's theory, considered that chemical changes occurred in the calculus and also crystalline metamorphoses, brought about by alkalinity of urine, which had a solvent effect on the uric acid, causing its partial removal and replacement by porous forms of the alkaline earths. Ord, in 1881, considered that the chemical changes in the constituents of the urine was the principal cause. The calculus, saturated with urine to its nucleus, was affected by the chemical change in the secretion, and by chemical action the stone was forced asunder in fragments. On the other hand, Leroy d'Etiolles (1855) found in the desiccation of the nucleus an explanation of the fracture. Frish finds the cause in the development of bacteria. We see that these theories are in opposition one with another. We have not sufficient data to establish an acceptable theory, and those put forward are not satisfactory; they rest on hypotheses unsupported by facts. I now bring before you a case of spontaneous fracture of a vesical calculus which, I think, cannot be explained by any of the aforesaid theories. A man, æt. 74, suffering from a great enlargement of the prostate gland; Dittel in 1893 performed on him the operation of litholapaxy. Two years afterwards, Schustler, finding that the growth of the prostate had so modified the urethral passage as to preclude the passage of straight instruments, performed a perineal lithotomy and removed two calculi, each of which was the size of a walnut. Not long afterwards the symptoms of stone in the bladder returned. He suffered from spasmodic pains in the bladder, with violent desire to make water. When I was called to see the patient I found him in a truly lamentable condition; every ten minutes he strained violently to pass water, and suffered from severe spasms in the bladder; he was bathed in sweat, and cried out with the sharpness of the lancinating pains from which he suffered. I introduced an elbow catheter of silk, which, owing to the enlargement of the prostate lobe of the left side entered the bladder with difficulty. On entering the viscus it impinged on a calculus. There was no urine the bladder was, with the exception of the calculus, empty. Under the influence of morphia, he obtained relief from his pains. On the second and the third day the attack was repeated, palliative treatment only being adopted, as he was suffering from an attack of bronchitis. Owing to his advanced age, and being naturally inclined to keep him as short a time as possible under chloroform, I decided not to perform the perineal lithotomy, but to do the high operation, which I did, extracting forty-nine calculi. I completely closed the wound; the patient made a good recovery, getting up on the seventh day. The calculi presented on their exterior a smooth surface, and elsewhere the irregular lines of cleavage. The stones were wholly of uric acid, perfectly smooth and dense, no evidence of porosity being present nor trace of crack, nor presence of phosphates; they presented as beautiful stratifications as an agate, and layers of lines of urates. Of the forty-nine stones removed it was possible to form ten complete calculi. All these ten had the same form, and were of the same size. The majority of them were triangular in form, and in weight they varied from 8·5 grammes to 12·5 grammes. Four of the calculi were formed of four fragments, four of them of five fragments, one of six fragments, and one of seven fragments. The fracture was clearly due to a mechanical conformance to some law, as appears from the compact line of cleavage. The fracture appears to be produced by the severe spasms of the bladder alone. Those who saw the patient during his paroxysms of pain prior to the operation will not hesitate to credit the bladder with a crushing power equal to the task of fracturing the calculi. This view is not a new one; Crosse, in 1835, and Benno Schmidt, in 1865, held that the pressure of the bladder was sufficient. In 1869 Civiale gave it as his opinion that contraction of the bladder was sufficient to occasion the fracture. And although this theory was finally accepted and announced by his pupil, Debout d'Estrées, and acknowledged as possible by Severeano, in 1897, in the Congress in Moscow, it is not to be found, even as a curiosity, in the German literature. Civiale considered that such fractures were due to hypertrophy of the muscular coat of the viscus; but there is no necessity for the existence of such, as my case demonstrates. When suturing the walls of the bladder of my patient I had to be very careful not to penetrate the mucous coat, as the walls were very thin. I know that this cause, violent contraction of the bladder, is not sufficient to account for all the cases. It is difficult to explain the fracture of a single stone from this cause, also in cases where, owing to prostatic hypertrophy, there is insufficiency of the true bladder tissue, with residual urine, the essential condition, according to Ultzman, for the formation of a calculus. In my case there was marked hypertrophy of the prostate with insufficiency of the bladder and residual urine. After the extraction of the calculi its cavity measured seventy cubic centimetres. On passing

a catheter prior to operation the bladder could be felt to grasp the instrument, and to press the calculi together. By the violent pressure of the calculi together they were cracked in lines of least resistance, and afterwards they broke from a repetition of the pressure. Similar observations have been made on pressure as a cause by the following surgeons :—Von Crosse, who removed twenty-two calculi, weighing two and a half ounces; one of these was broken a short time after its removal; the remainder, consisting of twenty-one calculi, when re-united, formed three stones; of these one consisted of four fragments, one of eight pieces, and one of nine pieces, all of which had been fractured at different times. Croft removed forty fragments, which formed three large calculi, from a man, æt. 74, in St. Thomas' Hospital. In Walther's Museum (No. 1,945) is found a calculus consisting of nine wedge-shaped pieces. In 1715 Walther removed twelve fragments which, reunited, formed one large calculus. Leroy d'Etiolles observed the separation of one large calculus into four parts. The case placed by me on record shows, I think, very clearly the possibility of the fracture of a calculus by the contraction of the bladder alone.

THE TREATMENT OF CERTAIN INFLAMMATORY AFFECTIONS BY THE LOCAL APPLICATION OF ANTIPHLOGISTINE.

By COLIN CAMBPELL, M.R.C.S., &c.,
Southport.

My experience of antiphlogistine is not very extensive, but it has been varied, and, so far, quite satisfactory. As the desire has been expressed that I should make known my results, whatever they were, I willingly do so. The cases in which I have used it are as follows :—Pleurisy, two; chilblains, one; phlebitis, one; bubo, one; Gout arthritis, two; laryngeal ulceration, one.

1.—*Pleurisy.*—Dr. B. was under my care last winter suffering from a pulmonary cavity. He had had previously two or three intercurrent attacks of pleurisy, which I again found present on December 7th, 1902, accompanied by severe pain over the cavity, and a temperature of 103°. His previous attacks had occurred at his home, where careful poulticing was practicable, but in apartments this was unsatisfactory, and so it occurred to me to try antiphlogistine.

The material was warmed and "trowelled" on for many inches around the pleuritic centre, then covered with *non*-absorbent lint and Jaconet. (I can only obtain this lint from Mr. Martindale, New Cavendish Street.)

The result was remarkable; the pain disappeared within an hour, and the high temperature within two days.

Many advantages over poulticing were noticed by the patient; facility of application, no unendurable heat, rapid relief of pain, its adhesiveness rendered movement possible without tight bandaging or the alternative sudden influx of cold air which follows the separation of a poultice from the skin when loosely applied.

I had no further opportunity of testing antiphlogistine in pleurisy until July, 1903, when a small patient, Miss B. D., æt. 5, who was at the time under treatment for traumatic pulmonary abscess, developed a sudden rise of temperature, with acute pain over the large cavity situate in the left base. Friction sounds were absent, but the other symptoms left no doubt as to the attack being inflammatory and pleuritic.

The result of the first application of antiphlogistine seemed marvellous—the pain disappeared in twenty minutes, although the temperature continued above normal for a week.

Attacks of pleurisy where cavities exist are serious, not alone in reducing the patient's strength, but also—by rendering coughing painful—cause the retention of sputum or pus, as the case may be.

2.—*Chilblains* to many will appear a trifling disorder, but as one whose schooldays in winter were rendered miserable by them I can assert that they are most maddening. Last winter my daughter, æt. 11, suffered severely from them. Each time antiphlogistine was applied the redness and intolerable itching disappeared in a night. I have tried remedies innumerable with no such result.

3.—*Phlebitis.*—The case occurred last March in a young woman, K. G., who was under treatment for asthma. She had suffered a slight abrasion over the inner aspect of her tibia, which, being neglected, had adhered to her stocking. Two or three days after the saphenous vein was found inflamed to the extent of about three inches. A copious dressing of antiphlogistine was applied, rest ordered, and a second dressing in six hours.

In twenty-four hours the inflammation had subsided. Nature and zinc ointment completed the cure.

4.—*Bubo.*—Last July a young gentleman asked me to see a swelling in his groin, stated to be connected with a previous operation for appendicitis. Examination revealed phimosis with lacerations and chancroid sores of the prepuce, and a very insanitary condition of these parts. Inflamed lymphatics led to the bubo, which was about the size of a small split lemon; no fluctuation could be found, but it was red, very tender, and looked decidedly as if it must suppurate. Large douchings were prescribed between glans and prepuce, and antiphlogistine to the bubo, to be renewed every four hours. In two days it began to subside. A fortnight later it was the size of half a walnut, and I allowed him to go on his holiday without fear of suppuration.

Of course, I do not attribute more than a part in the improvement to antiphlogistine, but efforts to maintain anything like an aseptic condition of the preputial sac were ineffectual owing to the existence of the tight phimosis, and under these circumstances I think the avoidance of suppuration was due to the dressing employed.

5.—*Gout Arthritis.*—The patient had suffered from his first prolonged attack in the summer of 1902, and attributed it to recent indulgences in afternoon tea, sparkling cider, and ginger ale. Local applications then gave practically no relief. The second attack occurred in April, 1903, when, after a week of the usual local treatment (with medicines, of course), antiphlogistine was tried, with immediate relief.

The result in the third attack, July, 1903, is unique. The writer has had a wide experience in the treatment of gout in others, but now *he* is the patient. The attack commenced acutely in the great toe in the early morning. Antiphlogistine

was applied at 7 a.m., and every four hours during the day. By the next morning at 7 he was able to resume his leather boot.

Quite recently I have used antiphlogistine in the case of a young gentleman hopelessly ill with laryngeal tuberculosis. Exposure to the rays of radium bromide appear to lessen in a remarkable way the sensitiveness of the ulcers to which they can be applied, but he still suffers much, and recently, after a chill, developed symptoms of that terrible, fatal *effusion*. When this does occur, short of useless tracheotomy—the only procedure I have ever known to delay the inevitable end—is the *immediate* blister produced by brown paper soaked in liq. ammon. fort. But his symptoms hardly demanded this, and as poulticing the throat is, of all places, most impracticable and useless—every movement loosens it—I applied antiphlogistine. All I can say is that the dreaded "effusion" did not proceed, it appeared to have been checked by the treatment.

In conclusion, I would express a tentative opinion that antiphlogistine exercises a decided effect in abstracting or diverting excessive blood supply from an inflamed part, and I submit that the foregoing cases justify this opinion.

THE RELATION OF

DENTAL HYGIENE

TO THE

GENERAL HOSPITAL. (a)

By WILLIAM HERN, M.R.C.S.,
Dental Surgeon, Middlesex Hospital.

THE lecturer dwelt on the value of medicine as a calling, in that it developed the highest faculties of man and afforded the widest scope for the exercise of courage, perseverance, tact, and human kindness. He referred also to the enhanced facilities now offered by the well-equipped laboratories and class rooms lately opened at the Hospital Medical School for the acquisition of scientific professional knowledge.

He pointed out that one of the great differences between the medical methods of past and present times was the substitution for the old empiricism treatment based upon an inquiry into the causes of disease. The modern practitioner must resemble the farmer, who knew, and betimes destroyed, the sources of blight and mildew. From the utilitarian point of view the labours of the patient investigator into the causes of disease far outweighed in value the devotion and self-sacrifice of the unscientific philanthropist and guardian of the sick. The popular tendency was to ignore the causes of ill-health. Had the doctor, in "Macbeth," complied with the king's request to find the disease of the Commonwealth, he must have pointed to the unsuspecting king himself. Martyrs to the results of evil habits and the thralls of dental disease seemed to regard their troubles as the thorns that must inevitably spring into being with the rose of life. Satisfaction in the possession of remedies for a complaint must not blind them to the necessity of doing all they could to render that complaint impossible. To this end the medical man required to impress upon the people the strict observance in every-day life of hygienic principles. Thus alone might the doctor's visits be rendered few and far between. A sick man's recital of his woes had usually reference to his symptoms only; the medical man's duty was to discover and treat the underlying cause.

Oral sepsis, that is, a foul and infectious condition of the mouth cavity, and dental caries or decay, he remarked, were affections of which it was most important to ascertain the origin. The mouth, being open to the air, moist and warm, and having distributed in it from time to time the *débris* of food (itself the habitat of minute organisms), served as a most efficient catchment chamber and breeding-house for rapidly-multiplying disease germs. Following in the steps of Leuwenhoek, Gallipe, Miller, and others had been able to demonstrate that though some of the micro-organisms of the mouth were harmless to man, others might occur therein which had been identified as associated with maladies the most deadly to humankind. The effect of the mischief-working germs on the gums was to produce inflammation therein which might lead to loss of teeth through suppurative inflammation, to general but minor disturbances of health, or to acute and fatal blood-poisoning. That the worst possible results did not commonly follow on prolonged oral sepsis was because probably the patient by degrees became to some extent immune to his own poison.

Dental caries, or decay, of the teeth, he said, was a disease of all ages of the world's history, and most rife among civilised peoples. Nearly 80 per cent. of the children in industrial schools were found, in an investigation by the British Dental Association not long ago, to be subjects of it. Of some half-dozen theories advanced to account for dental caries, that which might be termed the chemico-parasitic, attributing the affection to the work of disease germs, was the one now regarded as tenable. The predisposing causes of caries—those which might be said to prepare the soil for the parasitic growths—included abnormalities in the form, structure, and position of the teeth, debilitating illnesses, congenital tendencies, certain occupations, the somewhat obscure influences coming under the head of "civilisation," and last and mainly the diet, more especially one consisting largely of vegetable matter, and, it might be added, milk. But that which constituted the primary or exciting causes of caries was the form and situation of the various parts of the teeth, whether such as would retain decomposing and therefore infectious food *débris*, or such as being rounded or continually swept by the tongue and lips did not admit of the lodgement of particles. It followed from this that though the teeth of a robust man did not suffer in the same degree, they showed caries in the same positions as in the teeth of the sickliest and most weakly of mortals.

Experiments with sound natural teeth, placed in various mixtures, had evolved the following facts:—Albuminous and fatty matters mixed with saliva and kept warm produced by decomposition an alkaline liquid non-causative of caries. Fermented starch and sugar yielded an acid solution which, like a weak solution of lactic acid, effected the first stages of caries; the second stage was accomplished by the solvent action of micro-organisms provided by the saliva. For the prevention of caries, therefore, the important desiderata were, first and foremost, regular and systematic sweeping of the teeth with toothbrushes stiff enough thoroughly to clear away food remnants, and secondly, the use of antiseptic mouth washes. That these measures and the consequence of their neglect had not been brought before the lower orders of society, their children especially, was a reproach to preventive medicine, if not to the State. Thousands of patients yearly sought the hospitals because of ailments directly or indirectly due to unclean mouths, caries, or loss of teeth. A State which could afford to control the drunkard, provide the poor with free education, and appoint ophthalmic surgeons to Board Schools should surely be able to organise some system of gratuitous dental supervision and treatment to supplement the necessarily limited work of our few existing dental hospitals. If it should be impossible to institute State-aided dental dispensaries, there might at least be provision for instructing the children of the poor in oral hygiene. The cause no less than the effects of oral caries or sepsis must be constantly within the purview of the medical profession as a whole. He urged that a knowledge of the importance of good teeth to the well-being of the body, and instruction how best to preserve them, should be imparted to all patients,

(a) Abstract of Introductory Address delivered at the Middlesex Hospital, London.

especially the poor and ignorant; and the nurse who attended to the ablution of the body should see even more punctiliously to the cleansing of the teeth.

Acquaintance with dental pathology, he added, afforded valuable clues to the physician, the surgeon, and the throat, the ear, and the eye specialist in tracing the origin of maladies of the most diverse kinds; and he who by timely warning and advice sought to save his patients from the evil consequences of oral sepsis and dental caries was choosing the better part of medicine—the prevention of disease, which was better than the most brilliant cure.

THE ATTITUDE OF THE PRACTITIONER.

By SIR CHARLES WYNDHAM.

Addressing the students of the Charing Cross Hospital at the close of the prize distribution, Sir Charles said he stood before them as one who formerly had the honour to belong to the profession they were about to enter. His diplomas were in order, and it was competent for him to operate upon or prescribe for any one of them who might have the pluck to entrust himself to his tender mercies. A little learning, however, was a dangerous thing. The lessons of those early days had long since been forgotten, and the theatres in which his operations were now conducted were not of a surgical character. Theoretically, he belonged to them, practically, he stood apart—apart, but not aloof. For the memory of that part in his life which was now the present, and would be the future in theirs, was to him a bond between them that the rapid and ruthless passage of years could never wholly efface. His first counsel to them was to put before and above everything else the primary virtue of loyalty to their profession. They could not have too exalted a conception of the vast importance, the nobility—he would almost say the sanctity—of their vocation. There was none to surpass it in the purity and unselfishness of its aims, the multitude of points at which it touched life, or the intimacy of its relations to the community, the household, and the individual. While not forgetting that they were frequently the repository of private and family confidences often withheld from the friend or the priest, they should not cultivate reticence at the expense of other and equally important qualities. Science demanded moral courage from its votaries. In this age, when the smaller vices were multiplying, each with its attendant nemesis of disease, they must have the courage to call things by their proper names. If a patient courted death or misery by drink, drugs, or vicious life, he should be told so in the plainest terms. Let them not disguise the truth by some euphemistic Greek phrases ending in "itis"—phrases which fell weakly on one coward's ears and issued lightly from another coward's lips. To gloss over the vice which caused, nay was, the disease, and thereby encourage its continuance, was high treason to their profession. There were occasions when an agreeable bedside manner was less appropriate than a dash of the caustic, sturdy honesty of an Abernethy. No less exacting were the demands made by their vocation upon the intellectual side of their nature. Never was there a time in the history of the healing art where greater alertness and versatility of mind were required by its practitioners. Increasing variety of disease demanded at their hands increasing resourcefulness. Never had their profession stood higher in man's estimation than now. They had, on on the one hand, the most practical Sovereign of the day, King Edward, faithfully interpreting to them the sentiment of his subjects, and, on the other hand, the voice of the nation to sustain them. And there were still many unsolved problems to stir their ardour. For many as were the mysteries which the healing art had fathomed, they were as nothing beside that vast, bitter, unplumbed ocean of human disease which still ceaselessly throbbed and tossed on the rocky bed of pain and moaned around them with its many voices.

THE RELATIONSHIP OF THE MILITARY MEDICAL SERVICE TO THE CIVIL PROFESSION. (a)

By V. W. LOW. M.D.

Our medical unpreparedness before the Crimean war, and also in 1899, was not, observed the lecturer, the fault of any department. It was the fault of the nation. Economy was the motive; and, naturally, the humanitarian department of the Army felt it first, and most acutely. It was believed that anything but the trained fighting man could be purchased in the open market on the day. Practically this was done. If the breakdown of the medical arrangements was not absolute, this escape from utter disaster was due to the superhuman exertions of the R.A.M.C. officers and men, and to the Anglo-Saxon adaptability of the host of civilian doctors, nurses, and orderlies who were sent out. The war, however, brought medical civilians into closer contact with their military colleagues, who were, normally, far too much cut off from association with the general body of the profession. Quite lately, however, the status and pay of the R.A.M.C. officer had been improved; opportunities for study-leave were to be granted; and, more important still, officers in the early stages of their career might be "seconded" to hold posts in civil hospitals. It was to advances in this direction that they must look for improvement in the Army Medical Service, and it would be by these means that the civil and military branches of their profession would be brought into closer union. Unlike any other branch of the Army, the medical department possessed a reserve for war of men perfectly trained for their profession, and untrained only in the administrative work which must fall to the lot of every medical officer with an army. "Improvisation" was the main feature of the late war, and this method was the main obstacle to perfect success in the "mobilisation" of the medical reserve. He suggested that any scheme of medical organisation for military purposes must rest upon the R.A.M.C. and its framework. "Medical units" organised and administered by civilians were not economical, and not perfectly effective. Secondly, every civilian auxiliary officer during his term of service should have a temporary rank equivalent to that of his military colleagues of similar professional standing. Thirdly, the liability for military service should not be imposed upon the young civilian "reservist" for longer than one year at a time. Fourthly, there must be some graduation of the civilian auxiliaries. In the late war there were only two grades—consultants and civil surgeons. Three grades suggested themselves—Class A might consist of men recently (*i.e.*, within three or four years) qualified; 300 or 400 would be needed for three army corps. Class B would be members of the junior honorary staff of Metropolitan and provincial hospitals. The trained physician was especially needed. The operating surgeon was required to assist and supplement the limited number of such surgeons already to be found in the R.A.M.C. Class C would consist of a few of the heads of the profession, including at least one eminent pathologist. Their natural field of work would be the large base hospitals, and they would also be general advisers. As to details, he suggested that members of Class A should receive a small retaining fee while on the yearly register; that they should, if possible, undergo a month's training in the field, for which period they should receive £1 per day; that, in the event of mobilisation, each man should be attached to a unit in a certain army corps, with the pay allowances and temporary rank of a lieutenant R.A.M.C. In the event of re-enlisting for a third period of service they should receive, on mobilisation, the rank and pay of a captain R.A.M.C. Men of Class B had fixed responsibilities from which it was not easy to escape.

(a) Abstract of Introductory Address delivered at St. Mary's Hospital, on October 1st, 1903.

In their case the period of training should be made optional. A small retaining fee would be required, and about fifty men would be needed for three army corps. On mobilisation each should be attached to a definite unit with the temporary rank of major R.A.M.C. Three periods of enlistment, with training, would qualify for the position of lieutenant-colonel R.A.M.C. on mobilisation. Class C would consist of a very few men, and to be chosen for it would be no small honour. In war time each man would receive the rank and pay of a surgeon-general. For the Militia and Volunteers some analogous system would be applicable.

REVERENCE AND HOPEFULNESS IN MEDICINE. (a)

By SIR DYCE DUCKWORTH, M.D., F.R.C.P.

IN regard to the former, he remarked that a habit of reverence was everywhere becoming, but he ventured to think that it was less manifested in these days than was formerly the case. An absence of reverence might be safely regarded as a symptom of decadence in manners. The spread of democracy and an extension of education need not necessarily entail bad manners, or even any lapse from the better ones of the past, but those who had reached his time of life would testify to a somewhat prevalent spirit of irreverence, and a tendency to a laxity of manners and conduct, which was certainly less marked in our earlier years. Such conduct, if not immoral, was at least significant of bad breeding. Passing on to his second point, that of hopefulness in medicine, he said the present period in the lives of most of his hearers was truly one in which hope was a prominent feature, one in which little or nothing appeared to blight or darken it. If they were not inspired by hope now they never would be. Let them cherish that gift now and always. Speaking next of hopefulness as a necessary equipment of all who practised the physician's art, he said there were, and always had been, optimists and pessimists in medicine. While nothing was more damaging to a man's reputation than an unfulfilled evil prognosis, it fared badly with him who, not having recognised indications of danger, had consequently raised false hopes; yet there was a measure of hopefulness which was always becoming in the physician's duties, which was potent to inspire action and to secure the highest efforts of all engaged in the service of the sick. Such hopefulness should be carried to the bedside of the patient, and its power was not small, both in reinforcing remedial agents and in promoting recovery With it lay much of the personal influence exerted by those who succeeded well in practice, and the absence of it sometimes explained the failure of others, often able and accomplished, to impress or inspire their patients. In thus urging a rational and wholesome degree of hopefulness in professional conduct, he was not for a moment approaching the subject of that pestilent nonsense called "faith-healing," which in these days of widely-spread religious indifference was captivating many silly people. It was truly deplorable to find that the sacred name of Christian was claimed for this method by persons whose education ought to be a safeguard against such preposterous folly. Perhaps the explanation might be found in the sage remark of John Hunter, that "everything new carries a greater weight and makes a deeper impression on a weak mind." They would do better to take to heart the words of Peter Mere Latham:—"Medicine, as it begins to touch upon higher interests, even the interests of life and death, should feel itself in alliance with higher motives than any which can be thought to help and quicken its pursuits as a mere science. Medicine claims a sort of moral respect in the handling; it calls upon the conscience as well as the intellect for more caution to avoid error, and more fearfulness of overstepping the truth."

(a) Abstract of Introductory Address delivered on October 1st, 1903, at Liverpool University College.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—XIV.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

ALTADORE SANATORIUM, IRELAND.

ALTADORE Sanatorium occupies a remarkably fine situation on the slopes of the Wicklow Mountains and in the midst of a district peculiarly rich in attractive features. It has been adapted from an old country mansion with picturesque turrets at the four corners, and admirably serves its present use. It stands at an elevation of 750 feet and is effectively protected on the north, east, and west by woods and mountains, the latter rising to a height of 2,000 feet. Delightful views of the sea five miles distant towards the south are obtained from the house and grounds. The various rooms are large and airy, and have been so modified as to allow of a satisfactory conduct of open-air methods. The dining-room is well fitted for its purpose, and from it peculiarly attractive views of woodland, vale and sea can be enjoyed.

The extensive grounds of 630 acres present many special features. They are excellently wooded and particularly well adapted for the carrying out of carefully graduated exercise. Within the demesne is a charming glen with trout stream, several water falls, numerous plantations, lawns and conveniently arranged paths. For patients able to take active exercise the district offers opportunities for numerous fine walks, and the immediate neighbourhood is particularly rich in features of much interest. Convalescent patients can readily reach Powerscourt, the Dargle, Glendalough, the Glen of the Downs and many other spots of much beauty in which the district abounds.

Great pains are taken to make the life of the patients bright and cheerful. The wide expanse of view from the south windows of the sanatorium may well be expected to exercise a psychological influence rich in benefit for a restoration of physical vigour.

In addition to the numerous very suitable rooms in the house proper, there are a series of well-designed and very conveniently arranged bungalows. We enjoyed the privilege of sleeping in one of these during an exceedingly wet night, and found it everything that could be desired. The sleeping bungalows have been erected in a sheltered portion of the grounds near to the central building. They are provided with verandahs which well protect from driving rain. The bungalows face south and have been so constructed as to ensure for the patient the greatest possible exposure to fresh air while at the same time securing physical comfort.

There are also shelters in the grounds where patients may rest or engage in light forms of manual work or simple amusements. Carriages may be obtained at a reasonable charge by patients desirous of taking drives, subject, of course, to medical permission. A laundry is attached to the sanatorium.

The proprietor and resident physician, Dr. J. C. Smyth, has spent a considerable time at Nordrach, studying the hygienic methods of Dr. Walther, and treatment is carried out in strict accordance with the modern principles of open-air life. The doctor and his wife share the life of the patients, and constant medical supervision is exercised over the details of the daily routine of each. We were much struck by the wise combination of a rigorous rational *régime* with much of the amenities and enjoyments of home life. Much care is taken to provide a suitable dietary. The cooking is excellent.

The natural features of the place are exceptionally good. The soil is of gravel and sand, the rainfall comparatively small, considerable sunshine is enjoyed, and altogether the climatic conditions appear to be well adapted for the consumptive.

The building is such as will readily allow of considerable extension, and the grounds are so extensive and suitable for patients that the greatest privacy and quietude can be secured without leaving the estate.

Water power can readily be obtained and shou d prove of much service in providing for electric lighting.

The sanitary arrangements are good ; and an excellent supply of pure water is provided. Patients sufficiently strong can, if thought desirable, enjoy outdoor swimming in a small lake in the grounds. Croquet is allowed and can be played on a good lawn close to the house.

Altadore Sanatorium is five miles from Greystones, and eight miles from Bray, which places can be readily reached from Dublin (Westland Row or Harcourt Street Stations). Carriages are sent to meet the trains. English patients will do well to travel *vid* Holyhead. The passage from Holyhead to Dublin occupies less than three hours, and there is a good service of trains from Dublin to Bray and Greystones (Dublin, Wicklow, and Wexford Railway). The terms are from three and a half to five guineas, according to room. The only extras are personal laundry and alcoholic drinks, which, however, can only be taken by permission of the doctor. Friends and relations accompanying patients are only allowed to stay by special arrangements.

The postal address is Altadore, Kilpedder, co. Wicklow ; the telegraphic address, " Altadore, Newtownmountkennedy. "

France.

[FROM OUR OWN CORRESPONDENT.]

Paris, October 4th, 1903.

Furunculosis.

Professor Brocq recommends the following treatment for this troublesome affection. The old habit of purging the patients is good, and should be followed. A glass of some purgative mineral water should be given for three or four days, and then fresh beer yeast be ordered, a teaspoonful before each meal in a glass of water, and continued eight days. The diet must exclude wine, alcohol, pork, &c., and if the digestive tract is in good condition, cod-liver oil, arsenic, or iron may be given.

An effort may be made to arrest the development of the boil by applying tincture of iodine or lint moistened with spirits of camphor, or a mixture of both of these in equal parts. M. Gallois, however, recommends—

Iodine, ʒj.
Acetone, ʒiij.

Each of the inflamed boils is touched slightly with the mixture, and in general the following day it has dried up. The remedy should be handled with prudence on account of its caustic action.

If the boil continues to advance poultice with potato flour or starch moistened with spirits of camphor. To prevent inoculations of the region the parts should be frequently washed with an antiseptic lotion (sublimate) and coated with boric acid ointment.

Mydriatics and Myotics.

M. J. Tissol, in presenting some remarks on the indications and modes of administration of mydriatics and myotics in ocular affections, says that the instillation of any solution into the eye produces, although cocaine may be used, a certain amount of pain. This inconvenience may be obviated by recommending the patient to look up and by lowering the under lid so that the drops fall at first into the conjunctival *cul de sac*. However, as there might be danger of the solution passing through the lachrymal ducts, and thus being swallowed by the patient, the finger should be pressed on this part at the moment of the operation.

The mydriatics most commonly used are atropine, homatropine, duboisine, hyoscyamine, hyoscin. Atropine is the best of all. Its indications are : Keratitis (phlyctenular) or impetigo of the cornea ; herpes of the cornea (should be continued a long time) ; interstitial keratitis. The atropine relieves the pain, and by dilating the pupil prevents the formation of synechia. It is in affections of the iris that mydriatics are specially useful. If the eye is too sensitive to the ordinary solution (atropine 1 gr., water ʒiiss.), the following solution in warm compresses on the eye serves equally as well :—

Atropine, gr. 6
Water, ʒj.

A teaspoonful in a bowl of hot water and applied to the eye.

Or the formula of Galezowski :—

Extract of belladonna, } ʒss.
Extract of hyosciamus, }
Water, ʒx.

Mydriatics have only one counter-indication, well known to all. As they raise the ocular tension they should be absolutely proscribed in glaucoma.

Myotics comprise eserine and pilocarpine. A few drops of a solution of eserine sometimes produces sharp pain, but the miosis is progressive and durable. A lowering of the tension and a decrease in the secretion of the conjunctiva are the effects of eserine. Pilocarpine is less painful, but also less trustworthy.

M. Darier proposes the following formula :—

Hydrochlorate of pilocarpine, gr. 1
Sulphate of eserine, gr. ½
Watery extract of surrenal capsules (equal parts), } ʒiss.
Water, }

The chief indication for eserine or pilocarpine is glaucoma, prescribed either before or after an operation. Frequently it obviates the necessity for an operation, but even after it is useful in preventing relapses so frequent in that affection.

Germany.

[FROM OUR OWN CORRESPONDENT.]

Berlin, October 3rd, 1903.

At the Surgical Congress Dr. Kümmel, Hamburg, read a paper on

Recent Methods of Examination and Operation Results in Kidney Disease.

He said that the newer methods of examination in kidney disease were not yet recognised as they certainly ought to be. Modern renal surgery had through them entered upon a new stage. The methods were (1) Röntgen illumination in calculous disease. A negative appearance was hitherto no proof that no stone existed as the procedure left one in doubt in very few people. The technique had, however, now advanced so far that a stone could always be brought on to the plate, and the absence of this proved to a certainty that no stone was present. (2) Catherisation of the ureter. This had received better recognition. It had been advanced that infection of the bladder was caused by it ; but in many hundreds of cases he had never seen it happen. Naturally, the rules for asepticism were to be strictly followed. By catheterisation we could collect the urine of each kidney separately. This was of special importance for the cryoscopy, to be described later. The quantity also and the difference in the excretion of the two kidneys was determined by it. Catheterism was very important for the early diagnosis of tuberculosis of the bladder or kidneys. By these methods, when the symptoms were not distinct, disturbances could be recognised. A certain amount of dexterity and experience were necessary for carrying out the procedure, and instruments have now been perfected so that the urine of each kidney could be collected separately. Absolutely certain results were, however, scarcely likely to be obtained, as absolute

shutting off of each half of the bladder had not been yet reached. (3) Functional renal diagnosis. The most important method was cryoscopy, the determination of the freezing-point of the blood and the urine. This gave a reliable datum. He had used cryoscopy in 550 cases, and it had never yet left him in the lurch; the results of the examination had been confirmed at the operation or the autopsy. In normal renal function (200 cases) the average freezing-point was 0·56 (slight deviations were of no special value); it fell in double kidney disease and in insufficiency (77 cases). The method was important in hypertrophy of the prostate, in determining whether disease of the kidneys was present. In one-sided kidney disease, when the function of one kidney was normal, there was only a slight sinking of the freezing-point (74 cases). The limits of the freezing-point, where nephrectomy for renal disease should not be undertaken, was 0·6. Nephrotomy only is permitted when the other kidney cannot be properly sounded. If the sounding is successful and the cryoscopy shows that the other kidney can perform its functions and those of the diseased one, then the latter may be extirpated. When operation has been performed in defiance of it being forbidden, death has invariably followed. A lowering of the freezing-point is possible from loading of the blood with carbonic acid. The speaker had never seen it from large tumours. In acute febrile diseases, such as typhoid, the freezing-point was always normal. In malignant new growths of the stomach, intestines, &c., if the nutrition of the patient was good the freezing-point was normal; if there was much cachexia it fell as low as 0·65. In tumours of the kidneys, in hydro- and pyo-nephrosis, it was generally normal if the other kidney was healthy. Derangement of the tissue changes was not decisive. In the time before cryoscopy he had had a mortality of 16·5 per cent. in 240 kidney operations; since the introduction of cryoscopy it had fallen to 7·8 per cent.

The third annual tour of medical men especially interested in the study of spas and bathing resorts led many of their number to Bad Neuenahr and the Ahr Valley a few days ago. As the discovery of the Apollinaris Spring in 1852 resulted in the founding of a spa, later on, at Neuenahr, some 200 physicians from all parts responded on the present occasion to an invitation to view the celebrated Apollinaris Springs the directors of which gave information concerning the various processes of cleaning, filling, and despatching the 30 millions of bottles and jugs which leave the establishment in the course of a year, opinions being unanimously expressed that the spring and the methods of bottling were patterns of what all similar undertakings should be. At a luncheon, Justizrath Heiliger, of Cologne, as President of the Council of the Act. Ges. Apollinarisbrunnen, spoke a word of welcome and greeting, and added some remarks which showed the many sided importance of the undertaking. In happily chosen terms Prof. Ott (Prague) returned thanks in the name of the guests.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, October 3rd, 1903.

THE THERAPEUTIC AND DIAGNOSTIC VALUE OF TUBERCULIN.

ADLER gave a long account of his experience in tuberculosis with "Tuberculinum *versus* Koch." During the past year he had treated twenty cases with it, but admitted that in its use a few precautions were necessary, and he gave an example of a female, æt. 43, who had suffered for fourteen years from severe hæmorrhages arising from bronchial catarrh, which finally would not heal. Having first seen it at this stage, he found infiltration of the right upper lobe with fever, night sweats, uncontrollable cough, and offensive sputum, in which were found tubercle bacilli. The breathing and palpitation were very troublesome, while her weight had rapidly diminished. After a short confinement to bed the first dose of tuberculin was given, it being 0·0001, and the treatment repeated for nineteen weeks, during which time 13 grammes of the tuberculin had been injected, the six last doses being 1 gramme each. After a few weeks from the beginning of the treatment the patient gradually improved till finally there was only a little dulness over the right apex without any vesicular *rôles* being observed. All subjective symptoms had disappeared, her former weight had been restored, cough *nil*, and in every respect she felt perfectly well.

Three months later, however, the pause was disturbed by a repetition of the phenomena which have just been described. The same treatment was repeated but fever being present some time had to elapse in bed before commencing the injections.

The first dose was commenced with 0·00001 gramme gradually increasing to 0·00005 gramme.

He is inclined to believe that considerable judgment must be exercised in the quantity prescribed under different conditions. This, he tells us, was the reason of reducing the quantity from 0·0001 gramme. The first six weeks one injection was given weekly, but never before the reaction of the former injection had disappeared. The temperature usually rose to 37·4 Centigrade, with headache, uneasiness and loss of appetite, although sometimes it was much nigher with the increase of the dose. The greatest dose injected on this occasion was 1 gramme. The local reaction was confined to the points of injection over the extensors of the forearm. This varied from a slight reddening to phlegmonous swelling leaving tubercles benind, which would persist for some time. The patient can be allowed to move about when this treatment is proceeding if the doses administered be small, and the subject confined to bed the following day.

VENEREAL DISEASE.

The first Congress dealing with this painful subject has now come and gone, but with what results it is hard to predict. It is interesting to look over the resolutions passed and the different opinions expressed as to the cause of so much venereal disease and prostitution. Some blame drink, some society, while others accuse trades and bad housing of the people. All or any of these causes may be argued as the first principle, but who is bold enough to prescribe the remedy? The Congress proposed that the benefit insurance societies of Germany should take the lead in this movement, but they refuse to have anything to do with it, as *ultra vires* of the Krankenversicherungsgesetze.

Schmölder endeavoured to give the Congress the legal knowledge necessary for their guidance, and proposed that any person knowingly conveying an infectious venereal disease to any healthy person, or endangering another by contact, should be and could be committed to prison for a year or pay a fine of 1,000 marks. If this law were strictly carried out at the present time in Germany it would have a salutary effect on reducing genital diseases. It was finally resolved that this should be increased to two years' imprisonment, and, further, that the subject should be deprived of all civil rights by striking his or her name off the roll. This statute is directly aimed at secret prostitution.

In the case of lawful solicitation the punishment has to vary between six months and three years.

The next point was marital protection. It was resolved that all benefit societies have on their sick sheets columns for this, and that warning should be given to the sufferer to take medical advice as to when to avoid marriage. In the discussion, Professor Erb declared that this could be carried too far. Abstinence in the passions had its limits, and he had seen much harm done in both sexes by total abstinence, particularly in hysteria and neurasthenia. He would counsel moderation, as the other extreme was certainly the worse of the two.

The social point dwelt on the homes of the people as inadequate for the cultivation of privacy in the family. It was proposed to press an inquiry, to be made in every town and city, to have the houses improved.

Becher thought that some of the reserve funds of the Kranken Kasse might be applied to the improvement of the dwellings, but the mayor of Mannheim questioned the legality of such a step.

The Operating Theatres.

CANCER HOSPITAL.

Carcinoma of the Pylorus combined with Large Cystic Disease of the Ovary.—Mr. Bowreman Jessett operated on a woman, æt. 37, who had been sent to him suffering from constant vomiting and inability to take any solid food. She had been losing flesh for the last twelve months, and had suffered during that time apparently from violent attacks of dyspepsia. During the last three months she had been quite unable to take any solid food whatever, and had lived on milk and meat essences. About a fortnight before admission, at one of the attacks of vomiting she brought up a quantity of blood. On examination, Mr. Jessett found she had a tumour in the abdomen extending from the pelvis to two inches above the umbilicus, apparently containing fluid. On examining the pylorus nothing could be felt. There was no dilatation of the stomach, and it was difficult to account for the inability to take food. *Per vaginam*, the uterus was drawn up and difficult to examine. Mr. Jessett recommended her to have the abdominal tumour (which was diagnosed to be ovarian) removed, and held out hope that possibly her stomach symptoms might improve after the operation. The tumour was removed, and proved to be a semi-solid ovarian tumour of the size of a large melon. At the operation he took the opportunity of examining the pylorus and found a hard mass, apparently scirrhous, in this situation. This mass was adherent to the surrounding parts. The adhesions were broken down and the pylorus liberated. The patient was now, however, in such an exhausted condition that it was not deemed desirable to attempt either removal of the growth or a gastro-enterostomy. The abdominal wound was closed in the usual manner, and the patient returned to bed. Mr. Jessett said that this case presented some points of interest, as the patient had applied for relief for her stomach symptoms and did not seem to be aware of the large ovarian tumour which existed. He said that on several occasions when operating on malignant disease of the stomach, where it was impossible to remove the growth, he had found that the disease had apparently disappeared after the operation, the patients in many instances returning to their normal vocations and enjoying good health. He quoted one instance in which he had performed gastro-enterostomy on a woman who had a growth as large as a fist firmly adherent, the patient lived for twelve years afterwards, the tumour entirely disappearing. In the other cases in which he had opened the stomach and found a large and apparently malignant growth occupying and ulcerating through the posterior wall of the pyloric end of the stomach, after the operation the patient had got quite well and complained of no further symptoms. It would be interesting, he pointed out, in the present case to watch and see if the growth found in the pylorus, after being manipulated and the adhesions torn down, benefited in the same way. On microscopical examination of a part of the ovarian tumour removed, it was pronounced to be of epithelial type, and was looked upon with great suspicion as to its malignancy or not.

The patient made an uneventful recovery and left the hospital a month after operation.

WEST LONDON HOSPITAL.

Ruptured Gall-Bladder.—Mr. Swinford Edwards operated on a boy, æt. 7, who had been admitted suffering from shock caused by having been run over in the street. A wheel of a cart was said to have passed over his mid-abdomen. The first urine passed was slightly blood-stained; the abdomen was slightly distended, rigid, and tender to the touch, especially over the left lumbar region. The diagnosis was bruise of the left kidney with possible laceration. The boy was kept in bed and watched, nothing more being done for the time. After a lapse of five days the abdomen became a little more distended, and the boy's expression was more anxious; the pulse was somewhat accelerated, but the temperature was not above 100°. Looking at these conditions, Mr. Edwards thought an exploratory operation should be undertaken. An incision was therefore made in the left semilunar line, and level with the lumbar region, for the purpose of exploring the left kidney. On opening the peritoneal cavity a quantity of bile escaped. It was thus clear that the injury was to be found in the neighbourhood of the gall-bladder. A second vertical incision was therefore made over the situation of the gall-bladder, extending from the ninth costal cartilage downwards to the outer side of the rectus muscle. The gall-bladder was found to be ruptured at its fundus, the rent being about three-quarters of an inch long. After having packed the operation area and well pulled up the ribs in order to facilitate closure of the rent, three interrupted Lembert's sutures were inserted and a gauze drain left in, extending to the sutured surface of the gall-bladder, and the two abdominal wounds were closed in the usual way. Before and after suturing the gall-bladder Mr. Edwards carefully drained off and swabbed out the extravasated bile. Mr. Edwards remarked that the lesion found was quite unexpected, for all the symptoms had pointed to damage to the left kidney; no doubt, he said, this organ had also been bruised at the time of the accident. He also pointed out that there was no evidence of peritonitis, although no doubt this membrane had been bathed with bile for the past five days, and this showed that bile in itself is an aseptic fluid.

A fortnight after operation the boy was doing well. The wounds had healed well, and no kind of biliary fistula was left.

The Incorporated Society of Medical Officers of Health holds its annual meeting at 5 p.m. on Friday, October 9th, at the Holborn Restaurant, when Dr. Joseph Groves, of Carisbrooke, Isle of Wight, delivers his Presidential Address. The members dine together the same evening at the Holborn Restaurant.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 7, 1903.

PUBLIC VACCINATORS' FEES.

ONE of the unfortunate by-issues of the disturbed state of the political atmosphere towards the end of last session was that the question of vaccination had to be shelved. The Act of 1898 was admittedly a temporary, experimental one, and instead of making it permanent or bringing forward a new Bill, as had been hoped, the Government fell back on the expedient of renewing the Act for a year under the Expiring Laws Continuance Act. Next session, whatever Government may be in power will have to face the problem, or snatch a brief respite by postponing it for another year. At any rate, some definite decision will have to be arrived at in the not far distant future. This being so, the present seems to us a most inopportune moment for the Local Government Board to appoint, as they have done, a Departmental Committee to inquire into the cost of public vaccination. The working of the 1898 Act and the increased cost of vaccination to the community are mutually interdependent. If people wish to sit in their arm-chairs and be sought out, when it is convenient for them to be at home, by an expert; if they wish to have expensively-prepared lymph used; and if they wish the operation to be performed with all the pomp and circumstance of asepticism, we do not say that they are wrong, but that they must pay for it. The public vaccinators did not themselves object to the old vaccination stations, and the busy ones would far rather be paid the lower fee and get all their work into an hour or two on one morning in the week. But the Government, solicitous of raising the number of vaccinations, devised the present scheme, and now that the number of vaccinations has risen, they are alarmed at the cost entailed. No doubt it is heavy, especially with the tremendous number of re-vaccinations which the late outbreak in London stimulated; heavy, that is, compared with the normal of the quiet, stagnant years that preceded the passing of the Act. Although we consider the moment ill-chosen, we should raise no objection to a departmental, or any other unprejudiced, committee inquiring into the subject of the cost were it not for two factors that give ground for serious apprehension. The first is, and we say it with regret, that the question is prejudged by the very person who appointed the committee—Mr. Walter Long. Mr. Chamberlain, who called Mr. Long's attention to the increased expense, wrote to the Birmingham Guardians that he had conferred with the President of the Local Government Board; that that Minister had appointed a committee to consider and report, but that "in the meantime the President recognises the necessity for some change." We cannot flatter ourselves into believing that Mr. Long considers the public vaccinator underpaid, and we feel very strongly that the consideration and report of the Committee should have been left unhampered by Mr. Long's prepossessions. The other point on which we have misgiving is this: Are the committee taking the personal or written evidence of the public vaccinators themselves? This is of such prime importance that we should feel little hesitation as to their recommendations—in spite of their mandate—were they to hear the experiences of some thirty or forty public vaccinators from large urban districts. Than these nothing could be more pitiable in many cases. The public vaccinator is supplied by the vaccination officer with a list of unvaccinated children four and a half months old. He has to write to their parents informing them of his intention to visit, call at the appointed time, and, in a large proportion of cases, on his arrival, he finds the house shut and the people out. He calls again and again till he finds someone in, and then the excuses begin. Objections to the operation on principle; the child is not well; their own doctor will do it, and so on. All this and much rudeness he has to swallow for one shilling. If he can get the people to consent, he has to perform the operation with scrupulous care and attention to technique, subsequently ascertain the result, and attend the child (supplying all necessary medicines) if the arm inflame. For this he receives five shillings. We leave out of account the book-keeping, postage, and horse-flesh involved, and ask if this is excessive pay for a scientific man? Were it not for the keen competition in our ranks and the altruistic desire of our profession to promote the public health, we doubt if men could be found to do so much for such niggardly remuneration. But this is not all. The public vaccinator is not a popular figure in the community in which his work lies, and his own practice is almost bound to suffer in the poorer parts of the large towns if his zeal to promote vaccination is as fresh and vigorous as it should be. He has, too, as his direct employers, the guardians, who nearly always contain among their number members elected for their uncompromising hostility to vaccination; these

gentlemen, we all know, are not distinguished by their suavity and sympathetic bearing towards the vaccination officials. The Local Government Board, from their experiences at Leicester, St. Pancras, and elsewhere, must be fully alive to the value of having tactful and energetic vaccinators, and of the great measure in which the success of the working of any Act depends upon the co-operation of the officials as distinguished from the guardians. Without dwelling on the advisability of employing special practitioners for performing public vaccinations, or of the suitability of the boards of guardians as the administrators of the vaccination laws (questions that we may return to at a future date), we warn the Government solemnly that any attempt to reduce the fees paid to public vaccinators will add one more difficulty to the many that already beset them. The feelings aroused by vaccination controversies are so acute that any misapprehension of them may easily lead to the defeat of any Government. No administration can afford to slight or over-ride its public officials.

THE RESPONSIBILITY OF RESIDENT MEDICAL OFFICERS.

The attainment of one of the coveted posts on the junior or resident staff of the great teaching hospitals is rightly regarded as a fitting end to the medical student's career, and as the goal after which he should earnestly strive immediately he is in possession of his diploma. The peculiar attraction which attaches to a house appointment lies not so much in the ever-varying sequence of cases and emergencies, the first treatment of which falls to the lot of the holder thereof, or even by virtue of its social status, as in its new and added responsibilities. The house physician or house surgeon is the centre of a little clique or " firm " of clerks or dressers, into each member of which he endeavours to inculcate that wholesome spirit of rivalry which is productive of the best work, and which conduces, in the end, to the true feeling of *esprit de corps* which characterises the men turned out from each hospital. He begins to appear before the public in something of that capacity in which he will shine in after life, and during his term of office he becomes acquainted with a very important branch of practical forensic medicine in the shape of the coroners' and the magistrates' courts. In the absence of the visiting staff he is personally responsible for the welfare and treatment of their cases in the wards, where he also has ample opportunities for displaying his powers of originality in therapeutical matters. In cases of real difficulty or emergency occurring at those times, he is able, in most cases, to obtain the superior advice of a resident physician or surgeon, whom, indeed, he is expected to consult in such circumstances. Very different, however, is the position of the resident medical officer in one of the smaller hospitals without a medical school. There he may be single-handed, or only have the assistance of one or two colleagues, who are generally junior to himself, and, when the visiting staff have made their rounds for the day, he is responsible for the whole medical conduct of the hospital. In many cases, and especially at night, or where telephonic communication happens to be wanting, he will have to act entirely upon his own initiative, and he must deal with emergencies as they arise. There are many conditions which, by reason of their extreme urgency, will not bear waiting while the surgeon is sent for, in which he must therefore act promptly, and without dallying or wavering he must be prepared to perform tracheotomy or paracentesis thoracis at once if it be likely that the patient's life will be saved by so doing. From this it will be gathered that it is necessary for the resident officer that he should have had some experience, preferably by holding some house appointment at his own hospital, before he applies for a similar post at a smaller one. In countless ways will the capabilities of the resident medical officer be tested and the fitness with which he is endowed to undertake the responsibilities of his office gauged, not only by the medical staff but also by patients, nurses, and other officials, all of whom are quick to detect any evidences of his inefficiency. There is one point to which special attention may be drawn, namely, the great importance of judicious prescribing on the part of the resident officer, for he will speedily learn that the reckless ordering of expensive drugs and stimulants may bring him into unpleasant relationships with the governing body of the hospital, as was threatened recently at a provincial institution. It is generally considered that the trying of every new drug in the market in turn is rather a sign of the amateur, and the resident medical officer will certainly not be acting unwisely if he keep, as far as possible, to the older and more trustworthy methods employed by his superior officers in this as well as in other matters.

NATIONAL PHYSIQUE.

Mr. Benjamin Kidd has striven earnestly to demonstrate that the trend of evolution in the Western world—that is, in those nations that are still rising in the scale of mankind—is not primarily intellectual. He shows that when a nation becomes too highly developed intellectually its social efficiency suffers, and that it soon finds itself on the down-grade of the international plane. The ancient Greeks and the present-day French are the most striking examples of over-development of the national intellectual centres ; the former have long since ceased to be, the latter are every day becoming less and less, a factor in world-politics. Mr. Kidd finds that the element that tends to give preponderance to any particular social organism is the character of the individuals composing that organism, the important feature in the character being the development of those qualities that lead the individual to subordinate immediate pleasure and gratification to the future interests of society. This may be so, and Mr. Kidd has certainly argued his case with an ingenuity and plausibility that do much to carry conviction.

There is, however, a factor which is so elementary, we might almost say elemental, in the structure of a successful nation that it deserves the greatest possible consideration. We refer to the physique of the individual. This may indeed be called the unit of national strength, for it is at the bottom of those characteristics that Mr. Kidd would have us cultivate—resolution, endurance, enterprise, and energy. The big intellect is often wrapped in a frail body, but the worker, the soldier, the colonist, and the administrator must be men primarily of sturdy build and resistant frame. Are we tending to produce and perpetuate such a race? There can be but one answer—the negative. Not only do the recruiting returns and opinions of Lord Kitchener on the later additions to the South African Field Force emphasise the difficulty of obtaining hardy young men for military service, but we see with our own eyes in the candidates that come up for life assurance, and in the *habitués* of the out-patient departments of our hospitals, lamentable evidence of the poverty of physical resource in the average individual. The Commission that has lately reported on the condition of children in the Edinburgh schools found that no less than 70 per cent. of them suffered from physical disability of some kind, and no less than 35 per cent. were seriously diseased. If these facts be true, or approximately true, of the rising generation all over the country, we may well consider ourselves in a parlous state. The Lord President of the Council has a committee sitting to make a preliminary inquiry into the statements that have been made as to physical deterioration of certain classes of the population, and we venture to congratulate the Duke on his bold and original action in so doing. But we do not need their report to know that under modern urban conditions an environment is being formed that does not, as Lord Rosebery has put it, "breed an Imperial race." Mr. Booth and Mr. Rowntree have variously estimated the proportion of the population that is chronically under-fed, but both agree that the proportion is no negligible one. Deficient air-space at home and insanitary domestic surroundings retard the development and stunt the stature of many more. Out-door recreation is only for the moderately well-to-do. To all those who have the cause of the Empire at heart, and to change a famous phrase, "We are all Imperialists now"; to all those who wish to live in a healthy, contented community; to all those who care for the poor and needy, we commend the wise words of Sir John Gorst, spoken at the opening of the Stockport Technical School. The ex-Vice-President shares with the Prime Minister a gift that is rare among public men, the ability to detach himself from the hurly-burly of the politics of the moment and regard facts in some sort of perspective. Sir John showed that the very justifiable cry for increased technical teaching will find nothing but a mocking echo unless the students be in a condition of receptivity—namely, a condition of intelligence and of health. No such condition is possible unless they be trained with those ends in view in the primary schools. It is in those schools that the evils must be grappled with. The education authorities are now linked with the sanitary authorities, so that a co-operation formerly unknown will be possible in the future. It is by purging the stream at its source that the whole may be purified, and it is to those controlling the elementary schools that we must look for a system of practical instruction in the laws of health, and a system of remedying or relieving those defects and ailments that will handicap the child in his after-career. Much, too, can be done by reporting to the sanitary committee of the Municipal Council those facts that can be usefully dealt with by them. We would, therefore, urge that all the educational bodies in the country should appoint medical advisers, for without expert advice much of their energy may be misdirected. We believe that the Bradford School Board were the first to have their own medical officer; the School Boards of London and Manchester have followed their lead. These excellent examples may be taken as precedents by all the new authorities, and it is difficult to set bounds to the potentialities, local and Imperial, of such appointments, if the right men be chosen. The new education authorities will be left to mould the national character and to educe the national intelligence. Without quoting the hackneyed phrase of the satirist, we may remind them that their efforts are likely to be poorly rewarded if they neglect the national health. A sound frame of the individual unit is the basis on which all ultimate national success must be erected.

Notes on Current Topics.

The King's Sanatorium.

THE King has for long evidenced his unfailing interest in all matters relating to the alleviation of the sad lot of the poor consumptive, and when, nearly two years ago, it was known that £200,000 had been placed at his Majesty's disposal, and was to be employed in the crusade against pulmonary tuberculosis, high hopes were raised both in the profession and among the public. But unfortunately, as is now generally agreed, his Majesty's advisers have not succeeded in securing such measures as are likely to bring the greatest good to the greatest number of the King's suffering subjects. Dr. Charles Reinhardt, in the October issue of the *Health Resort*, boldly faces the situation and openly claims that by the arrangements which have been adopted for the establishment of "The King's Sanatorium" near Haslemere, there will be "a waste of lives and money." It is said that the new institution cannot be ready for fully two years, and that the fabric alone will cost £60,000. Dr. Reinhardt argues from the standpoint of an enthusiastic believer in the advantages of a châlet colony settlement for consumptives. A good sleeping châlet of wooden construction, in-

cluding furniture complete, can be built for £50, though for a more permanent and better equipped structure, upwards of twice that sum could be well employed. The châlet system, although, of course, not without drawbacks, has the advantages that the patients are isolated, can enjoy complete privacy, and always a practically open-air life. In the palatial building now in course of erection through the beneficence of Sir Ernest Cassel, much money will be uselessly sunk. It is estimated the cost will work out at about £1,000 a bed. The £200,000 placed at the King's disposal, if used to establish sanatoria on the hut system, might have provided ten institutions capable of accommodating 100 patients each, and these could have been placed in different parts of the Kingdom. The total cost, including purchase of freehold of the necessary grounds and the equipment of furniture, would have been covered by £10,000 per sanatorium, which works out at the rate of £100 per bed. By such an arrangement only half the capital sum would have been absorbed, leaving £100,000 to be invested at interest to provide an annual income of £4,000 which, amplified by public subscription and patients' contributions would have provided for maintenance. Dr. Reinhardt also seeks to prove that during the two years that must elapse before "The Haslemere Palace," as he calls it, will be ready, 7,800 persons will have been lost who might have been saved from much suffering and whose lives might have been usefully prolonged. The article to which we have referred contains much information concerning the construction of sanatoria upon the châlet system and certainly at the present time, when the accommodation available for the indigent consumptive is all too meagre, much can be said in favour of the hut or châlet method of establishing a hygienically constructed sanatorium.

The Silly Season and Obstetrical Science.

In our last issue we published a short notice on a paper by Captain Lane, I.M.S., in which, by a clear process of reasoning from the particular to the general, he was able to announce some amazing "facts" in obstetrics. Says Captain Lane, "The child grows *in utero* in such a manner and at such a rate that at full term his size is proportional to that of the mother's pelvis through which he has to pass in order to be born." We are now surprised and delighted to find that our contemporary *The Lancet*, in whose columns Captain Lane's paper first saw the light of publicity, is so impressed by his logic that, in its next issue, it has a leader of more than two columns, in which Captain Lane's "very important conclusions," and "investigations" on a series of first fifty and subsequently six patients are pronounced to be "of much value," and are compared with those made by Budin, Pinard, La Torre, and others. The silly season is responsible for much, and we fear that it has drawn away our usually staid contemporary's obstetrical editor to summer resorts, and has left in his place a most sarcastic gentleman. Seriously, however, we wish our contemporary would be a little more definite, and would tell us whether he is laughing at Captain Lane, or congratulating the obstetrical world on having so acute an investigator. Our contemporary's leader says, in effect, that, granted a few impossibilities, Captain Lane's investigations are of much value; but whether our contemporary wishes the impossibilities to be granted in order that Captain Lane's laws may become possible, or whether it wishes to decry the importance of Captain Lane's discovery and to insist on the right of a woman to have infants of different weights without at the same time altering the length of her true conjugate, is not plain. Perhaps it will devote another leader to explaining.

The Mystery of Memory.

The most striking feature of the function which we call memory is that all the anatomical and physiological investigations of which the brain and nervous system have been the subjects have failed to throw the slightest light on the mechanism by which the brain registers impressions and holds them, more or less, at our disposal. Our knowledge furnishes us no clue to the nature of the indelible impress which passing events and even internal mental processes leave on the cerebral cell, and we are equally, it is impossible to be more, ignorant of the means by which we revive these impressions, either by an effort of the will or by automatic cogitation. Memory is currently described as evanescent, but though the capacity of recalling images may be difficult at a given moment, the permanence of the impress is shown by the odd way in which it is manifested quite unexpectedly after long intervals of apparent forgetfulness. The occultness of its mechanism is not less wonderful than its extraordinary comprehensiveness; in fact, there do not appear to be any well-defined limits to its scope. Fortunately there are faculties even more important than memory, for memory is not intelligence, although it furnishes the canvas upon which intelligence can work. It may attain an extremely high degree of development in a person who intellectually belongs to a decidedly low grade. This is in accordance with the law that the hyperdevelopment of any one faculty is usually at the expense of the others, or of some of them. When by chance a maximal memory happens to be associated with a high degree of intellectual power we get the highest type of the human mind. By intelligence we mean the ability to co-ordinate rapidly-revived groups of correlated facts and their antitheses, and with these images before the mind to deduce certain logical conclusions. The strange effects of disease on memory only enhance the fundamental mystery and leave us in amazement at the inscrutable complexity and methods of the cellular machine. Through these morbid deviations we catch tantalising glimpses which lead us to hope that by-and-by we may succeed in discovering the thread which shall enable us to follow the mental processes through the cerebral labyrinth and establish the mechanism by which these marvellous results are achieved.

The Dangers of Sewer Gas.

THAT the risks run by workers in sewers are not inconsiderable is exemplified by a recent occurrence in South London, in which six men, who were engaged in building a new sewer, were overcome by the emanations of gas. They were all happily extricated, though not without great peril to their heroic rescuer. Exactly in what the poisonous properties of sewer-gas lie, when inhaled, has been a matter for some discussion, but there is little doubt that sulphuretted hydrogen is the most active ingredient in producing toxic effects upon its victims. When respired in small quantities, this gas gives rise to feelings of nausea, dizziness, weakness, and possibly diarrhœa, but larger amounts produce cardiac distress, cyanosis and collapse. The asphyxia is due to the action of hydrogen sulphide upon the hæmoglobin of the red corpuscles, by which they are deprived of their power as oxygen-carriers to the tissues. The gas is, moreover, very slowly eliminated by the lungs. In other instances, carbonic acid seems to have been the cause of the fatal issue. Some authorities, however, consider that the toxic action of sewer-gas consists in paralysing the nervous centres. The organic constituents of the emanations from sewers appear to possess some harmful properties which act injuriously upon the animal economy. Thus, the belief that a certain variety of sore-throat is liable to be contracted in the neighbourhood of a "bad drain" is a deeply-rooted one, but that it is not altogether without a scientific foundation is proved by the fact that micrococci have been discovered in the air around the offending spot, and septic organisms can frequently be cultivated from the fauces in such cases. Some degree of immunity against this infection must be acquired by workmen, or otherwise these forms of tonsillitis would be far more prevalent among them than they really are. The dangers of poisonous gases still remain, and these can be minimised, to a great extent, by efficient ventilation.

Infants and Opiates.

WE have many times alluded in these columns to the lamentable sacrifice of infant life caused through the administration by ignorant parents of totally improper food or of "soothing" draughts to their unfortunate offspring. Nourished by doubtful milk, lulled into an unnatural quietude by powders or draughts which are advertised to ensure perfect freedom from restlessness, it is a wonder that as many of them survive as they do. Under such euphemistic and deceitful titles as "Comforter," "Friend," or "Treasure," these concoctions find a ready sale among mothers whose lives are worried by the incessant crying of their babies. But now and then fatal results occur, and, for a time, the eyes of the public are opened to the dangers of these nostrums. At an inquest recently held at Earlestown, near Warrington, upon a child aged seven weeks, it was stated that it had been given only a half-teaspoonful of one of these comforting draughts, a bottle of which was shown to contain three drachms of the syrup of poppies. Although this is, of course, one of the weakest preparations of opium, yet the quantity therein is apt to be uncertain, and, moreover, the peculiar susceptibility of young infants to the drug must always be taken into consideration. Where there is actual necessity for checking hæmorrhage or albuminous discharges, small quantities may be given for a short period combined with some stimulant, but its medicinal and haphazard uses are two very different matters. It is worthy of note that, although the jury considered the person who sold the mixture censurable, yet the coroner is reported to have offered no comment, in view of possible proceedings by the Pharmaceutical Society. A few remarks from this official might have had more weight with the public and have assisted in checking this abuse.

The Trinidad Epidemic.

VACCINATION is responsible for one disadvantage at least. Its effect has been such that medical men have almost lost the faculty of recognising small-pox. There is probably no infectious disease so capable of exact diagnosis as is variola to those familiar with it in both its natural and modified forms. For this reason it seems extraordinary that no definite conclusion can be arrived at with regard to the nature of the epidemic that lately prevailed in Trinidad, unless we assume (as we have no right to do) that the medical officers of the island were not familiar with small-pox. Even had this been so, an epidemic attacking over four thousand people would have rendered them sufficiently familiar with the disease they were dealing with to be able to decide whether it did, or did not, accord with the classical descriptions of small-pox. The opinion entertained at Trinidad is that the disease was neither small-pox nor chicken-pox, and Drs. Dickson and Lassalle, who have just published a communication on the subject, give it the name of varioloid varicella. Perhaps we ought to call it the "fifth disease." Their description of the clinical course is clear and careful, and several features are markedly different from those of ordinary variola. The two points that strike one most forcibly are that the rash appeared in crops, and that second attacks were not uncommon—twelve instances of recurrence having come under notice. The exceedingly low case-mortality, 0·44 per cent., is certainly unlike that of any epidemic of variola that we have met with, but modified small-pox is often a very benign disease, and the occurrence of so few deaths is not necessarily fatal to the hypothesis of variola. The distribution of the rash, some of its characters, the complications, and the effect of vaccination in the incubation stage are strongly reminiscent of true small-pox, and the age-distribution of the patients is almost exactly what one would expect in an epidemic of small-pox in a well-vaccinated community. A similar disease had existed in Venezuela for some time before Trinidad was

invaded, and Spalding, of Chicago, has described analogous outbreaks in the States. In Barbadoes, at the same time as Trinidad was attacked, frank small-pox was prevalent, and there was a good deal of feeling at the ports of Barbadoes being put under restrictions whilst those of Trinidad were left open. The question turned on points of clinical diagnosis, and the Trinidad doctors stuck to their opinion, as they had every right to do. We could wish that one of the schools of tropical medicine had sent out an expedition consisting of acknowledged experts at the time of the epidemic, for we should then have had a solution of one of the most interesting problems in the natural history of disease that have come under our notice in recent years.

Light in Dark Places.

A well-known philanthropist, speaking of deaf-mutes, said that Nature had inflicted upon them but one defect—imperfect hearing. That was too bold an assertion. The deaf-mute not infrequently has other limitations — mental deficiency and imperfect vision, for instance. To overcome the first of these is generally hopeless; the latter so difficult that even partial successes are few and far between. A totally-blind deaf-mute can only be placed *en rapport* with his surroundings by the senses of touch, taste, and smell, and acuity of the two latter can seldom be cultivated to a degree that is of any practical help. It is therefore only through the touch that any real communication can be made, and for this purpose neither of the two recognised systems of combating deaf-mutism, the oral or the manual, is available. Extraordinary demands must be made on the patience, intelligence, and sympathy of both teacher and pupil before any progress can be made, and for a blind deaf-mute to attain such a degree of intelligence as to obtain honours in University examinations is no mean triumph. "The Story of My Life," by Helen Keller, which has just been published, is an autobiographical account by a blind deaf-mute of her passage from darkness to light, and reveals to us a psychological study of unique interest. Starting with the mind a complete blank, the little girl was taught to recognise objects; then to understand the principle of the name; thence general names, and—most striking of all—moral ideas. Finally the power of speech was elicited. She was educated, always through the medium of her indefatigable teacher, Miss Sullivan, at Cambridge, U.S.A., and the devices contrived by this clever lady to convey information on such subjects as geometrical problems form a chapter of fascinating interest. Academic distinction is not the only evidence of Miss Keller's extraordinary ability, for she is an authoress of considerable power, and her reflections are always sagacious. She is not, of course, the only blind deaf-mute who has been educated, as we all remember the story of Laura Bridgeman, in Dickens' "American Notes," but she is by far the most successful product of the teacher's art of whom there is record. Dumas was astonished at the facility with which the inhabitants of Sicily could communicate by signs; we wonder what he would have thought of Miss Keller?

A Testing-Home for Drunkards.

The ways of religious people, when they deal with things medical, appear passing strange to the man of science. Many of their ideas are excellently conceived in the interests of humanity, but their methods are often puzzling. We confess we read with some bewilderment of the new enterprise on which the Church of England Temperance Society are embarking. This beneficent society are starting a "testing-home," whose object will be to test drunkards who have just come out of inebriate retreats with regard to their newly-acquired resistance to the enemy. We do not know quite how the "home" will be run. Perhaps an official will meet the quondam toper and invite him to have a drink, or sparkling whiskies-and-sodas will be left casually on sideboards to see if they disappear. A more insinuating plan would be to put gin in the water-bottle and see if the testee spurns the evil thing when he raises his glass to his lips. What is to happen if he swallows it? Will pressure be brought to bear on him to return to his retreat, or will he be bundled off to a certain institute to undergo a "cure" which at least one ecclesiastical dignitary advocates by sermon and pen? We shall be much interested to hear more of the "testing-home" and the plan that will be followed there. We can hardly credit the Church of England Temperance Society with the ingenuousness such a scheme suggests. We have always thought the best plan with a reformed drunkard was to keep him from any temptation to test his principles, and we have learned nothing lately in our studies in inebriety to suggest any other method. We note that £150 is needed to start the home, which, it is naïvely remarked, "will be the first of its kind in the country." We pass every day a good many "testing-homes" for those addicted to drink, but they are not run by the Church of England Temperance Society.

Orthostatic Albuminuria and Movable Kidney.

The pathology of the so-called "cyclic" albuminuria has always been attractive to clinical workers, probably on account of its mysteriousness, and yet very little real information regarding its true significance has been forthcoming. The name "orthostatic," as Dr. G. A. Sutherland points out, seems to be the most descriptive, as indicating its postural characteristics, and in a paper contributed to the *American Journal of the Medical Sciences* he narrates fifteen cases in which this variety of albuminuria was associated clinically with movable kidney. Two of these were in males and thirteen in females. In five both kidneys were movable, the right alone being affected in ten. Abnormal pulsation of the abdominal aorta was felt in nine cases. The average age was 10½, the youngest being 7 and

the oldest 14. Pain was complained of in two-thirds of the cases. The connection between the two morbid conditions is most important and suggestive. Dr. Sutherland believes that the daily surcharging of the renal organs with venous blood is the chief factor in producing both the albuminuria and the displacement, though the influence of some congenital weakness in the attachments of the kidney is not overlooked. An analogy is traced between some of the symptoms and Graves' disease as occurring in adult life. It it quite possible that movable kidney will be found in a greater number of cases of orthostatic albuminuria than has hitherto been done, while these observations tend to shed a new light upon this little understood affection. With regard to treatment, it is asserted that simple bandaging of the abdomen is generally sufficient to relieve the symptoms in children, without resorting to operative measures.

The Introductory Lectures.

THIS autumn's introductory addresses afford evidence of a desire to break the monotony of these oratorical performances by requisitioning the services of eminent persons who might irreverently be termed "outsiders." True, Sir Charles Wyndham revealed to our astonished ears that he is in possession of diplomas entitling him to registration, so that technically he belongs to the fold although he does not avail himself of his right to tamper with the constitutions of his fellow-beings. His bright, sparkling address to the students of the Charing Cross Hospital was a pleasant variation on the hackneyed theme, and he contrived to drive in some very practical lessons. We can find less justification for the address by Sir A. Cockburn at King's College, since it had a distinctly political bias with the very scantiest medical bearing. Interesting it may be, but appropriate it certainly was not. The choice of a dentist to deliver the address at Middlesex strikes one as odd, though it may be conceded that there is a close relationship between defective conditions of the teeth and certain morbid constitutional states. The relationship of the military medical service to the civil population, the theme selected by Dr. V. W. Low at St. Mary's, is a subject of immediate interest, though less, perhaps, to the neo-student, whose field of mental vision does not as yet extend beyond the horizon of the examining boards, if, indeed, as far as that.

Is Nerve Energy Electricity?

THE question of the identity of nerve energy with electricity has long been regarded as approximately settled in the negative. If, however, one scans the data upon which this conclusion has been arrived at it becomes apparent that they are lacking in precision. The argument based on the alleged difference in the respective rates of transmission of nerve and electric impulses is open to the objection that both estimates are at best only approximate; moreover, since the experiments by Du Bois Raymond and Helmholz great advances have taken place in our knowledge of the phenomena of the transmission of electrical impulses, more particularly in cables. Then, again, the statement that the insulation of nerves would not suffice to prevent the escape of an electrical current is based on a misconception. Insulation, we now know, is merely relative, and the weaker the current the less tendency is there for it to quit the conducting medium. It is not only conceivable, but likely, that our muscular apparatus is so constructed as to respond to exceedingly feeble stimuli, since the latter, after all, only inaugurate the contraction and do not actually carry it into effect. The similarity of the arrangement and distribution of the nerves is presumptive evidence of the electrical nature of the current, and if this be denied we are confronted with the difficulty that we are assuming the existence of a form of energy unknown to physicists. It ought to be possible to settle this vexed question once for all. We know, at any rate, that even feeble currents of electricity excite muscular contraction, and it only remains to show that similar currents may emanate from the nerve centres. This, with the extraordinarily delicate apparatus at present available, ought not to be impossible.

A Simplified Etymology.

THEORETICALLY desirable though it may be to do our best to simplify the orthography of the language which we use in common with so many of our race in other parts of the world, we note a spirit of conservatism on this side of the Atlantic in regard to all suggestions having for object the elimination of superfluous syllables and letters. Our American cousins, having no history and possessing no proprietary right to the language, being, in fact, only lodgers, so to speak, display no sort of reluctance to tamper with the ridiculous redundancies which our forefathers have bequeathed to us, and which our schoolmasters persist in maintaining to the discomfiture of the scholars and the curtailment of more useful studies. When the American author or editor is unable to unearth any etymological justification for a change in this direction he falls back on the Biblical paraphrase that language was made for man and not man for the language. Consequently he accepts "dilation" for "dilatation," assassinates diphthongs in cold blood, and trims adjectives of all superfluous syllables without that regard for symmetry to which previous training inclines us to accord a foremost place in such matters. In virtue of the law that men will not expend more energy in pursuit of a given purpose than is absolutely essential to that object, it is highly probable that, whether we like it or not, we shall ultimately have to adopt the abbreviated Transatlantic orthography. But inertia is a power in itself, so that this change may not come to pass within our own day, or even within that of our children.

MR. TOBIN, Surgeon to St. Vincent's Hospital, delivered the introductory address to the Medical Session yesterday, at St. Vincent's Hospital.

Hygiene and Hotel Construction.

It is interesting to watch how each advance in sanitary construction is applied to increase the healthfulness and safety of the monster hotels which are springing up, not only in the Metropolis, but all over the country. Ameliorations of detail which were originally devised to secure the asepsis of operating theatres are beginning to be applied with the same object in these caravansaries, as shown by the introduction of polished simili-marble or glazed cement walls, devoid of projections calculated to catch and retain dust, polished floors with mats that can readily be shaken free of their microbial contents, and so on. Students of hygiene would find a valuable object-lesson in an inspection of such an hotel, for instance, as the new Midland Hotel, at Manchester, in respect of modern methods of ventilation and in the perfection of sanitary appliances of all kinds. Subtle details such as rounding off the corners to facilitate the cleansing of the floors have, it is true, not as yet entered into the designing brain of the architect, but sooner or later they will do so and the first-class hotel will be structurally as potentially aseptic as the operating theatre. Private dwellings lag far behind in this respect, partly, no doubt, because it is difficult to get builders to recognise that the extra cost entailed by hygienic construction, economical heating and efficient ventilation is by no means prohibitive and is more than compensated by the additional value conferred upon the dwelling by attention to these details. However, it is a great thing to accustom the public to these improvements in public buildings, since little by little the lesson is learned and a desire is created to take advantage of the latest sanitary ameliorations.

Puerperal Mortality in Hospital and Private Practice.

In his address to the students of St. George's Hospital, Dr. Dakin pointed to the fact that during the last forty years the proportion of deaths from puerperal causes to the total births had in no wise diminished, in spite of the immense reduction in deaths from such causes in hospital practice. He infers that practitioners do not avail themselves of the security afforded by antiseptics to ward off infection. We are not concerned to deny that such may be, indeed is, the case, but obviously it is unfair to throw the whole blame on the practitioner. To establish his share of the responsibility it would be necessary to ascertain what proportion of the total number of infants are born under his supervision, and then to find out what proportion of such parturients died from puerperal infection as compared with the residuary number who do not obtain medical assistance at all. The chances are that an extremely high relative mortality in the latter class would considerably reduce the share which would remain attributable to shortcomings on the part of the practitioner. Then, again, the best-intentioned and most skilfully directed efforts at antisepsis on the practitioner's part are liable to be frustrated by the filthy environment, and the total disregard for personal cleanliness, which obtain in the lower classes. With these reservations we are fully disposed to concede that much more might be done to practise, and also to preach, the gospel of personal cleanliness among the poor. The obstetric practitioner ought to see that he, at any rate, is free from the reproach of microbial impurity, for by so doing he obviates a very possible and, it may be, a very frequent source of fatal infection.

The Example of Zadig.

Neglect to interpret aright or failure to recognise the more trivial and apparently unimportant symptoms of disease not unfrequently leads to the misapprehension of the true nature of the case, if not to actual error in diagnosis. While it is, of course, essential to take a broad view of the morbid phenomena in general, and to include them in one comprehensive survey, it is also a *sine qua non* of success that due attention be paid to the study of minute details. In alluding to the more common causes of failure to make accurate diagnoses, Mr. W. H. A. Jacobson, in a paper read before the Medical Society of Manchester, and published in the *Guy's Hospital Gazette*, gave especial prominence to the neglect of the example of Voltaire's hero as being probably the chief. It is not given to every practitioner to possess the detective genius of a Sherlock Holmes, nor is the marvellous intuition of a Zadig seen save only in a privileged few, but even the minutest points are open to the observation and inspection of all, and it is from these that sometimes the most important conclusions may be drawn. Mr. Jacobson cites some interesting cases in which such minor symptoms as pallor, tremor, and strabismus were more or less overlooked, or, at any rate, not taken into sufficient consideration, with unfavourable results to the patient. As an illustration of the value of small facts a case is narrated in which the diagnosis of tuberculous cystitis was confirmed by the existence of a minute weeping sinus over the eighth rib on the left side, which suggested quiescent caries. On the other hand, too much importance may be laid upon the presence of trivial symptoms which really have no bearing upon the case, and which, if followed up and made much of, may only mislead and confuse. It is only by the careful and systematic examination of every symptom in the body that mistakes such as these may be avoided.

Veterinary Service and Jury Service.

Our *confrères*, the veterinary surgeons, are desirous of sharing in the immunity from jury service conferred by law on duly qualified medical practitioners, and during the last few days the question has been brought to the front in several parts of the country. With one exception, however, the authorities have declined to recognise the medical status of the "vet.," who will consequently be constrained to serve his country in this useful if humble capacity. Nor, would it seem, could any other decision have been arrived at. The reasons which prompted the Legislature to exonerate medical men from jury service cannot fairly be

said to apply to those who are entrusted with the medical care of cattle and domestic pets. Rightly or wrongly, it is customary to attach extreme importance to human life, and the idea that one such life might be sacrificed in the absence of the medical practitioner at the courts is repugnant to our feelings of humanity, but no such delicacy is felt at the idea of the administration of a bolus to a dyspeptic cow being delayed by the temporary absence of the veterinary surgeon.

PROFESSOR FERDINAND HUEPPE, of Prague, gives the Harben Lectures at King's College, London, on October 8th, 12th, and 15th.

DR. G. B. MASON, who was the founder of the West India Club in London, has been appointed a Medical Officer of the Leeward Islands.

MRS. GARRETT ANDERSON, M.D., has published an analysis of the data presented in the Report of the Metropolitan Asylums Board on the recent epidemic of small-pox.

PROFESSOR VON BEHRING is pursuing experiments upon new-born animals, in which he seeks, by supplying them with a suitable solution of tuberculous virus in their food, to render them immune against tuberculosis.

Special Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

[FROM OUR SPECIAL CORRESPONDENTS.]

SCOTLAND.

APPOINTMENT OF DR. DAVID HEPBURN TO THE CHAIR OF ANATOMY AT CARDIFF.—Through Dr. Hepburn's transference from the University Anatomy Department to that of University College, Cardiff, Edinburgh University loses one of the best known and most popular of her teachers. Dr. Hepburn has been the principal demonstrator of anatomy since 1885, and while to all his old students the anatomy rooms will seem changed indeed, without his presence in them, he takes with him to his new work the heartiest good wishes from all those he has taught, whose only surprise is that promotion has dallied in coming to one who so well deserved it. Dr. Hepburn's career, both as a student and later as an original investigator, was a brilliant and successful one. He was a Blaney prizeman, and a University Gold Medallist on the occasion of obtaining his M.D. After graduation he served as house surgeon and house physician in the infirmary, and then devoted himself to his life's work—anatomy—in which he has made many important investigations, both on special points in human anatomy and in the comparative anatomy of birds, apes, and the cetaceæ. He was well known to all students, not only as a painstaking demonstrator in the dissecting rooms, but as a lucid and successful lecturer; while his genial nature and musical abilities brought him into contact with the students outside his own department, and he was in great request and ungrudgingly gave his services at all manner of university concerts and similar functions. He was also an enthusiastic volunteer, and did much to further the success of the volunteer movement among Edinburgh students. All old Edinburgh men will join in congratulating Cardiff on its new professor.

BELFAST.

THE TYPHOID QUESTION.—On Thursday last an interview with Alderman Dr. Graham, Chairman of the Public Health Committee of the Corporation, was published in the *Northern Whig*, in which this gentleman gave his opinion on a number of questions relating to the prevalence of typhoid in the city. He stated that while differing from Professor Lorrain Smith in some minor details, he was in general agreement with him in his report. One of the great defects in the treatment of infectious cases in Belfast he considered to be the want of proper hospital accommodation, and the consequent large number of such cases treated in their own homes, each case becoming a centre of infection. Unpaved streets, which it is impossible to keep properly cleansed, Dr. Graham also believes to be a serious defect in the city. The sale of shell-fish is also a matter requiring strict supervision, many tons of periwinkles and cockles being gathered from the polluted mud flats of Belfast Lough every year, and sold in the city and surrounding country. The common plan of keeping pigs in back yards is open to serious objection. The present regulations in Belfast allow the keeping of pigs at a distance of over fifteen feet from a dwelling house. The use of female sanitary inspectors is strongly advocated by Dr. Graham. He believes they have much freer access to the homes of the poor, and can do more to instruct them in sanitary matters than men can. There are already two female sanitary officers employed in the city, with most excellent results. Careful attention is now being paid to all new house drains, and old ones are being reconstructed at the rate of 3,666 annually. Of the last 11,869 houses tested, the drains were found defective in 4,104. Dr. Graham concluded his interesting statement by saying that during the past fifteen years the death-rate in Belfast had been reduced from about 29 to about 20 per 1,000, that the death-rate from zymotic diseases and from phthisis was decreasing, and that he hoped all parties would work harmoniously together, so as to remove from our city the reproach of having "the highest typhoid death-rate of any city in the world." Professor Lorrain Smith's report is to be discussed at the next meeting of the Corporation. That the meeting is likely to be a lively one was evident from a preliminary skirmish which took place at the meeting of Council in committee last week. It seems as though the report, which is the outcome of two years' laborious investigation, were to be used chiefly as a missile for the members of the Corporation to hurl at one another's heads, metaphorically speaking.

COUNTY DOWN ASYLUM.—At the last meeting of the Board of this asylum, an election was held for the post of junior medical officer, at a salary of £100 a year, with apartments, rations, &c. There were six candidates, and Dr. Wm. R. Ringland, of Crossgar, was elected to serve for the probationary period of six months.

Obituary.

MR. W. J. WALSHAM, F.R.C.S.

THE announcement of the death of this distinguished surgeon, at the early age of fifty-six, will come as a shock to his colleagues at St. Bartholomew's Hospital and to the many friends and patients by whom he was so greatly esteemed. Past students will think of him most in connection with his small Manual of Surgery, which was the favourite handbook a few years ago, and his "Surgical Pathology," but to the present day practitioner he will be remembered as one of the most skilful and painstaking operators St. Bartholomew's has produced. As his death occurred only as this journal was going to press, we must defer a more extended notice until next week.

DR. R. S. CARNEGIE.

WE regret to announce the death of Dr. R. S. Carnegie, which took place at Montreal, on the 20th ult. Dr. Carnegie was an M.D., and a B.Ch. of the Dublin University since 1890, in which year he became surgeon in the Dominion Steamship Company, in whose service he remained for ten years. He then joined the Allan Steamship Company, and during the South African War made ten trips in charge of the SS. *Bavarian* to Cape Colony. As an evidence of his courtesy and

kindness, we may mention that he obtained a testimonial from some hundreds of Boer prisoners, which was signed by some of the most distinguished leaders of the Republics.

Medical News.

Medical Sickness and Accident Society.

The usual monthly meeting of the Executive Committee of the Medical Sickness and Accident and Life Assurance Society was held at 429 Strand, W.C., on the 25th ult. There were present Dr. de Havilland Hall, in the chair; Dr. G. A. Heron, trustee; Dr. J. B. Ball, Mr. J. Brindley James, Dr. Major Greenwood, Mr. F. S. Edwards, Dr. F. R. Mutch, Mr. H. P. Symonds, Mr. Wm. Thomas, Dr. F. J. Allan, and Dr. W. Knowsley Sibley. The sickness experience of the society during the summer months has been exceptionally good, and has about made up for the heavy amount of sickness claims which always has to be met in the spring of the year. The number of new entrants to the society has been larger than for some years past, and it is clear that the undoubted advantages offered by a society composed exclusively of medical men and carried on entirely in their interests, are becoming more clearly recognised. A considerable addition has been made to the funds during the first half of the year, and the valuation to be made at the close of the current year will undoubtedly show a great increase in the financial strength of the society. Prospectuses and all information on application to Mr. F. Addiscott, Secretary Medical Sickness and Accident Society, 33 Chancery Lane, London, W.C.

Five Deaths Under Anæsthetics.

A child, æt. 23 months, died last week under gas at the Chelsea Hospital for Children during an operation for the removal of adenoids. The parents asserted that they had formally objected to the use of an anæsthetic, but this statement was subsequently shown to be inaccurate. An exonerating verdict was returned. Another death during an operation for the removal of adenoids occurred at Southend, the victim being a lad, æt. 15. The anæsthetic used is not mentioned in the report. The jury appended to their verdict an expression of sympathy with the doctors concerned. A girl, æt. 5, died under chloroform administered for the purpose of facilitating the opening of an abscess at the Colchester Infectious Diseases Hospital. The verdict at the inquest was "Death under chloroform." At Manchester a woman, æt. 23, died under chloroform administered for the purpose of a dental operation, and the coroner sharply criticised the use of such a powerful drug, especially when only one practitioner was present, for such a surgical operation. A verdict of "Death by misadventure" was returned. To wind up this lamentable list of catastrophes a collier died under chloroform at the North Staffordshire Infirmary while undergoing amputation of a finger. The medical men were exonerated from all blame.

Payments to Public Vaccinators.

The Departmental Committee appointed by the President of the Local Government Board to inquire and report with regard to the payments made to public vaccinators and vaccination officers under the Vaccination Order, 1898, recently heard the evidence of Mr. Joseph Brown, president of the Association of Poor-law Unions in England and Wales, Mr. F. W. Dimbleby, Senior Vice-President of the Association, and Mr. A. F. Vulliamy, a member of the Association and Clerk to the Ipswich Board of Guardians. The committee have already heard the evidence of the official witness, Mr. W. W. Conolly, Principal Clerk to the Public Health Department of the Local Government Board.

The Guild of St. Luke.

The annual medical service at St. Paul's, organised by the Guild of St. Luke, will take place on Wednesday, the 21st inst., at 7.30 p.m., when the sermon will be preached by Prebendary H. M. Villiers, vicar of St. Paul's, Knightsbridge. As heretofore, all doctors who are graduates, or Fellows or members of the Royal College of Surgeons, are asked to attend in academical robes. The music will be rendered by the London Church Choir Association. Admission to the space under the dome will be by ticket only.

City of London Crematorium.

The foundation stone of the City of London Crematorium will be laid at Ilford on Wednesday, the 14th inst., by Mr. R. W. Edwards, the chairman of the Sanitary Committee, a body which acts as the Burial Board for the City. The crematorium will cost, when completed, £7,000.

The Jenner Institute of Preventive Medicine.

The governing body announce that the necessary legal formalities in connection with the change of name of this institute have now been completed, the Board of Trade having sanctioned the new name. The institute will, therefore, now be known as the "Lister Institute of Preventive Medicine." The address, Chelsea Gardens, S.W., remains the same.

A Faith Healer Sent to Prison.

A believer in faith healing and a disciple of that arch-quack, Dr. Dowie, was sentenced to a month's imprisonment last week at Manchester, for neglecting to provide medical attendance for his little girl, who had sustained a fracture of the clavicle.

Conjoint Examinations in Ireland.

The following candidates have passed the preliminary examination by the Royal College of Physicians and the Royal College of Surgeons:—

Honours.—H. G. M. Miles.

Pass.—G. E. Beggs, T. C. Boyd, P. Brooke-Kelly, T. P. Cormack, J. J. Cuskelly, J. C. L. Day, J. A. J. Flannery, N. N. Herbert, P. Maguire, E. J. B. Moynihan, J. McDonogh, H. B. Sherlock, C. H. Stringer, A. H. T. Warnock, J. P. Zeedeberg.

West London Medico-Chirurgical Society.

Officers and Council for 1903-1904:—

President.—Dr. Seymour Taylor.

Vice-Presidents.—Mr. G. E. Twynam, Mr. W. P. Mallam, Dr. W. T. Gardner, Mr. C. B. Keetley, Mr. W. P. Barratt, Dr. G. H. D. Robinson, Mr. J. R. Lunn, Dr. E. Furniss Potter.

Council.—Dr. G. P. Shuter, Mr. R. Pollock, Dr. A. M. Ross Sinclair, Dr. A. Whitfield, Mr. Garry Simpson, Mr. Percy Dunn, Mr. McAdam Eccles, Dr. W. H. Walter, Mr. E. P. Paton, Dr. A. J. Rice Oxley, Mr. Tennyson Patmore.

Treasurer.—Mr. T. Gunton Aldeston.

Secretaries.—Dr. C. Butter, Dr. A. Elliot.

Librarian.—Mr. H. W. Chambers.

Editor of Journal.—Dr. Leonard Dobson.

Editorial Secretary of Journal.—Mr. J. G. Pardoe.

The Royal University of Ireland.
The Second Examination in Medicine.

The examiners have recommended that the following candidates be adjudged to have passed the above-mentioned examination:—

Upper Pass.—Nicholas M. Donelly, Charles R. Harvey, Victor J. McAllister, Albert V. McMaster, Charles B. Pearson, Richard V. Slattery, B.A.

The above candidates may present themselves for the further examination for honours.

Pass.—James Barrett, Daniel Boylan, Harry L. Bristow, Francis X. J. Callaghan, Gault Callwell, Holden Carson, Joseph M. A. Costello, John Dunlop, John L. Dunlop, James J. Flood, James J. A. Gannon, William S. Graham, Patrick J. Grogan, James J. Hollywood, James Horgan, Charles G. Knight, Thomas J. McAllen, Joseph McCausland, B.A., Robert A. M. L. McCrea, Thomas J. Magill, Thomas F. O'Doherty, Humphrey J. O'Sullivan, Patrick Reid, B.A., Percy B. Ridge, Charles H. G. Ross, Thomas Tobin, William Whitfield.

The following candidates were exempted from further examination in chemistry:—

William T. Henderson, Joseph A. C'Halloran.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

CONTRIBUTORS are kindly requested to send their communications, if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland, to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

REPRINTS.—Reprints of articles appearing in this journal can be had a a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

J. S. P.—The Japanese method of inducing anæsthesia by compression of the carotids has not, so far as we are aware, been turned to account in this country, nor, we imagine, is it likely to be. It is unpleasant to the subject, and might conceivably be followed by disagreeable results.

UNREASONABLE.

Doctor—Walker is the most unreasonable man I ever saw.

Friend—Yes?

Doctor—I set his little boy's broken arm, and now Walker refuses to pay me merely because it happened to be my automobile that ran over the boy.

Dr. K.—The matter is under consideration, but we are not at present in a position to make any definite proposal. We shall communicate with you in due course.

PROFESSIONAL KNOWLEDGE.

Dr. Wise calls his new yacht Paregoric, said the commodore.

Odd name. Why? asked the captain.

Says it is so good in squalls, answered the commodore.

MEMO.—The "facts" of the case as reported are too improbable to bear publication. If you can obtain first hand evidence in support of your contention we shall be prepared to reconsider our decision, which is at present adverse to acceptance.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, OCTOBER 7TH.

OBSTETRICAL SOCIETY OF LONDON (20 Hanover Square, W.).—8 p.m. Specimens will be shown by Mr. A. Doran (for Dr. Batchelor, Dunedin) and others. Short communication—Dr. Hellier—Case of Abdominal Pregnancy Secondary to Partially Ruptured Pregnant Tube. Papers—Mr. Malcolm—An Operation for Extra-uterine Fœtation between the Third and Fourth Months of Gestation with removal of a Living Fœtus and much trouble from Hæmorrhage during Convalescence.—Dr Lockyer—A Case of Ruptured Tubal Gestation in which the Ovum continued to grow for about Four Months, the Gestation Sac becoming implanted on the Omentum.

THURSDAY, OCTOBER 8TH.

BRITISH GYNÆCOLOGICAL SOCIETY (20 Hanover Square, W.).—8 p.m. Specimens will be shown by the President and Dr. Macnaughton-Jones. Cases—Dr. Macnaughton-Jones—(1) Notes on a Case of Cœliotomy in a Patient for the Third Time; (2) Extensive Cellulitis after Hysterectomy.—Dr. Hodgson—Incarcerated and Irreducible Femoral Hernia in a Woman. Dr. Macnaughton-Jones will exhibit a Peritoneal Knife.

NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY (Board Room of the Great Northern Central Hospital, Holloway Road, N.).—9 p.m. Paper—Professor R. J. Hewlett—Insects as Carriers of Disease.

SAMARITAN FREE HOSPITAL FOR WOMEN (Marylebone Road, N.W.).—3 p.m. Mr. A. Doran—Broad Ligament Tumours.

NORTH EAST LONDON CLINICAL SOCIETY (Tottenham Hospital, N.).—4 p.m. Opening Address by Dr. G. E. Herman.

FRIDAY, OCTOBER 9TH.

THE INCORPORATED SOCIETY OF MEDICAL OFFICERS OF HEALTH (Holborn Restaurant, London, W.C.).—5 p.m Annual Meeting. Presidential Address—Dr. J. Groves—Rural Water Supplies.

CLINICAL SOCIETY OF LONDON, (20 Hanover Square, W.).—8.30 p.m. Papers—Sir Dyce Duckworth and Mr. H. T. Butlin—A Case of Erosive Gastric Ulcer with Severe Hæmatemesis, Operation, Recovery—Dr. F. Taylor (President)—A Case of Acute Pancreatitis.—Mr. A. A. Bowlby, C.M.G.—A Case of Acute Pancreatitis.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC (Queen Square, Bloomsbury).—3.30 p.m. Dr C. E. Beevor—Cerebral Circulation.

TUESDAY, OCTOBER 13TH.

SOCIETY FOR THE STUDY OF INEBRIETY (Rooms of the Medical Society of London).—8 p.m. Sir William Collins, M.D., F.R.C.S., D.L., L.C.C., will open a Discussion on "The Institutional Treatment of Inebriety."

Appointments.

AUBREY, THOMAS, M.B., L.R.C.P.Lond., M.R.C.S., District Medical Officer by the Bridgwater Board of Guardians

BRAINE-HARTNELL, M.R.C.S., L.R.C.P.Lond., Clinical Assistant to the Chelsea Hospital for Women.

BROWN, G. H., M.B., Ch.B.Vict., Junior House Surgeon to the Salford Royal Hospital.

CLAPP, GEORGE TUCKER, M.B.Cantab., M.R.C.S., Medical Officer to the Exeter Diocesan Training College.

CURTIS, J. C., L.R.C.P.Lond., L.R.C.S., Clinical Assistant to the Chelsea Hospital for Women.

DIX, C., M.R.C.S., L.R.C.P.Lond., House Surgeon to the Salop Infirmary, Shrewsbury.

DUNCAN, H., DR., has been appointed Certifying Surgeon under the Factory Act, for the Moorfields district of the County Antrim.

ELMSLIE, R. C., M.R.C.S., L.R.C.P.Lond., Senior House Surgeon to St Batholomew's Hospital.

HEPBURN, DAVID, M.D., C.M., F.R.S.Edin., M.R.C.S., Professor of Anatomy at University College, Cardiff.

LAW, R. R., M.D., B.C.Cantab., Clinical Assistant to the Chelsea Hospital for Women.

SHAW, RAYMOND HENRY, M.S., M.B. Dunelm, Assistant Surgeon to the Great Yarmouth Hospital.

WALLIS, C. EDWARD, M.R.C.S., L.R.C.P. Lond., L.D.S., Dental Surgeon to Feltham School, under the London County Counci

YOUNG, C. G., M.D., M.Ch.Dub., Clinical Assistant to the Chelsea Hospital for Women.

Vacancies.

Bedford County Hospital.—Senior House Surgeon. Salary £100 per annum, with apartments, board, and washing. Applications o W. F. Morley, Secretary, County Hospital, Bedford.

Coton Hill Lunatic Hospital, Stafford.—Assistant Medical Officer Salary £125 per annum, with board, lodging, and washing. Applications to the Medical Superintendent.

Cumberland and Westmoreland, Asylum, Garlands, Carlisle.—Senior Assistant Medical Officer. Salary £150 per annum. with board, lodging, and washing. Applications to the Medical Superintendent.

David Lewis Northern Hospital, Liverpool.—Matron. Salary £110 per annum Applications to the chairman.

Derby County Asylum.—Junior Assistant Medical Officer. Salary £120 per annum, with board, &c. Applications to the Medical Superintendent. County Asylum, Mickleover, Derby.

Great Yarmouth Hospital.—House Surgeon. Salary £90 per annum, with board, lodging, and washing. Applications to Richard F. E. Ferrier, Hon. Secretary, 33, Hall Plain, Great Yarmouth.

Nottingham General Hospital.—Assistant House Surgeon. Salary £100 per annum, with board, lodging, and washing. Applications to the Secretary.

Royal City of Dublin Hospital.—A Physician and a Surgeon. Applications to G. Jameson Johnston, Hon. Sec. Medical Board. (See advt.)

The Cambridge, &c., Asylum.—Second Assistant Medical Officer. Salary £120 per annum, with board, lodging, and attendance Applications to T. Musgrave Francis, Clerk to the Visitors, 18 Emmanuel Street, Cambridge.

Torbay Hospital, Torquay.—House Surgeon. Salary £100 per annum, with residence, board, and washing. Applications to H. J. Packe, Secretary.

St. Mary's Hospital for Sick Children, Plaistow, E.—Resident Medical Officer. Salary £100 per annum, with board, residence, and laundry. Applications to Percy Glenton, Secretary.

St. Mary's Hospital for Sick Children, Plaistow, E.—Assistant Resident Medical Officer. Salary £80 per annum. with board, residence, and laundry. Applications to Percy Glenton, Secretary.

Wolverhampton and Staffordshire General Hospital—House Physician. Salary £100 per annum, with board, lodging, and washing. Applications to E. Forster, House Governor and Secretary.

York Dispensary.—Resident Medical Officer. Salary £120 per annum, with board, lodging, and attendance. Applications to W. Draper, Esq., De Grey House, York.

Births.

HILLIARD.—On Oct. 2nd, at Billericay, the wife of Francis P. T. Hilliard, M.D., of a daughter.

LAMBE.—On Sept 30th, at Blatchington House, Seaford, the wife of Thomas Lambe, M.R.C.S., L.R.C.P., of a son.

PELLEW—On Sept. 25th, at Bellevue, Larvin, near Pau, France, the wife of E. I. P. Pellew, M.R.C.S., L.R.C.P., of a daughter.

PIM.—On Oct. 2nd, at Beaminster, Dorset, the wife of Arthur A Pim, F.R.C.S.Ed., of a daughter.

Marriages.

CHADWICK—PECHELL.—On Oct. 1st, at Holy Trinity Church, Elizabeth, New Jersey, U.S.A., De Witt, Clinton Chadwick, M.D., of Washington, D.C., to Charlotte Alice Rothwell Pechell, younger daughter of the late Major E. K. C. Pechell, Durham Light Infantry.

Deaths.

GREEN—GEORGINA (née JONES), aged 49, beloved wife of Alfred Withers Green, M.R.C.S., L.R.C.P.Lond., 4, Wardrobe Place, London.

WALSHAM.—On Oct. 5th, at his residence, 77 Harley Street, London, William Johnson Walsham, surgeon to St. Bartholomew's Hospital, in his 57th year.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVII. WEDNESDAY, OCTOBER 14, 1903. No. 16.

Original Communications.

REMARKS ON MORVAN'S DISEASE AS AN EARLY MANIFESTATION OF SYRINGOMYELIA.

By WILLIAM MURRELL, M.D., F.R.C.P.,

Physician to the Westminster Hospital, Lecturer on Clinical Medicine and Joint Lecturer on Medicine in the Westminster Hospital Medical School.

IN previous papers (*a*) I have referred to various morbid conditions commonly mistaken for rheumatism. In this category should be included Morvan's disease, a group of symptoms described by Dr. Morvan, of Lannilis, in Brittany. His paper (*b*), published in 1883, is entitled "De la Parésie analgésique à Panaris des Extrémités supérieures" or "Paréso-Analgésie des Extrémités supérieures." He speaks of paresis with analgesia of the upper extremities affecting first one side and then involving the other, associated always with the formation of one or more whitlows. His attention was drawn to the subject in a curious way. A man, some sixty years of age, consulted him respecting a whitlow with necrosis of the ungual phalanx. The patient was by no means of a heroic disposition, and very unwillingly consented to surgical interference, but on free incision being made for the removal of the diseased bone, he made no complaint, and declared that he felt no pain. In the course of years Morvan collected seven similar cases, five of them in men and two in women. The occupation of the men is not stated, except in one case, a farmer, but as the patients resided at Guissémy, Ploudalsnézeau (? Ploudalsmezeau), Plouider, Saint-Pabu, and Plouguerneau, villages not far from the coast, it seems not improbable that they were fishermen. I mention this because I am informed that painless whitlows are not infrequent among the fisherfolk of the east coast of Scotland. Morvan, in his description, states that the disease affects the upper extremity only, being confined to the forearm and hand. One of its chief characteristics is pain of a neuralgic type. He emphasises this point, and says:—"La maladie débute par les douleurs neuralgiques," and he adds, "les douleurs neuralgiques procèdent par crises." This is followed by partial paralysis of the muscles and analgesia, terminating ultimately in whitlows with necrosis of the phalanges. The hand becomes swollen and congested, and is marked by deep cracks or fissures, especially in the palm. The growth of the nails is affected, and they become brittle and irregular in shape. The disease runs a chronic course, and rarely attacks the lower extremities. The neuralgic crises after some years undergo amelioration, but the paresis and analgesia persist, and there is little prospect of a cure.

The symptom-picture reminds us of syringomyelia, but Morvan makes no mention of this disease, which is perhaps not surprising, as Isaac Bruhl had not then published his monograph on the subject, and it was not until some two or three years later that the condition attracted general attention. Morvan, however, discusses at some length the differential diagnosis between his disease and the symmetrical gangrene of Maurice Raynaud, the erythromelalgia of Weir-Mitchell, the sclerodactylie of Ball, and the "panaris nerveux" of Quinquand. Another disease for which it might possibly be mistaken is anæsthetic leprosy. It must be remembered that although cavities in the cord have long been recognised as pathological curiosities, the distinction was not at first established between hydromyelus and syringomyelia. In the former, as is now well known, there is a central dilatation of the canal lined with epithelial cells, whilst in the latter there is a disintegration of the cord, due to infiltration of its substance with gliomatous tissue, the cavity being surrounded with gliomatous tissue and its walls composed of neuroglia and fat cells. Hydromyelus is a congenital malformation, whilst syringomyelia is an acquired disease.

Whether Morvan's disease is to be considered a distinct affection or a symptom of syringomyelia is a subject which has been much discussed. Allen Starr (*a*) in his original paper on syringomyelia makes no mention of Morvan's contribution, but in a more recent article states that it is now thought to be a variety of syringomyelia. Joffroy and Achard have recorded a case with well-marked symptoms of Morvan's disease, in which the characteristic lesions of syringomyelia were found after death. Galloway and Lindley Scott (*b*), the English translators of Bruhl's paper, state that their author, although he makes the reservation that we are not justified in regarding all cases of Morvan's disease as cases of syringomyelia, leans to the opinion that the two conditions are expressions of similar pathological lesions.

The symptoms of syringomyelia, although they vary somewhat, according to the lateral extent

(*a*) MEDICAL PRESS AND CIRCULAR, June 10th, 1903; *Lancet*, July 18th, 1903.
(*b*) *Gazette Hebdomadaire de Medecine et de Chirurgie*, 1883, p. 589.

(*a*) *American Journal of the Medical Sciences*, 1883, p. 456.
(*b*) "Essays and Monographs," New Sydenham Society, 1897.

of the cavity, are fairly characteristic. We have progressive muscular atrophy with paralysis affecting one or all of the muscles of one arm, and possibly later involving the corresponding group of the opposite extremity. Then there are vaso-motor and trophic disturbances, including localised hyperæmia or anæmia of the skin, serous exudation with desquamation, and even patches of gangrene. In the majority of cases these symptoms occur spontaneously, that is, without any apparent cause, but sometimes they follow injuries. Another characteristic symptom is the loss of sensation of pain and temperature in the atrophied parts, whilst touch and location are preserved, a condition called by Charcot "dissociated anæsthesia." The existence of any one of these symptoms would be suggestive of syringomyelia, whilst the combination of any of them renders the diagnosis fairly certain. All cases of slowly advancing muscular atrophy attended with neuralgic pains suggest the possibility of gliosis spinalis, and should be studied with reference to the pain and temperature sense.

There is, I think, but little doubt that a condition closely allied to Morvan's disease may be an early manifestation of syringomyelia. The following is a case in point:—A needlewoman, æt. 50, was admitted to the Westminster Hospital on January 27th, 1903, and again in May of the same year. Her story was that nine years ago her left hand suddenly became swollen, and soon after contracted, and the muscles wasted. There was loss of feeling in the tips of the fingers, so that she was unable to follow her occupation. Three years later a similar change took place in the right hand, accompanied by swelling and severe pain in the wrist. It was not clear that she suffered from whitlow, but she speaks of bruises which appeared on the arms without apparent cause. She had not noticed any abrasion of the skin, but on examination it was found that there were on the index and middle fingers of the left hand two deep cracks, extending nearly half-way round the fingers, a similar crack almost healed being noticed on the index finger of the left hand. The other symptoms need not be described in detail, but it may be mentioned that there was well-marked wasting of all the muscles of the left shoulder-girdle, arm and hand. The left shoulder-joint presented a good example of gliomatous arthritis. Tactile sensation was deficient in the left arm, and in this region the patient was unable to distinguish between heat and cold. It was noticed that the greater the difference of the temperature of the test tubes employed the greater was the difficulty of the patient in arriving at a correct conclusion. The tube first applied was usually described as "cold" and the next as "colder" even when water at a high temperature was employed.

This was undoubtedly a case of syringomyelia, but at its onset it might, even in the absence of whitlows, have been mistaken for Morvan's disease. It is clear, too, that both Morvan's disease and syringomyelia might readily be mistaken for rheumatism, the pains of the former for muscular rheumatism, and the gliomatous arthritis of the latter for articular rheumatism.

THE appointment of Dr. C. J. Martin as director of the Lister Institute of Preventive Medicine renders vacant the chair of Physiology at the University of Melbourne.

MIDWIFERY AS A BRANCH OF THE MEDICAL PROFESSION. (a)

By G. E. HERMAN, M.B., F.R.C.P.,
Obstetric Physician, London Hospital.

THE lecturer alluded to the supreme importance of antisepsis and asepsis in the practice of the science and art of obstetrics, remarking upon the great diminution in the mortality of lying-in women since the introduction of Listerian methods. This was especially noticeable among the poor, in which class it was often difficult to ensure that their surroundings were in accordance with modern principles in this respect. He pointed out that it was advisable in all cases that the general practitioner should make the choice of the nurse himself, and several instances were narrated in which, though every antiseptic precaution had apparently been adopted, the patient developed puerperal fever simply owing to the fact that the nurse had been in previous contact with a case of that description. For his own part he took care to employ none but a fully certificated nurse who could be relied upon in small details. If anything did go wrong, it was the medical man who was held responsible, and not the nurse.

The importance of manual examination of the abdomen of pregnant women was strongly emphasised, the value of which was not far behind the discovery of antiseptics. To be effective this should be performed in all cases, certainly in the ninth month, but better still towards the end of the eighth. The relationship between the size of the child and that of the pelvis could be made out excellently by this means, and frequently afforded greater information than internal pelvimetry, which, besides being rather a painful process to the patient, was really of little use except immediately after the conclusion of labour. Moreover, false positions of the child could be more easily rectified in this manner than by internal version, under certain circumstances, and this applied more especially to the latter months of pregnancy. It was a good plan to get patients to measure themselves with a tape round the abdomen in successive weeks towards the end of pregnancy and report the measurement to the doctor, and if this should be over thirty-six inches, a more detailed physical examination could then be made. Though it was true that high degrees of obesity might interfere with the accuracy of the results, yet it would be found that exceedingly fat women did not so often become pregnant.

The necessity for making as few vaginal examinations as possible when labour had actually begun was also urged, as tending to minimise the chances of infection from without. In "conducting" a labour, the safest plan was to remember throughout that it was the duty of the accoucheur to work with Nature, and the neglect of this general principle, particularly when instrumental aid was required, would be found to be fatal to true success.

But the dangers of labour were not only mechanical. There was the dreaded complication of hæmorrhage, the occurrence of which the medical practitioner was often as powerless to explain as to prevent. It was another matter, however, with

(a) Abstract of Introductory Address, delivered before the North-East London Clinical Society, Tottenham Hospital, on October 8th 1903.

hæmorrhage coming on after labour, and this was generally preventible. Here, again, Nature must be given time, and the best results were often to be obtained, not by "following down" the uterus with the hand to the abdomen, but by allowing the placenta to be expelled naturally into the vagina. The older method of expression was especially to be condemned as apt to lead to troublesome, or even serious, secondary hæmorrhage.

In discussing the measures more directly applicable to the child, it was pointed out that Credé's prophylactic against ophthalmia neonatorum had invariably succeeded wherever it had been tried. A little tact was needed in its adoption among the upper classes, but any prejudice against its use could soon be overcome by a judicious demonstration of its obvious advantages. A solution of 1 in 1,000 of the perchloride of mercury should find a place in every lying-in room.

Although there was little that was novel in his remarks, the lecturer wondered that the text-books did not lay more stress upon them than they did. It had been stated, somewhat reproachfully, that the accoucheur was responsible for a large proportion of the cases that found their way to the gynæcologist, but if this were true in the past he felt sure that it would not be so in the future.

French Clinical Lectures.

RETRACTION OF BANDL'S RING AS A CAUSE OF DYSTOCIA.

By R. de BOVIS, M.D.,
Professor at the School of Medicine of Reims.

[SPECIALLY TRANSLATED FOR THE MEDICAL PRESS AND CIRCULAR.]

Bandl's ring, Schroeder's "contraction ring," Baudelocque's "uterine ring," Lust's "retraction ring," &c., is the circular muscular zone which completes the lower end of the upper segment of the uterus. On section of the uterine wall, nothing, or almost nothing, reveals its existence; between the thick muscular layers of the upper segment and the very thin one of the lower one the transition is abrupt; but at the limit of the first of these two segments there is to be seen neither a prominence nor a furrow which would indicate to the naked eye the existence of any special muscular band. Macroscopically, therefore, its existence is merely conventional, or very nearly so. From a histological point of view, this is not quite the case. According to M. J. Veit, some circular muscular fibres assist in its formation in greater number than in any other part of the body of the uterus. In a pregnant woman at term, but not actually in labour, the uterine band is almost on a level with the brim, though rather below than above, but as soon as labour begins, the uterine band, dragged upon by the contractions of the upper segment, ascends to some extent. With strong contractions it may be found half-way between the umbilicus and the pubis. If the pains be very severe it may even rise to the level of the umbilicus.

In virtue of its muscular structure, Bandl's ring forms a contractile channel through which the fœtus must pass. Under various conditions this narrow channel may contract still further, and even become tetanised to such an extent as to arrest the onward progress of the fœtus, in which event it constitutes a cause of "dystocia," by contraction of Bandl's ring. This variety of dystocia may occur in any presentation. Out of 56 complications of this kind in cases of simple pregnancy, M. Chéron observed 35 vertex presentations (62·5 per cent.), 12 shoulder presentations (21·4 per cent.), 4 face presentations (7·1 per cent.), and 5 breech presentations (8·9 per cent.).

We should, however, form a very wrong idea of the predilection which this dystocia affects for particular presentations if we relied on the above averages. They do not take into account the relative frequency of the various presentations. For instance, vertex presentations occur seven times more frequently than those of the breech, and we must not forget that there are usually twenty-five to thirty vertex presentations for one breech.

If, on the contrary, we compare the relative frequency of the presentations with M. Chéron's figures, we shall see that in vertex presentations retraction of Bandl's ring happens twice less frequently than it ought to normally if this complication bore equally on all presentations. On the other hand, on breech presentations it recurs 3½ times; on face presentations 35 times; and on shoulder presentations 71 times oftener than it would if the natural frequency of presentations obtained. Putting vertex presentations on one side, this complication is most rarely observed with breech presentation.

Unfortunately, the figures given above do not tell us in what proportion of cases retraction will occur in a given number of presentations. All I can say on the subject is that out of a hundred breech presentations I only met with it once. We must, therefore, not be surprised that the list of observations published is still so scanty.

The case in question may be regarded as a typical instance of dystocia caused by retraction of Bandl's ring in breech presentation. I was called one evening to attend a woman, æt. 38, strong and rather obese, who had been in labour for twenty-four hours. The waters had broken the night before. During the day, as labour did not progress, a medical man had endeavoured to bring down a foot, and finally applied the forceps without success.

We had to decide the cause of the arrest of labour. The mother, who was at term with her fourth pregnancy, and whose previous confinements had been normal, had no tumour nor contraction, nor, in fact, anything abnormal. The pains and the contractions of the uterine walls appeared to have been, and were still, of sufficient intensity to exclude the idea of uterine inertia. Palpation revealed neither furrow nor strangulation to explain the arrest of delivery, but it is only right to add that the patient's obesity was an obstacle to thorough exploration.

In order to be enabled to form a clearer idea of the situation, I had the woman anæsthetised, and I forced my hand into the lower segment of the uterus. The fœtus was in the sacro-iliac left anterior position, the breech presenting. This was partially engaged in the brim, and I found no trace of any tumour. Continuing my examination, I tried to penetrate into the superior segment, following the posterior wall—that is to say, the thighs of the fœtus. But having reached the popliteal space (of the fœtus), about half-way up the uterus, I was stopped by a circular projection of the posterior uterine wall, forming a ridge, which pressed closely upon the thighs of the fœtus, and which firmly resisted any further progress of the hand, and even of the fingers. The free edge of this prominence was thin and sharp; its resistance was very great; in fact, it felt like cartilage, as in a case recorded by Th. Smith.

At length, however, after having changed hands five or six times, I was able to reach beyond this ridge with the last joints of the index and middle fingers of my right hand. Above it, the wall of the uterus did not seem to be in contact with the fœtus, for I could feel between this sharp edge of the ring and the uterine wall a kind of gutter about half an inch wide. I could not, however, say that the fundus was relaxed; indeed, the contrary would be nearer the truth.

These manipulations, which were very laborious, but were carried out without undue violence, had ultimately the result of bringing about a slight abduction of the right thigh, so that I was able to bring down the corresponding foot into the narrow channel or gutter which existed on the further side of the ring. The last

joints of my fingers then reached the heel, but could not grasp it. With the tips of my fingers I pushed this heel forward along the upper edge of the ring. Having reached the antero-lateral region of the uterus, I was agreeably surprised to find that I could grasp this heel and pull it down into the lower segment. This was rendered possible by the fact that the neck of the Bandl's ring, in this case, diminished in prominence progressively from behind forwards to such an extent that at the back of the fœtus it was reduced to little or nothing. The foot which was brought down (the posterior right foot) was, of course, the wrong foot, but in such a dilemma one brings down the foot that happens to be nearest to hand. It would have been absurd to pass another fifteen or twenty minutes trying to get hold of the right (good) foot, at the risk of increasing the chances of infection of the patient. To complete the extraction of the child, I had only to make the breech undergo a rotation of three-quarters of a circle, which changed the lowered foot into the right (good) foot, and then to pull in the axis of the pelvis channel. This I effected without any particular difficulty. The child was a female, and weighed 4,400 grammes, but it could not be resuscitated.

It will be seen that Bandl's ring encircled the fœtus, as yet barely engaged in the cavity of the pelvis, on a level with the thighs quite close to the popliteal space. That is the most typical variety in respect of the relationship of the fœtus to the retraction ring. Among this first class of facts, one may place the case observed by Lewis. In this case the position of the fœtus was as in the one just related, barely engaged, but Bandl's ring was much higher and pressed upon the neck and the upturned legs of the fœtus, so that the cavity of the uterus contained nothing but the legs and the head of the fœtus.

In a second variety the whole of the fœtus is placed above the ring. In this connection I may refer to the cases of MM. Bowen, Hahl, Rossa, Brindeau, and Meurer. Sometimes, as was the case in a patient of M. Rossa's and one of M. Meurer's, there is procidence of one or other of the lower limbs through the uterine ring. Hahl's and Brindeau's cases deserve separate mention. In the first the fœtus, under the influence of uterine contraction, was subjected to such pressure or huddling together that the practitioner, having at first made out the breech in the annular orifice, ultimately discovered the head there. The second vaginal examination also revealed a breech presentation to begin with, but, thanks doubtless to a less degree of contraction of the uterine fundus, it was promptly converted into a shoulder presentation. Hahl's case thus explains that of Crist, whose description, according to M. Smith, is rather obscure. Here, too, there was, to begin with, a breech presentation, but at each contraction the head could be felt coming further down into the pelvis.

Lastly, in the third variety the retraction only takes place at the passage of the head last, and Bandl's ring then contracts round the neck of the fœtus.

The majority of these retractions happened in cases of incomplete breech presentations, the lower limbs being drawn up on the anterior surface of the fœtus. The diagnosis is easy with the hand inside the uterus. Theoretically this ought to be possible beforehand, since, when Bandl's ring contracts, the uterus assumes the shape of a pumpkin. This is the form described as "hour-glass" contraction by Tacquemier, as also by English and American authors. This shape is most frequently met with in cases of vertex, face, and trunk presentations. It is, however, often absent in the breech presentations. Out of the fifteen observations that we have collected, this deformity was only noted in two cases. In one, on the contrary, it was characterised by a peculiar feature. "On the right edge of the uterus was to be seen a tumour which reached from the inguinal region to the umbilicus and merged into the uterus. As the abdominal wall was very thin, one could see here and there very clearly that this tumour was formed by greatly dilated veins." These veins were probably those of the pampiniform plexus, the fœtus being in the sacro-iliac right posterior position. M. Meurer thinks that this dilatation was probably caused by pressure on the veins by the breech, especially during uterine contraction.

There are several reasons to explain the rare occurrence of "hour-glass" contraction. As we have seen, the ring may occupy various positions in relation to the fœtus. When it compresses the trunk and the popliteal spaces, the trunk and the flexed thighs form too big and too compact a mass for the ring of contraction to be able to become very narrow, hence its existence may not be perceptible in the body of the uterus. If the ring is situated below the fœtus, or encircles its neck when the head becomes engaged, the narrowing thus caused is so close to the pelvis that it may easily escape notice. It is true that careful palpation, when the fœtus is caught round the waist, ought to reveal a furrow or a dent; but, unfortunately in breech presentations the fœtus usually has the back in front; and as we have shown, the annular prominence is always little marked opposite the back of the fœtus.

Another reason which tends to prevent these indications being perceived is, according to Turenne, that women with contraction of the uterine band are frequently obese, or at any rate fairly stout. This, indeed, was the case with my patient, although in Mœurer's case the abdominal wall was extremely thin.

We have not mentioned along with the symptoms—and it cannot be taken into account in the diagnosis—the intense pain suffered by parturient women presenting this retraction of Bandl's ring; indeed, this intolerable pain is by no means constant, and it is probably more often due to a general tetanisation of the uterus than to contraction of the ring; besides, pain as a symptom has such a subjective value, and is so variable, that we must not attach much importance thereto.

To understand the source of this retraction of Bandl's ring we have only to invoke the physiological function of this muscular band. Although the physiological mechanism of contraction of the uterus is far from elucidated, it may be well to sketch its main features as we understand it.

As with all muscles the longitudinal fibres of the uterus, to act effectually, must have a fixed, or tolerably fixed, insertion. It is not on the fundus or the sides of the uterus that they can get this grip. It follows that the only "pull" must be exerted on the upper segment, that is to say, Bandl's ring. This, in contracting, provides the longitudinal fibres of the upper segment with the comparatively fixed insertion which they require in order to act upon the fundus and the lateral walls of the uterus. As for the ring itself, it attaches itself to the lower segment (cervico-uterine) and then through it to the vagina and to the fibrous structures of the true pelvis.

On account of the marked elasticity of the lower segment, Bandl's ring is, we must admit, only a relatively fixed insertion, being itself capable of being drawn away by the fibres of the fundus. But for that very reason this is an advantage; the lower segment thus becomes stretched or dilated, and it, so to speak, meets the presentation and envelops it.

It may be objected that the contraction of Bandl's ring, though it provides the required fulcrum, would have the drawback of opposing the progress of the fœtus. This argument, however, loses much of its force if we take into account the enormous muscular mass of the uterine fundus compared with the very small one of the zone of Bandl. Besides, as mentioned by M. Rossa, the muscular fibres of the upper segment, which drag on the uterine band, are not in a vertical direction; thanks to the pear shape of the uterus, they leave Bandl's region in an upward and outward direction. The effect of their contraction, therefore, is in a certain measure to neutralise the physiological compression of the ring. Besides, as suggested by M. Keiffer, on the strength of his experimental researches, the circular fibres of the uterus have a "sphincter" action on the progress of the fœtus. If the contracting muscles of our body do, under certain circumstances, resist the progress of the alimentary mass, fæces, &c., they also

favour their expulsion, or, strictly speaking, their "expression," as soon as the greatest diameter of the mass has passed.

Lastly, the zone of Bandl plays the part of a "gutter"; it moulds and kneads, so to speak, the fœtus in its longitudinal axis, and thus counterbalances the effect of the contractions of the dome of the uterus, which, on the contrary, have for effect to compress the fœtus in the opposite direction, and to bring the cephalic and pelvic poles together within the true pelvis. M. Keiffer, in reference to his experimental observations, denies any specific action on the part of Bandl's ring. He holds that its contraction "is nothing but an ordinary motor reaction, which may occur either close to the fundus of the uterus or its edges." As far as experiment goes, we do not contest the fact; it is even possible that careful clinical observation may, in time, enable us to establish the fact that the contraction ring does not always, and necessarily, occupy the zone of Bandl. Under certain circumstances, at any rate—either by clinical observations or during operations or post-mortem—we have been enabled to ascertain for certain that the retractions referred to always occupy approximately the same anatomical region of the uterus—*viz.*, that of Bandl's zone, and until further information be available we are justified in following these data.

This, in our opinion, is the physiological function of Bandl's ring. If this ring be, for one reason or another, now subjected to excessive strain, we shall see it attain every degree of contraction, from simple spasm to *tetanus*.

This division, established on a simple *a priori* physiological basis, seems to be confirmed by facts. In the case recorded by Brindeau, for instance, the hand easily overcame the retraction.

The causes of this tetanisation or spasm must evidently be looked for in too frequent and too lasting contraction of Bandl's ring, probably coinciding with that of the uterine body. Consequently, all the agents likely to bring on violent iterative contraction of the superior segment may occasion retraction of Bandl's ring. In vertex presentations, for instance, this variety of dystocia is most often met with in cases of narrow pelvis.

Therefore, it is not a matter of chance that in breech presentations it has so far almost always occurred with the buttocks presenting, indeed, the doubling-up of the lower limbs markedly reduces the small degree of flexibility of the breech, the fœtal mass adapting itself to the curve of the pelvis only with the greatest difficulty; hence there results an excessive strain on the uterus, which necessarily bears on Bandl's ring. It is worthy of note that out of fourteen observations in which this detail is mentioned, five referred to multiparæ (having been pregnant four times or more), eight to young primiparæ (the eldest of whom was 26 years of age), and one a secundipara. It is, therefore, in connection with the two extremes, from an obstetrical point of view, and above all with primiparity, that we are the most liable to meet with this particular form of dystocia. The reason for this is very simple—in the young primipara the uterine muscle is stronger, but the pelvi-perineal tissues are much more resistent. In multiparæ, on the other hand, in spite of the apparent hypertrophy of the uterus, this organ is in reality poorer in muscular fibres, the abdominal wall is more flaccid, the children are larger, all of which circumstances tend to render accommodation and expulsion more arduous. It is possible that M. Turenne's remark concerning obesity may be a corollary of the latter, multiparity and obesity often going together.

Since retraction of Bandl's ring in breech presentations appears to occur principally either in primiparæ or women who have had several children, great difference in the weight of the children need not cause any surprise. In seven observations where the weight was taken it varied from 2,525 to 4,400 grammes. The patient who, out of these seven labours, holds for the time being the "record" in respect of the weight of the child was, with M. Perret's patient, the only multipara, the five others being primiparæ.

Concerning the stage of pregnancy, there are, out of the fifteen cases referred to, two cases (Phillip's and Rossa's) of premature delivery, one at six and a half months, the other at eight months, and one miscarriage at five months. But since retraction of Bandl's ring has been observed to occur at the very moment of delivery, one must not be surprised to witness it in cases of premature delivery.

There is no lack of hypotheses to explain this fact, but they are themselves based on mere presumptions. In M. Rossa's two cases, however, the condition was probably only one of simple spasm, and not of tetanisation of the uterine ring.

I will now say a few words as to the treatment of dystocia due to contraction of Bandl's ring in breech presentation.

The first thing is to place the patient under an anæsthetic, and this must be continued until narcosis is complete. This relieves the pain, which is sometimes intolerable, and under its influence the spasmodic element of these retractions subsides. If, however, there be true tetanisation, it is obvious that chloroform cannot be expected to improve matters; in most cases, indeed, this state will persist without much change for the better.

Breech presentation being, as we have seen, the most frequent occurrence, the first idea which suggests itself is to bring down a foot and to make use of it as a means of traction. Unfortunately, when we endeavour to get the fingers past the ring, it may be impossible to overcome the resistance offered by the latter, and we may be tempted to use violence. We cannot, however, proceed too cautiously. At any rate, before having recourse to any violent effort, we must distinguish between simple spasm and tetanisation, the salient feature of the latter being fixity, with cartilaginous or metallic resistance. Alternating contraction and a certain dilatability distinguish the former. Although by gentle, slow and continuous pressure it may be possible to overcome the resistance of spasm, it is nevertheless dangerous in the extreme to attempt, either by the hands or with the help of instruments, to overcome tetanic contraction. In M. Phillip's case dilatation by hand determined extensive rupture of the uterus, which killed the patient. Not the least drawback of these attempts at forced dilatation is that they are often ineffectual. In M. Bowen's case a metallic dilator was applied, during two consecutive hours, to Bandl's ring, which was contracted below the breech of the fœtus, and, at the end of that time, it was still with the greatest difficulty that even the finger could be introduced. In M. Hahl's case, Tarnier's dilator does not seem to have been more successful.

The perfected modern dilators appear to be even more dangerous. Though manual dilatation may sometimes be violent, at any rate it is not employed blindly; but in the case of dilators where we have only to turn a screw it is very difficult to measure the degree of uterine resistance.

When the trunk of the fœtus, with its thighs flexed, is already engaged in the ring, Pinard's manœuvre must first be resorted to; that is to say, the thigh should be placed in abduction so as to bring down the foot and so allow us to grasp the latter more easily. Unfortunately, this means is not always available, for the ring may grip the thigh so tightly as to make it impossible to alter its position. In M. Demelin's case this could not be done. In my own case we were ultimately successful. But the bringing down of the foot does not always dispose of the difficulty; it is not with one or two fingers, still less with two or three phalanges, that we can expect to grasp this foot, which is barely within reach. This would be a case in which to try my plan, *viz.*, to bring the foot towards the back of the fœtus.

If the various manipulations fail in their object we may, if the breech can be reached, that is to say, if it be situated below the retraction, apply a noose (Demelin) or a hook (Mason, Smith) over the hip-joint, or a noose and forceps simultaneously, as Tarnier previously

proposed. But when the child is alive, the traction must be very gentle if we wish to avoid lacerating the tissues as in Smith's case.

Moreover, even if we succeed in getting a good grip of the fœtus, traction should be very gentle, otherwise the uterus, instead of the fœtus, may be pulled down. In Hahl's case, for instance, the resistance of the ring was such that the uterus came down to such an extent that the cervix appeared at the vulva.

If retraction only takes place or only becomes troublesome when the head is passing last, we may be obliged, if traction prove inadequate, and if narcosis and patience have not subdued the contraction, to make use of the forceps. But as this application may entail considerable difficulty, and as the child will in any case soon succumb, we should be justified in decapitating the fœtus, then having recourse to cephalotripsy.

Gentle means may all fail. Must we in such cases employ more violent means, or have recourse to surgical intervention? The former, as we have already seen, can never be justifiable; forced dilatation and incisions (Hahl) entail great risk. It would be better in such a case, as was done by M. Treub, in a vertex presentation to have recourse to Cæsarian section. Before having recourse to this extreme measure, however, it would be prudent to temporise, trying what we can do with narcosis pushed as far as possible.

It may be objected that temporisation, with the uterus, or at any rate Bandl's ring, tetanised, may lead to rupture. This danger is perhaps less imminent than we imagine. Tetanisation is the contrary of contraction. The tetanised muscle is hard, painful, more or less retracted, but has lost its contractility. It consequently no longer drags upon the lower segment. The latter is much stretched—dilated, it may be, to the utmost—but the uterine muscle and the zone of Bandl no longer inflict violent, sudden, irregular shocks, which are the real cause of rupture. In any case clinical experience does not seem to condemn this course, with the exception of Lewis' cases, in which dilatation was obtained by force. It is worthy of notice that uterine rupture has never happened in any of the fifteen cases that we have collected.

It is true that temporisation may not prove injurious to the mother, but it is almost certain to kill the child. But even when delivery has been effected in the shortest possible time the fœtal mortality was enormous. Out of fourteen observations—deducting one miscarriage—the child would only be brought out alive in four; and even so, in two of these, at any rate, there seems to have been much more spasm than tetanisation.

When the child dies, mutilating operations become justifiable, but even then these operations are far from easy; indeed, the child has to be brought out piece by piece.

If the child be alive, and if we hope and desire to get it alive, the probable operation is unquestionably Cæsarian section. Nevertheless it is to be apprehended that recourse thereto almost of necessity entails the sacrifice of the mother. Women who present retraction of Bandl's ring generally fall into the category of the infected. The waters have usually broken long since, one or several medical men have examined and handled the patient several times over, and in infected women, the results of Cæsarian section are anything but brilliant.

Clinical Records.

ROYAL FREE HOSPITAL.

Carcinoma of the Sigmoid Flexure.—Resection of Intestine.—No Recurrence after 3½ years.

Under the care of Mr. JAMES BERRY, F.R.C.S.,
Surgeon to the Hospital.

E. S., æt. 55, was admitted into the hospital on March 2nd, 1900, with intestinal obstruction of five days' duration. She gave a history that for some six years she had suffered more or less from constipation and gradual increase in the size of her abdomen. For three years she had noticed at times a blood-stained discharge from the rectum, and she had also had a good deal of dull pain in the lower part of the back. The bowels had last been opened on February 25th, and since February 27th she had vomited several times, and had had a certain amount of pain across the lower abdomen.

The patient's general condition was: She looked healthy and had a good colour. Respiratory and circulatory organs presented no abnormality. Pulse was 100, small and regular; temperature, 99°. Examination of the abdomen showed it to be uniformly and considerably distended. It was everywhere resonant, and not particularly tender. Nothing abnormal could be detected upon palpation, except the distension. Rectal examination revealed nothing but a soft mass, evidently of small intestines, filling up Douglas's pouch.

A diagnosis of acute obstruction following chronic obstruction was made, due probably to new growth of the upper part of the rectum or sigmoid flexure. On March 2nd *inguinal colotomy* was performed. Through the wound there escaped a thin blood-stained fluid. In its neighbourhood the peritoneum was inflamed. The sigmoid flexure was distended and injected, and the thickness of its wall increased. Just below the brim of the pelvis there was a swelling in the bowel about the size of a Tangerine orange, which was hard, irregular, and freely movable. The bowel containing this tumour could not, however, be drawn into the wound, owing to its being fixed by its short mesentery. The upper part of the sigmoid was fixed to the abdominal wall with sutures. The intestine, however, was not opened just then, as the symptoms of obstruction were not severe, so the wound was covered with protective, over which sterilised gauze was applied. On the three days following the operation the patient was fed by nutrient enemata of beef tea and peptonised milk, of each two ounces every four hours, in addition to which she was allowed hot water, peptonised milk, and tea by the mouth. She vomited several times on March 3rd, and again on March 5th, but the vomit was clear and brown, and generally mixed with some mucus, but it was never fæcal. On March 8th the bowel was opened, a Paul's tube inserted, through which fæces escaped. The tube was corked and the wound covered with sterilised gauze. The patient felt very much better after this, and was able to enjoy her food, and the vomiting ceased. The wound was dressed every few hours. The tube was left in two days and removed on the 7th; the distension of the abdomen had then considerably diminished, and so on the following day the patient was put on light diet. The bowel acted well through the artificial anus. On March 15th the upper portion of the loop of intestine, which protruded through the incision in the abdominal wall, was cut away, leaving about three-quarters of an inch above the skin. On March 22nd, water was syringed through the lower of these two openings, but it all returned the same way; none passed on and escaped by the anus. The growth could be distinctly felt on exploring the intestine through this inferior aperture. Regular action of the bowels was secured by castor oil and mistura alba, and the lower part of the bowel was syringed daily through the anus.

On March 24th, a *second operation for the removal of the growth* was undertaken. The colotomy wound was well dressed so as to prevent contamination of the new incision, which was made in the median line, through the linea alba, extending from a point situated one inch below the umbilicus for three inches. The fasciæ and pyramidales were divided, and the peritoneal cavity opened. The sigmoid flexure and the growth were drawn up into the wound, and it was found the growth was only separated from the lower end of the bowel in the colotomy wound by two incnes and a half of intestine. The bowel was clamped on each side of the growth, and after packing off the abdominal cavity, four inches of the intestine infiltrated by the growth were removed, and the mesentery was cut. The divided ends of the colon were then sponged with hyd. perchlor. 1 in 2,000, and each end sewn up by sutures passing through the whole thickness of its wall. As the bowel

was somewhat inflamed and the stitches showed a tendency to tear through, a second continuous suture was made, passing only through the peritoneal and muscular coats. A small, hard gland was also removed from the mesentery. After cleaning the wound and bowel with salt solution, the peritoneum was first united by a continuous silk suture, then the subcutaneous tissue and finally the skin. A wick of sterilised gauze was left in the lower angle of the wound to act as a drain. Indiarubber tubes were put into the rectum and into the lower opening of the bowel in the colotomy wound to prevent distension with flatus. The wound was then dressed with collodion and gauze to prevent infection from the artificial anus. The gauze drain was removed the day following the operation. There was still a good deal of discharge from the rectal tube. The temperature rose to 100·8°, and the pulse to 120, but these rapidly subsided to normal. The patient, whose diet consisted of fluids, was fed every hour.

Nine days after the operation, on April 2nd, the stitches were removed, the edges had united, and the wound looked healthy, but there still was a fair amount of discharge from the rectal tube and the one inserted into the lower opening in the abdominal wall; that from the latter was yellowish and semi-purulent, with a very offensive smell; from the anus it consisted mainly of mucus. These tubes were taken out daily and shortened as required. The tube in the colotomy wound was left out on April 17th, and on the following day the patient was able to get up for the first time, the abdominal wound had healed and the general condition continued improving; but on the 19th a small stitch abscess formed round the middle part of the wound. This was opened, and half a drachm of blood-stained fluid escaped. It was lightly plugged and covered with collodion and gauze. The dressing was renewed every day, and the wound healed almost completely, so that when she was discharged on May 11th, only a small patch of granulation was left.

On August 29th she came up complaining of pain and of the passage of blood, slime and fæcal matter per anum.

The artificial anus was perfectly healthy. The lower opening led into a *cul de sac* about an inch and a half in length, from which a small mass of inspissated mucus was removed; a similar mass was removed from the rectum through the anus.

On September 3rd, 1900, she was readmitted on account of diarrhœa and sickness, from which she was suffering. Her abdomen was distended, and there was an offensive discharge from the left side of the lower colotomy wound.

On examination, a hard tender lump was felt on the lower side of the colotomy wound, from which pus was discharged, due to a stitch abscess in the abdominal muscles. It was fomented, and got rapidly well, so that on September 14th she was discharged. She reports herself from time to time, and on the last occasion, July 16th, 1902, the rectum was examined and nothing abnormal was felt. No secondary growths were felt in the abdomen.

Description of Tumour (now in the Royal Free Hospital Museum).—The piece of bowel removed was four inches long. The lower three inches were infiltrated with the growth, which projected from the lower end as a cauliflower-like mass. It had completely blocked the lumen of the gut. Microscopical examination showed adenoid carcinoma.

Remarks.—The general and uniform distension of the abdomen, the long duration of the constipation, and the slightness of the vomiting all pointed to an obstruction low down in the large intestine. The history of the passage of blood and slime from the rectum indicated an ulcerated surface. The age of the patient suggested a malignant tumour as the most probable cause of obstruction. It was obvious that an immediate colotomy afforded the only means of saving the patient's life. The examination of the growth that was made through the colotomy wound showed that the tumour was freely movable and fairly accessible. As the patient was in good condition and not very old, it seemed reasonable to make the attempt to eradicate the disease by an extensive resection operation.

That there has been no recurrence after more than three years, and that the patient is now in excellent health, is no doubt due to the fact that adeno-carcinoma of the large intestine is often a tumour of a low degree of malignancy. It usually grows slowly and has less tendency to disseminate than many other forms of malignant growth. Its occurrence in a comparatively isolated part like the sigmoid flexure permits also of a more thorough and satisfactory removal of the disease.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—XV.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

THE FORSTER GREEN HOSPITAL, FORTBREDA BELFAST.

The Forster Green Hospital for Consumption and Chest Diseases is the outcome of the liberality of Mr. Forster Green, a Belfast merchant. The institution is situated on the Castlereagh Hills at Fortbreda overlooking Belfast, and can be readily reached by tram and a ten minutes' walk. It stands in forty acres of well-wooded grounds. The building was originally an old country mansion, but the rooms have, as far as they would allow, been adapted for their present purpose. Unfortunately, much good money was originally wasted in efforts to ventilate the rooms according to the plenum system, which, needless to say, proved very unsatisfactory, and has, of course, been discarded.

At the present time the hospital is conducted in accordance with open-air principles. A long verandah runs for seventy feet along the south-west side of the house, but is rather unnecessarily deep, somewhat darkening the rooms behind. There is accommodation for thirty-eight cases, four beds being kept on the verandah, and those who are fortunate enough to secure a place here are said always to do best and improve the most rapidly. The greater part of the verandah is, however, used only as a resting shelter.

The hospital is intended for the poor, some of the beds being quite free, but generally a contribution towards cost of maintenance is expected from the friends of the patients, varying from two to fifteen shillings a week. Cases are recommended by subscribers. The hospital is governed by a Board of Governors and Committee of Management. Dr. R. J. Purdon, Dr. Simpson, and Dr. F. Howard Sinclair are the honorary physicians. We consider it a serious drawback that there is no resident medical officer, although the general care of the patients is apparently admirably directed by the capable matron, Miss M. E. Wright If the best results are to be obtained by the hygienic treatment of consumption, cases must be kept under constant medical supervision, and it is a remarkable circumstance that the committee of management should have overlooked this all-important point.

In connection with the hospital there is an out-patient department at 46 Upper Queen Street, Belfast, where poor persons are seen on Mondays, Wednesdays and Fridays from 11 a.m. to noon, and except in cases of extreme poverty a fee of one shilling is charged. In-patients are admitted in rotation after their case has been examined and approved of by one of the physicians. The hospital is deserving of increased support. The grounds surrounding the main building afford ample opportunity for much-needed extension. Sleeping bungalows could well be erected in some of the many convenient sheltered situations. More day shelters might be erected with advantage. A new dining-room should be provided at once.

Pulmonary tuberculosis is exceedingly prevalent in Belfast and district, and it would be well if means were immediately secured whereby the excellent work

now being carried on by the Forster Green Hospital under considerable difficulties could be considerably amplified.

After a thorough inspection of the hospital and a careful study of the annual report we are of opinion that while satisfactory results have been obtained with certainly limited opportunities, by a wisely directed extension and the appointment of a suitably qualified medical man the usefulness of the institution might be very greatly increased. A copy of the annual report may be obtained by applying to Mr. Alex. A. Shaw, the hon. secretary, at 2 May Street, Belfast.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, OCTOBER 9TH, 1903.

DR. FREDERICK TAYLOR, F.R.C.P., President, in the Chair.

SIR DYCE DUCKWORTH on a case of

EROSIVE GASTRIC ULCERATION, WITH SEVERE HÆMATEMESIS.—OPERATION.—RECOVERY.

E. W., æt. 29, a book stitcher, was admitted to St. Bartholomew's Hospital on November 21st, 1902, suffering from repeated attacks of hæmatemesis. Pain had been felt after taking food for three weeks before admission, lasting about an hour, unaccompanied with vomiting. She had been treated eighteen months previously for "indigestion," with pain, but no vomiting or pyrosis. Several attacks of bleeding had occurred for the first time on the day of admission. The patient was blanched, the belly distended, and the epigastric region tender on gentle pressure. Treatment consisted in rectal feeding, and small doses of adrenalin chloride, by the mouth, in teaspoonfuls of water. A dark motion was passed on November 22nd. Subsequently whey, in two ounce quantities, was given by the mouth, then in four ounce doses. A pint of saline solution was also daily injected into the bowel. On November 30th, the pulse rose in frequency, and there was headache. The pallor increased. Dark motions were passed. On December 3rd she vomited twelve ounces of blood and watery fluid, bright red in colour. Two hours later ten ounces of the same material was vomited. There was clear evidence of active and continuous gastric hæmorrhage, and Mr. Langton and Mr. Butlin, who now saw the patient in consultation, agreed that it was advisable to operate at once and deal with the source of the bleeding. Mr. Butlin took over the patient, and with Mr. Lockwood's assistance opened the abdomen on December 4th, and made an incision in the anterior wall in the long axis of the stomach. Nothing that could be called an ulcer was found on examining the interior of the organ, but in the greater curvature near the pylorus the mucous membrane over several square inches was found pink and markedly different from the rest of the membrane, which was of an ivory yellow tinge. At various points on this pink area were found slight excoriations, fissures, and tiny points, from which blood slowly oozed. Mr. Lockwood ligatured nine of these points with fine silk thread with a purse-string suture, and the opening in the stomach was closed by a continuous silk suture which embraced all three coats. The abdominal wall was closed by three layers of continuous silk sutures, the ends of which were left out at each end of the wound. The operation lasted three-quarters of an hour, and was well borne, not more than a drachm of blood being lost. Some vomiting followed the operation. On December 5th, the temperature fell from 101° to 99°. Three ounces of acid green fluid were vomited this day, but no blood. Feeding was carried on by the bowel, while saline solution, one pint, with a drachm of liq. calcis saccharati in it, was also administered by the rectum. By January 9th the patient was taking boiled fish, and on the 14th minced meat. By February 4th, she was well, and sent to the Convalescent Home at Swanley. The condition of the gastric mucous surface discovered here is believed by Dr. F. J. Smith and Dr. Mansell Moullin to be the starting-point of most, if not of all, gastric ulcers, and it is probable that if the hæmorrhages dependent on it proved fatal in any instance the actual lesions would not be detectable after death.

Mr. MANSELL MOULLIN recalled the paper which he had read before the Society three years ago on this subject. He had operated in eleven cases of erosive ulcer and he discussed the differences in the appearances of the mucous membrane during life and after death. He urged that operation in these cases should be undertaken before the patient had become too exhausted. It had been stated that hæmatemesis was only fatal in 3 per cent. of the cases of gastric ulceration, but he pointed out that no one had ever proposed to operate in every case of a gastric ulcer. Only about 10 per cent. of the cases were really serious, and these alone concerned the surgeon. The indication for operation was the occurrence of repeated severe hæmorrhages, especially if associated with intense anæmia.

Dr. F. DE HAVILLAND HALL agreed as to the indications for operation, but demurred to the statement that 10 per cent. of the cases were serious, adding that in nine years at the Westminster Hospital, although he had seen many cases of gastric ulcer, not one of them had proved fatal, and in only one instance had he advised operation.

Mr. BARKER advocated the operation of gastro-duodenostomy, which not only tended to bring about cessation of the bleeding, but also gave the stomach rest and enabled it to empty its contents.

Mr. WALLIS commented on the difficulty of making out the situation of the ulcer from external examination of the stomach, and he advocated making an incision into the organ for that purpose forthwith, since this enabled the surgeon to ascertain the bleeding spot without unnecessary delay.

Dr. LOUIS PASTEUR discussed the differential diagnosis of hæmatemesis from cirrhosis, and that due to gastric ulceration, which, he thought, often presented very great difficulty.

Mr. KEETLEY observed that if operation for gastric hæmorrhage was to develop as some surgeons desired, and as the operation for perforation had done, a very different procedure would have to be followed. The practice of cutting down to find the bleeding spot might be all very well when every possible facility was available, but it was hardly practicable in general surgery. In a severe case of his own he experienced considerable difficulty in locating the bleeding spot, although he had opened the stomach pretty freely. He ultimately found that the ulcer was adherent to the diaphragm and probably also to the pancreas, and he pointed out that the bleeding ulcer was very different to the perforated ulcer. He had separated the adhesions and packed the cavity and the patient recovered, though she subsequently had to undergo gastro-enterostomy, an operation which he held in great esteem.

Mr. BUTLIN remarked on the fact that while some surgeons had never seen hæmorrhage recur the result probably depended partly on the man, and after gastro-enterostomy others had met with it often, and suggested that it depended partly on the ulcer. In such cases he thought the best plan was to open the stomach. If they could find the bleeding spot they could deal with it, and if not they might do gastro-enterostomy.

Sir DYCE DUCKWORTH, in reply, discussing the etiological factors, remarked on the frequent association of gastric ulceration with intense anæmia, and he pointed out that the lesion was comparatively rare in the better classes, who had good food, while common in hospital patients.

Mr. ANTHONY BOWLBY on a case of

ACUTE HÆMORRHAGIC PANCREATITIS.

The patient was a man, æt. 41, who was seized with severe abdominal pain and vomiting on November 19th, 1902. During the next two days there was some complaint of flatulence and constipation, and the vomiting continued. The abdomen was tender, but no swelling could be felt. The bowels acted well to enemata.

On the third day of the illness the patient became delirious, and from that time onwards suffered from delusions. The urine was very greatly diminished in quantity. On the eighth day after the illness commenced there was a sudden attack of pain with severe vomiting, followed by great and rapid distension of the abdomen and complete obstruction. For the relief of this the abdomen was opened and there was found to be some general early peritonitis, with old adhesions, but no mechanical obstruction of the bowel. A coil of the small intestine was opened to relieve the distension, but failed to save the patient's life. A post-mortem examination showed a very large hæmorrhage surrounding the pancreas and extending down to the pelvic region. The pancreas also was engorged with blood, and there was general peritonitis.

Dr. Frederick Taylor also made a communication on a case of

ACUTE PANCREATITIS.

A patient, æt. 68, was admitted into Guy's Hospital on February 3rd, 1899. At a public house in Billingsgate he had ordered some rum, and had filled up his glass from a bottle supposed to contain water, and drank the whole. This bottle was afterwards said to contain oxalic acid of unknown strength. Emetics were given and he vomited freely. Though not apparently much affected at first, he afterwards became collapsed, tremulous, and cyanosed, and from this recovered towards the evening. He was suffering from emphysema and slight bronchitis. The mouth and lips were slightly excoriated. The following day he appeared to be well, and left at his own urgent request. He went home by train a distance of five or six miles, arriving very feeble and ill, and two days later he returned to the hospital. He was then cyanosed, feeble, with rapid pulse and breathing. There was now no soreness of the mouth nor epigastric pain, nor pain on swallowing. His bronchitis was worse, and this became the prominent feature, with increasing feebleness of the pulse until his death on February 23rd. Post-mortem, there was emphysema of the lungs, with purulent bronchitis and pleurisy. Ten ounces of blood were found in the substance of the great omentum, and the pancreas was in a state of interstitial hæmorrhagic pancreatitis—enlarged, hard, and infiltrated with blood. There was no peritonitis and no fat necrosis. The kidneys were slightly granular. Dr. Taylor discussed the relation of the condition of the pancreas to that of the chest, and to the ingestion of the oxalic acid. The entire latency of the pancreatic lesion was pointed out, as the other two events combined to mask the symptoms which might have been attached to it.

Mr. Barker remarked on the copiousness of the vomiting in these cases and asked if this had been noted by the authors.

Mr. Bidwell referred to a case in which he had operated last year. He had at first diagnosed pus in the gall-badder, but at the operation the gall-bladder and ducts were found to be healthy and in pursuing his exploration he let out a quantity of fluid, after which the patient recovered. He had heard, however, that he had subsequently died, and he supposed that a fresh collection had formed.

Mr. Bowlby, in reply, said that the vomiting was sometimes very copious, while at others there was only retching.

THE SOCIETY FOR THE STUDY OF INEBRIETY.

At the Quarterly Meeting of the above Society held on Tuesday Evening, October 13th, Harry Campbell, M.D., F.R.C.P., President, being in the Chair, at the rooms of the Medical Society of London, Sir William J. Collins, M.D., F.R.C.S., delivered an address entitled

THE INSTITUTIONAL TREATMENT OF INEBRIETY.

He said he approached the question rather from an administrative than a therapeutic standpoint. As first chairman of the L.C.C. Inebriates Acts Committee he had taken part in founding the certified reformatory at Farmfield, Horley, and as a visitor of Aylesbury Gaol he had watched the establishment and working of the State Inebriate Reformatory for women recently opened there. The Inebriates Act of 1898 had initiated an entirely new method in the treatment of the habitual offender and opened up new possibilities in our whole penological system. The "new philanthropy" awakened by John Howard and voiced by Romilly had not yet spent its force. The prison, the asylum, the hospital, the reformatory, the school, indeed our social life at every turn, had felt its benignant influence. Instead of the squalor and brutality that Howard had noted and Hogarth had portrayed we had the model prison, the aseptic ward, the palatial asylum, the inebriate retreat, the farm colony and the garden city. Even the victim of his own folly was now the object of disinterested solicitude. Some had regarded the process of amelioration of the lot of the sinner and the sot as having gone too far, and denounced with Spartan rigour the softness of this degenerate dispensation. In administrative matters softness of heart was an insufficient compensation for the lack of hardness of head. In view of the difficulties encountered in housing even the industrious working classes in our large towns at rents alike payable and paying, he confessed he sometimes felt that in some directions we were in danger of making the way of the transgressor too soft. Having said this, he fully endorsed the view that in regard to the inebriate it was right to make the experiment—for as an experiment he looked upon it—of seeing what could be done under the optional powers given to County and Borough Councils by the Act of 1898. The old miserable round of repeated short sentences had proved a sorry and revolting farce as means of reclamation. The prison, the asylum, the hospital, and the reformatory had all their uses in our social betterment, but up to the present the sorting of their contents had sometimes been somewhat perfunctorily performed. The mad and the bad pass by almost imperceptible gradations the one into the other. The late Samuel Butler in "Erewhon" spoke of crime as disease and disease as crime. The greatest discrimination was required in so-called "borderland" cases in order to decide how to classify and how to treat the particular individual. Questions of moral responsibility were raised which required the thoughtful consideration alike of the philosopher, the physician, and the jurist, and the practical co-operation both of the large-hearted philanthropist and the common-sense scientist. We were in danger of the official and the common-place so scornfully denounced by Charles Reade in that splendid contribution to solid fiction "Never Too Late to Mend." Inebriety is called a disease, but it is a *disease of the will*. As with the hysteric, she says, "I cannot"; it looks like "I will not"; it is "I cannot will." Its successful treatment involves the problem of how to rehabilitate a human will. We read of infallible methods and short cuts and royal roads, usually by secret remedies, but these infallible means are the exclusive prerogative of the empiric and the quack. As with Joanna Stephens' remedy for stone which in the eighteenth century excited the attention of Bishops and Parliament, the virtue of such nostrums would probably not long survive the publication of their composition. To restore the physical norm is the first essential, but it is only the beginning of treatment. Alcohol in any form should be absolutely and at once withdrawn, both as drink and drug. It is on the moral plane that we must work if we are to reconstruct character and not merely regulate conduct. Hedonism and necessitarianism will prove false guides and uninspiring mentors in the task of individual reclamation and social regeneration, even though they pursue the paths of despotic philanthropy so much in vogue in certain circles. Appeal must be made to higher sanctions than those of pleasure or even prudence. Frank recognition must be conceded to a conscious partnership of each individuality in the architecture of his or her own character. Means which do not appeal to a will free to choose, a will actuated by ideals which transcend natural and merely physical sanctions, may suffice to mould an automaton but will not restore a character. To this end all treatment should be

directed. Removal from old associations, from town life back to Nature, to work in the field or on the farm—work that grows and progresses under the hand by preference, exciting interest and perseverance towards an end in view. Habits of industry and fixity of purpose are thereby inculcated. Voluntary co-operation must be enlisted, and almost everything depends on the personal influence of those in charge. Before returning to the world it is of the utmost importance that friendly help and supervision be secured. The work demands tact and patience and the highest qualities of head and heart. A social experiment it is, but one which, in view of our national vice, deserves to be well and truly tried.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, October 11th, 1903.

METHYLENE BLUE IN DIARRHŒA.

PROFESSOR COMBEMALE, of Lille, strongly recommends the administration of three grains daily of methylene blue in the treatment of rebellious diarrhœa of every nature. Having tried it with success in the diarrhœa of phthisical patients, he applied the same treatment to other forms with equal success. In a case of Addison's disease, where the patient was suddenly seized with diarrhœa of a very grave type, the administration of a three grain wafer, given at two hours' interval, and each containing three grains of methylene blue and twelve grains of lactose, was sufficient to immediately arrest the flux. In a similar case the diarrhœa had resisted the ordinary means—laudanum, bismuth, tannin, &c. The patient was given a grain of methylene blue three times a day for ten days, and the diarrhœa stopped. In a case of typhoid fever, where the patient had forty motions in the twenty-four hours, the blue reduced them in two days to two motions. According to Professor Combemale, methylene blue was particularly indicated in infectious diarrhœa.

OPACITY OF THE CORNEA.

Most authors who have studied the histology of the different opacities of the cornea have remarked the existence of calcareous salts, which, with other lesions, interfere with its transparency. These calcareous deposits are particularly seen in all forms of opacity consecutive to traumatic or inflammatory ulcers. These deposits being chiefly composed of phosphate and carbonate of lime, a solvent of the salts is indicated. For this purpose Dr. Mazel, of Marseilles, recommends a solution of benzoate of lithine (five to fifteen grains in two drachms and a half of water), to be instilled three times a day. Several cases have been treated successfully with this solution.

ECZEMA OF THE EYELIDS.

Professor Brocq, who is an authority on skin diseases, recommends in the treatment of eczema of the eyelids, first, a severe dietary *régime*, excluding wine, alcohol, pork, cheese, fish, and any spiced food; secondly, general medical treatment, including laxatives and cod-liver oil. Locally he applies compresses of a warm solution of boric acid, morning and evening, and followed by—

Oxide of zinc, Starch powder,	℥iiss.
Lanoline, Vaseline,	℥iv.

When the inflammatory period has subsided, the following ointment is ordered—

Yellow precipitate, gr. x.
Vaseline, ℥vj.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, October 10th, 1903.

AT the German Surgical Society, Hr. Haskenbruch brought forward a case of

PARALYSIS OF THE FACIAL NERVE TREATED BY NERVE TRANSPLANTATION.

The case was that of a child in whom there was complete paralysis of the facial of the right side. On May 7th, 1902, an incision was made just behind the attachment of the sterno-cleido-mastoid muscle behind the ear, along the edge of the muscle. The accessory nerve was freed at the point where it entered the muscle, the facial was also freed, and the accessory nerve slit with a fine knife into two unequal portions (two-thirds and one-third). The two-thirds part was drawn upwards and planted into an incision in the facial and attached by a couple of fine silk sutures. The wound was closed by suture, all but the lower angle, into which a strip of iodoform gauze was placed. Union took place readily. After a month's time a "creeping" was felt in the right side of the face, and in the summer the disfiguration was noticed to be less, and by September 21st no paralysis could be noticed when the child was at rest. There was slight power of movement, and the flow of tears from the right eye had ceased. At present only slight traces of the paralysis remained. The right sterno-cleido-mastoid showed but little electrical excitability, and the lower part of the trapezius none at all.

Hr. Dollinger, Pesth, spoke on

SUBCUTANEOUS EXTIRPATION OF TUBERCULOUS CERVICAL GLANDS.

He had operated 128 times on 102 patients. Accurate topographical study was required for the operation. Patients were brought to undergo operation with difficulty from the fear of disfiguring cicatrices remaining. Beck's method gave such cicatrices. His own procedure was the following:—The patient was placed with the head raised and the operator sat behind. The skin incision was made at the external auditory meatus, one centimetre backwards and six downwards, gradually deepening towards the glands. The field of operation was lighted by the forehead reflector. The glands were to be separated very carefully, as they were soft and easily torn, where the wound could be readily infected. The wounds generally healed *per primam*, and no infection took place, even when there was slight suppuration. Bleeding was very slight, and no artery required tying in any case. In the first case the facialis antica vein was torn and had to be ligatured, but this had not occurred again since illumination of the field of operation was practised. A drain was inserted into the wound. In twenty-one cases there was slight suppuration, when a counter opening was made and a drainage-tube inserted. The results were suppuration from external infection in twenty-one cases, five cases were still under treatment, 102 healed by first intention. In most of the cases a swelling remained in the region for two or three weeks, but it gradually disappeared. Recurrence had only taken place in two cases. The subcutaneous operation was tedious and time-consuming, and an iron patience was required; but the results were brilliant and disfiguring cicatrices were avoided.

Hr. Bunge, Königsberg, read a paper on

TRAUMATIC CRANIAL DEFECTS AND THEIR COVERINGS.

According to Kocher's view, the closure of cranial defects led to dangerous accidents. The speaker had arrived at other conclusions from late examinations of

twenty-two cases of cranial defect treated in the Königsberg Klinik. In thirteen cases the defect was left open. Of these three died, and in ten troubles set in that increased in severity in the course of time. There were giddiness, headaches, and epileptoid conditions. In primary bony covering in five cases the conditions were normal in spite of increased intracranial pressure. In defects covered in secondarily the only trouble was headaches that disappeared gradually. Where epilepsy was already present, recurrences and death had taken place; where the defect had remained open, in one case with covering, no attack had taken place in a year and a half. In primary implantation the bony pieces united; in secondary implantation they became absorbed after a few days. He therefore recommended the osteoplastique of Müller-König.

The *Beitrage z. klin. Chir.*, 39, 1, had a paper by Dr. Max Brun on

Pneumococcous Peritonitis.

After a detailed discussion he arrives at certain conclusions, the chief of which are the following:—

Pneumococcous peritonitis is a comparatively rare disease, more frequent in children than in adults, and in girls than in boys.

It arises either secondarily through disease of the lungs, or from the middle ear, or primarily; the mode of infection in the latter case is not always clear.

Anatomically, the chief symptom is a fibrinous, plastic exudation that leads early to adhesions of bowel and limitation of the process. In the extremest cases, the whole mass of intestine may be glued into a lump, surrounded by a purulent mass occupying the whole of the remaining part of the abdomen.

The clinical symptoms are in correspondence with this. In typical cases, especially in children, the commencement resembles an acute peritonitis, upon which a chronic stage supervenes with comparatively slight symptoms.

A probable diagnosis may be arrived at by clinical signs, and from the characteristic qualities of the pus (greenish-yellow colour, odourless, and rich in fibrins). A bacteriological examination alone will place it beyond doubt.

The prognosis is favourable. Spontaneous recovery is possible but rare; recovery after operation the rule.

The treatment must consist in free opening of the abscess cavity and drainage.

Austria.

[FROM OUR OWN CORRESPONDENT.]

Vienna, October 10th, 1903.

Pelvic Elevation in Operations.

At the Gesellschaft for Surgery Kraske raised a discussion on a procedure in surgery which to him was a serious danger to the recovery of the patient, although in some cases he admitted its necessity. Paralysis of the nervus peroneus, emphysema of the abdomen after laparotomy and other minor and temporary accidents were recorded by many authorities on the subject. Of all the dangers and disadvantages attending this method of conducting an operation, that of the circulation was the function most affected by the position. He brought forward two examples of myocarditis on whom he had operated in this position. The narcotic was ether. The patients both grew worse after the operation and finally died. He blamed the pelvic elevation for the bad results in both cases, as the elevated position of the pelvis raised the blood pressure of the heart and produced a form of acute dilatation that led to destruction.

In a third case, after four days' constipation in this position following an operation of sectio alta, and when healing appeared to be proceeding favourably, she suddenly died without any warning.

In a fourth case with similar symptoms associated with vomiting of blood and distension of abdomen he reopened the wound and found the omentum pushed up under the liver with the colon strangulated and adhering. After relieving the parts and replacing, the wound was again closed, but the patient soon died.

He recollected two cases under Professor Schauta on whom he had performed laparotomy with subsequent constipation after pelvic elevation—the same dislocation of the bowel as in the two cases he had represented above. He wished to repeat that these were taken as experimental cases, as a similar condition had been observed post-mortem in other cases. Thinking that those that previously died were due to careless replacement after the operation, these two were specially noted and replaced with the greatest care, but were found on opening the wound to have fallen into exactly the same position.

Seeing that hæmatemesis is so common after laparotomy, which has been assumed to be due to embolism and ulceration in the mucous membrane of the stomach, it is only fair to inquire if the elevation of the pelvis alone, particularly in obesity, is not the sole cause of the congestion in the vena gastrica superior, thus producing ulceration in the mucous membrane of the stomach, followed by hæmatemesis.

Trendelenberg thought that such accidents as Kraske had related were not common after operating in this position, but he admitted that fat people might be affected in this way. He had grave doubts about the two cases of myocarditis being hastened or aggravated by the position, but was inclined to lay the charge to the narcosis, as this class of patient bore it badly. He would not doubt that ileus might occur under such circumstances, but thought it would be rare. He was in favour of keeping his patient as short a time as possible in this position, and under any circumstances, where vomiting or any untoward circumstances appeared, the patient should instantly be placed in the horizontal position.

Iselburg said that he always placed his patient in the horizontal position before applying a bandage, to which he gave credit for having none of those accidents that Kraske related. König recorded several cases where abscesses had occurred in the deeper structures of the abdomen after the operation. Lauenstein said he had had several cases of paralysis of the peroneus and emphysema of the abdominal covering with hæmatemesis succeeding the operation. He confessed that he had only one case of ileus which he could not say was due to the elevation of the pelvis. He had a shoulder-rest on his operating-table, which relieved the dragging at the knees. Heidenhain said that he always endeavoured to keep the head about the same level as the pelvis. Rötter related a case of aspiration where he had only removed three-quarters of a litre when the patient suddenly died from the emptying of a diverticulum in the œsophagus from the lowering of the head allowing the contents of the sac to flow back and choke the patient. Göpel thought that ileus after aspiration was unlikely, but admitted that care was necessary from the atony that existing at time of aspiration.

Sir William Bennett, F.R.C.S., in the current *Fortnightly*, has a letter in which he deals with the suggestion of Mr. H. G. Wells that medical men are as a body essentially "illiterate."

The Operating Theatres.

CHARING CROSS HOSPITAL.

OPERATION FOR APPARENT SUPPRESSION OF URINE AFTER NEPHRORRHAPHY.—Mr. CHARLES GIBBS operated on a woman, æt. about 38, who had been admitted suffering from suppression of urine. He said that six weeks previously the right kidney had been sewn up by silk sutures on account of the organ being floating, the sutures passing through the capsule and substance of the kidney. Deep sutures were then placed in the muscles and the edges of the skin approximated. The wound healed by first intention, but there was some dull, aching pain in the loin. The patient left the hospital three or four weeks afterwards, but when at home developed severe pain on the right side and passed no urine. At the time of the present operation she had passed no urine for forty-eight hours. There was a large, ill-defined swelling in the right loin, painful and tender. The patient was extremely ill, temperature 103°, and she had had a rigor. The condition, Mr. Gibbs pointed out, was probably due to one of two causes: (1) That the first operation had occluded the ureter, and that a stone or some such obstruction was blocking the left ureter; or (2) that there was no left kidney and that the right ureter was blocked by some cause. Being in doubt, he proposed to open the abdomen, and make sure of the condition of the left kidney. A catheter having been passed once more to make certain that the bladder was empty, the abdomen was opened in the usual way. On examining the site of the left kidney nothing could be felt, the twelfth rib being palpable from one extremity to the other. On the right side of the abdomen, the swelling occupied the right loin, pushing the colon in front of it. The outline of the kidney could be made out behind the latter, but the whole was so indefinite, hard and brawny that it was considered better to deal with it from the loin. The abdomen was therefore sewn up layer by layer, and the nephrorrhaphy scar in the loin opened up in its internal one-half. After cutting through the various layers of the abdominal wall, perirenal fat was reached, which was œdematous; an attempt was then made to find the pelvis of the kidney and the sutures which were fixing the organ; but this was unsuccessful. In the internal part of the wound at its extreme depth a fluctuant spot was found. A trocar with cannula was passed into this, and two or three ounces of stinking urine were removed. This, Mr. Gibbs said, was probably a hole in the pelvis of the kidney. It was enlarged, and an attempt to pass a bougie was made, but owing to the extreme depth of the orifice it was unsuccessful. As stinking urine continued to trickle out of the wound a glass drainage-tube was fixed in it, and the wound packed with iodoform gauze. The patient's condition as she left the table was good. Mr. Gibbs said the case was very interesting, probably unique, on account of the fact of a single kidney having been fixed and trouble ensuing with the absence of the opposite kidney. The causes of the condition were probably that (1) in sewing the kidney up the ureter had been kinked, or (2) that an inflammation had occurred in the perirenal fat, which had pressed on the ureter. He pointed out that the reason of opening the abdomen was to make certain of the diagnosis. In the absence of the left kidney and the probable presence of inflammation round the right kidney, it was considered better to sew up the abdomen and open the old wound. The failure to find the pelvis and the sutures was owing to the depth of the organ and the amount of inflammatory exudation on the back of the organ, although there was no pus.

The subsequent history of the case was that the patient for three months passed every drop of her urine through the loin. The temperature went up and down, she got thinner and thinner, much pus was discharged with the urine. Further operative measures were considered to save the patient's life, but suddenly one morning the urine was passed in the natural way, and from that time the wound slowly and gradually healed up, less and less urine being passed through it each day. Her present condition is that she passes all her urine in the natural way, there is a tiny sinus in the loin which occasionally discharges a little urine. The patient is fat and well, and has since borne a healthy child. No calculus was passed at any time.

ITALIAN HOSPITAL, QUEEN SQUARE.

EXCISION OF RODENT ULCER WITH REGARD TO ITS RELATIONSHIP TO NERVE AREA.—Mr. LENTHAL CHEATLE operated on a man, æt. 56. The ulcer was situated on the point at which the supra-orbital nerve becomes cutaneous. There were no enlarged lymphatic glands. Tactile sensation and pain immediately around the ulcer were dulled. The ulcer was half an inch wide and three-quarters of an inch long. It had been growing for five or six years, and no fungi could be scraped from its surface or depths. No treatment had been employed. Incisions were planned so as to include the margins which limit the distribution of the second division of the fifth, that is to say, starting from a point immediately below the inner canthus of the right eye and extending downwards on the side of the nose to half an inch below the ulcer (this incision separating the areas of the first and second divisions of the fifth at this point); then starting again from the first point it was carried outwards below the lower lid along the rim of the orbit as far as the most prominent part of the malar bone (which point, of course, corresponds to the outer limit of the second division of the fifth), then carried downwards and slightly forwards in a line with the angle of the mouth to within about an inch of that locality, this separating the areas of the second and third divisions of the fifth. The two longitudinal incisions were finally joined below by a transverse cut; thus an irregular oblong field which included the ulcer in its centre was mapped out for excision. This field was excised down to the periosteum. Microscopical section of the ulcer demonstrated it to be a typical rodent. The raw surface was afterwards skin grafted by Thiersch's method. Mr. Cheatle said that this was the first time in which he was able to carry out a suggestion he made to the Pathological Society in April, when he showed rodent ulcers, mapping out different sensory nerve areas. On that occasion he said that if rodents map out nerve areas then the surgeon ought to regard the limits of those nerve areas in mapping out his incisions, and not to trust alone to what appears clinically to be the edge of the ulcer. It would be seen, he pointed out, that the incisions he had made in this case did not include the whole of the second division area, but only those parts of it which it seemed reasonable to suppose were outside the growth. When he read the above paper he pointed out that the incidence of carcinoma is often at the point where the sensory nerve becomes cutaneous, and the case he had just operated on was, he considered, a good example of that rule.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 14, 1903.

ARMY MEDICAL REFORM.

The recently issued Report of the Royal Commission appointed by His Majesty to inquire into matters connected with the recent war in South Africa contains matter of great public importance. It may be described as one of the most scathing condemnations of a great Government department ever issued. That the War Minister responsible for not a few of the blunders and reckless incompetencies therein disclosed should retain office for a single day after the issue of this Report emphasises the topsyturvydom of the new order of things in the political world. That portion of the document which concerns the medical profession is worthy of careful consideration. The general breakdown of the Army Medical Service in the South African War is not regarded by the Commissioners as within the scope of their inquiry. That position they justify by referring to the Royal Commission of 1900, appointed to inquire into the care and treatment of the sick and wounded in the campaign. On the other hand, however, they have made some inquiry into the *personnel* and equipment of the Royal Army Medical Service as tested in the war. The first great lesson to be derived from the Report is that before the war the Service had been allowed to fall to a strength inadequate even to a peace footing, and absolutely incompetent to deal with war on any large scale. At the outbreak of the South African War the total establishment of medical officers, exclusive of India, amounted to 540. Their duty, with the addition of 99 emergency civil surgeons, was to provide for (1) Colonial garrisons; (2) two army corps and one cavalry division; and (3) three general and seven stationary hospitals on lines of communication. The insufficiency of this provision was quickly shown in South Africa. The whole of the Army Medical Corps *personnel*, officers and men, was exhausted in supplying the First Army Corps sent out, and in manning the base and stationary hospitals, of which many were required on account of the great area covered by the military operations. When the Second Army Corps reached the Cape there was no regular medical service available, and civilians had to be employed both at the front and base at the Cape, as well as at home, where thousands of invalids began shortly to arrive. The estimate of the peace footing was thus shown to be ludicrously inadequate for its purpose. Lord Roberts remarked that the medical suffered perhaps greater disabilities than any of the other war departments. "It was very far from being prepared for expansion, and yet, within a few months, it was called upon to provide officers, non-commissioned officers, orderlies, and nurses for an army three or four times the size of that for which the establishment had been estimated as sufficient." It would be difficult to formulate a more concise condemnation of the whole system of an important branch of a public service than that contained in the statement that it was "unprepared for expansion." Under such circumstances the wonder is that the Army Medical Corps achieved so much in the face of so many well-nigh insurmountable obstacles. Lord Roberts goes so far as to think that the Department would in all probability have proved equal to the occasion had it not been for the disastrous epidemic of enteric fever. The prevalence of that malady, no less than the excessive mortality, constitutes a serious blot upon the campaign. Compared with those of Germany our methods are crude, unscientific, and reckless in their disregard of the commonest sanitary precautions, to say nothing of the defective hospital accommodation and of nursing by untrained orderlies. One of the witnesses, Surgeon-General Jameson, said: "If sanitation had been understood, not alone by our own (medical) officers, but by the rank and file, the military officers and commanding officers, I think it would have saved thousands of lives." Professor Ogston, again, called the attention of the Commissioners to the fact that the German Army Medical Corps have an elaborate system for testing the water supply wherever troops arrive, and for closing impure sources; but in South Africa nothing of the kind was done. In short, the revelations of this Report more than justify the attitude of the members of Parliament and others who, during the war, called attention to the state of the hospitals and the failure of the Army medical administration. Individually, both officers and men performed feats of endurance and of self-sacrifice of which any nation might well be proud. They served, however, under a system proved by the late campaign to be as incompetent and rotten as could well be imagined. The inherent feebleness of that system has been again and again exposed during past years in the medical journals. But exposure, unhappily, led to no reform before the day of trial. It is earnestly to be hoped that in future the establishment of an Advisory Board will prove a step in the right direction. The constitution of that

Board, however, is a matter of crucial importance, for it would be of little use to complicate matters still further by the introduction of fresh elements of social and professional narrowness and class privilege. The introduction of a system whereby all Army surgeons would be kept in touch with the active practice of their profession should be another great advance. Clearly the whole of this branch of the Service requires remodelling on a sound business-like and modern basis, with a proper distribution of responsibility. The reconstruction should constitute an important part of the scheme of Army reform, the demand for which has been made in warning and emphatic voice by the Report on the South African War.

DUST-BORNE DISEASE.

DUST has been far from ineptly defined as "matter out of place," and certain it is that the *detritus* of most substances can and does get into situations where it may exercise a highly deleterious influence. The dried and rubbed-off particles of objects animate and inanimate may be of themselves harmful and injurious, or they may act as the vehicles that convey even more harmful and injurious particles—bacteria and bacterial spores. Yet dust in itself as inimical to health has received rather scant recognition. The omnipresence of dust and its familiar characters have probably bred in our minds the contempt with which it is regarded, and the good housewife is generally content with removing the dust from her *lares et penates* without the slightest regard as to where it goes. The domestic dusting, in a word, consists of scattering already-laid dust, and the house is deemed clean if *débris* is flicked off books, clothes, and chairs, to be disseminated into the air or shaken on to the carpet. Now dusty occupations are notoriously unhealthy, the unhealthiness depending greatly on the quality of the dust created. Knife-grinders, mill-stone grinders, coal-miners, and gold-miners all suffer greatly from pulmonary diseases, especially those chronic indurative diseases known as the pneumoconioses. The soft, rounded particles that compose coal-dust are known to be less actively irritant than the sharp, acicular *débris* of stone and steel; but all are bad. Other troubles, too, arise from the impregnation of the tissues with minute foreign bodies; witness, for example, the granular lids that are so common in residents in Egypt. Grave as are the consequences of the mechanical ingraining of dust, they are reduced to insignificant proportions when compared with the dissemination of pathological organisms by its means. Were it not that desiccation is a necessary accompaniment of the formation of dust—desiccation being fatal to most pathogenic bacteria—the evil would probably be multiplied an hundredfold. As it is, it is serious enough. The facilities which the constant movement of the air supplies for spreading dust are so enormous that nothing can be deemed secure from its influence that is not hermetically sealed. Perhaps in nothing is the pernicious influence of dust so well illustrated as in the relative immunity from infantile diarrhœa that coincides with a wet summer like that which we have just passed through. Epidemic diarrhœa is the cause *par excellence* of the high mortality of the hot months, and it can be a matter of little doubt that it is by the contamination of articles of food, especially that excellent culture-medium milk, by bacteria-bearing particles of dust that the disease is caused. Hot weather is the time of the greatest activity in the biological world; hot climates always produce a great luxuriance of both animal and vegetable growth; heat is one of the prime factors in the life-conditions of bacteria. The late summer and autumnal rises in the curves of scarlet fever, diphtheria, and typhoid are probably the results in some measure of this increased bacterial energy, but its most striking and immediate reflection is in the diarrhœal curve. Last summer, like the present one, was wet, and the rise in diarrhœa was low; this summer the same has been the case. Now, as has been well pointed out by Dr. Newsholme, the temperature, as registered by the four-foot earth thermometer, and to which we have all been accustomed to look for the presage of diarrhœa mortality, ceases to give authentic indications when the summer is wet. Ballard's observations, in a word, leave out of account an important fact—dryness. The earth reading may stand above 56°—the "critical" point—for three months, as it did at Brighton last year, without affecting the diarrhœa-rate if there be rain; and, what is more noticeable, equidistantly-distributed rain. The total rainfall need not be high, but so long as sufficient rain fall at short intervals to lay the dust, the deplorable results of the hot weather on the infantile community do not show themselves. As Dr. Peck, of Chesterfield, admirably put it in his last annual report, "The amount of rain does not appear to be of so much importance as the number of showery days." The lesson is obvious. Our municipalities must try to imitate Nature, and produce artificially the effects of showery days; the water-cart and the hose must be in constant and regular evidence throughout the hot days. Intelligent anticipation should characterise the cold weather; organisation, apparatus, and *personnel* the hot. We rejoice to see signs of appreciation of the dust evil in various quarters. The City of London has passed a new by-law for limiting the nuisance created by the dust arising from the demolition of old buildings, and an influential dust-committee has been formed by the automobilists to experiment with measures for abating the dust on highways. We fear that these efforts are dictated principally by the immediately obvious irritation of eyes and temper produced by dust, but anything that will help to combat so grave a danger to the public health has our sympathy and encouragement. We must all eventually return to dust, but we do not want to do so too soon.

THE USE OF HIGH-PRESSURE STEAM IN GYNÆCOLOGY.

During the past fifteen years or so a new method of treating uterine hæmorrhage and allied affections has been slowly but surely making its way into gynæcological practice. In 1886 Professor Snegirew published an account of the successful application of high-pressure steam to the interior of the uterus, with the object of cauterising the endometrium. The method which he adopted of doing so was crude and inefficient, but the principle was the same as that adopted in the improved instruments of the present day. The importance of Professor Snegirew's discovery was at once recognised by Pincus, of Danzig, who had been for some years impressed with the inefficiency of the existing methods of treating uterine hæmorrhage. He set himself to improve Snegirew's apparatus, and, with commendable perseverance and in the face of many obstacles, brought his improved apparatus to a high pitch of perfection. Naturally, an appliance for pouring superheated steam into the cavity of that long-suffering organ, the uterus, excited in many minds opposition and even derision; but still supported by the advice and encouragement of gynæcologists of the status of v. Winckel, Winter and Fritsch, Pincus succeeded in showing first that superheated steam could be safely applied to the uterine cavity, and, secondly that its application possessed valuable therapeutic effects. Finally, in 1899, before the seventy-first meeting of the Association of German Naturalists and Physicians, Pincus was able to record 833 cases which had been treated by his method in various parts of the world, and of which 749 were returned as either cured or greatly improved. This method, shortly described, consists in the cauterisation of the uterine cavity either by the direct application of superheated steam applied through a suitable catheter, or by the application of a cautery point heated by superheated steam. To the first operation Pincus has applied the term "atmocausis," to the second the term "zestocausis." English gynæcology is characterised by so well-marked a spirit of caution that it is not strange to learn that the apparent terrors of steam at 115° C. were sufficient to prevent anything but the most tentative use of Pincus' instrument, and that, with the exception of two communications by Dr. Blacker to the *Journal of Obstetrics and Gynæcology*, for information from British sources as to its value we must turn to Ireland and Scotland. In Ireland, Sir Arthur Macan read a paper on atmocausis and zestocausis before the Royal Academy of Medicine in Ireland, in April, 1900, and since then has used the apparatus in many cases with complete success. In Scotland, Professor Sinclair read a paper on the same subject before the Obstetrical Society of Edinburgh, in May, 1900, in which he was able to record eleven patients cured out of fourteen cases. There is no doubt that the method has not received the attention it deserves. Properly used by skilled hands, the dangers supposed to be attached to it are slight, if not altogether non-existent. On the other hand, improperly used, there is no doubt that serious and perhaps irreparable injury may be done with it, especially if the patient is operated upon whilst under an anæsthetic. The application of the steam should be painless; indeed the occurrence of pain shows that something is wrong, and that the application should be immediately stopped; and in order that the degree of pain may be determined, the patient must be conscious. Atmocausis may be used in many instances as a substitute for, or as an addition to, curetting, but its greatest successes have been in cases of hæmorrhage in which curetting and such measures had failed. It is also of special value in cases of inoperable malignant disease of the genital passages. The use of superheated steam in surgery generally for such purposes as the sterilisation of septic cavities and the checking of surface hæmorrhage will, we believe, be in the near future of general use, now that gynæcologists have shown its capabilities, and Pincus' methods will receive the attention which they deserve, but which is at present in great part denied to them.

Notes on Current Topics.

Treatment by Correspondence.

If we caught our first glimpse of the "Malade Imaginaire" from our early studies of Molière, we have had ample opportunity of growing familiar with him since we became "licensed to kill and qualified to cure." Grateful though we cannot help being for their dependence on our advice, there are moments of trial in which we are apt to feel that we earn too dearly the financial remuneration we receive from those whom Addison calls "that sickly tribe who are commonly known by the name of valetudinarians." To such as are smarting from their subservience to the whims of some exacting sufferer from a diseased imagination let us commend the perusal of "Mr. Woodhouse's Correspondence," just published by Methuen and Company. They may thence snatch the fearful joy of getting a bit of their own back. The initials, "G. R.," which appear on the title-page, but faintly cloak the identity of the distinguished author; they act rather on the principle of the apophasis of the rhetorician. The conflicts in which "G. R." has engaged with our own profession have attained some notoriety, and we have felt it our duty in the past to withstand him as openly and vigorously as St. Paul did his colleague in the ministry. The pleasure, then, of laughing whilst "G. R." satirises, not the medical man, but the patient, derives a greater piquancy from the memory of the past. But laughter needs no artificial stimulus as we follow Mr. Woodhouse and Lady Louisa Fitzwigan in their correspondence over their ailments; it rises unbidden to the lips. Moreover, as a study in temperament this is quite a remarkable book. We find the introspection, the selfishness, the contempt for "hysteria" in others, combined with a degree of intellectual culture and shrewdness in other matters, aptly

and delicately woven in the characterisation of these two neurotics. "G. R." is an artist in chiaroscuro, and if, as Leonardo da Vinci has advised, "he improves upon the fanciful images that are sometimes seen in the fire," he does so with a *finesse* that accentuates the imagery by lightening the fancy. One thing we agreeably miss—for the first time in any novel—is the crudity of the lay romancer's medical lore. "G. R.'s" pathology is above reproach—even to emphysema following whooping-cough. We are not quite sure ourselves of his therapeutics. Perhaps some of our readers whose patients have taken linimentum saponis by mistake can tell us whether emetic measures produce "an extraordinary eruption of soap-bubbles." For the rest, "Mr. Woodhouse's Correspondence" will do much to help the jaded practitioner by throwing the foibles of his neurotic patients into what we may call comic relief. *Dulce est desipere in loco*, but still nicer is it if other people can be induced to perform for our benefit.

Faith-"Healing."

WE have long had our "Peculiar People," and now we apparently have a rival sect, the Dowieites. Neither of them pay us the compliment of thinking we know our own business. So long as it is merely a matter of personal distrust or aversion, we can only bow to the inevitable, but when they demonstrate their want of confidence so practically as to allow their children to suffer untended, other considerations arise. We had hoped that the pernicious nonsense disseminated by "Dr." Dowie during his recent mission to this country would have fallen on stony ground, but that he has secured some proselytes is shown by the recent trial of one Frank Knowles Butterworth at the Manchester Sessions. The ten-year-old daughter of this stalwart fell down a flight of stone steps and fractured her clavicle. Although the child suffered great pain, he forbade his wife to send for a doctor. After two days' treatment by faith and prayer the fracture became compound, and Butterworth consented to let a chemist be consulted, though he drew the line at a medical man. The chemist very properly recommended that she should be sent to the infirmary, but this suggestion was scouted. She was prayed over both at home and at Zion Chapel, and, of all fatuous suggestions, was bidden to keep raising her arm. Fortunately the agony the child was suffering reached the ears of the Inspector of the N.S.P.C.C., who called in medical assistance and prosecuted the father. We fear that the one month's imprisonment that he is now undergoing will be hardly sufficient to exercise a deterrent effect either on him or his sect; but we trust the publicity that the facts thus gain will show people the criminal folly of exercising fractured limbs, and praying for their restoration at the same time. "Dieu," said Napoleon, irreverently, "est avec les gros bataillons." At any rate, He works through natural laws, which it is as well not to set wilfully at naught.

Compulsory Post-Mortem Examinations.

THE facility for obtaining an autopsy in hospital practice is an inestimable privilege which is never fully realised by the student until he is brought face to face with an obscure case when he is in practice for himself. In how many instances is the riddle of disease obliged to go unsolved owing to the impossibility of further investigation after death? Even in these days where there is scarcely anything hidden which is not brought to the full light of public inspection, the book of knowledge is apt to be prematurely closed at the moment when the physician makes his exit from the death-chamber. An almost sacred jealousy seems then to take possession of the minds of the friends and relatives of the deceased, which no amount of persuasion, however tactfully put, can overcome. It is well known that the objections to a post-mortem examination are chiefly sentimental, though in rare instances they may be of a religious nature. The suggestion has been brought forward that compulsory necropsies would add to medical knowledge and, at the same time, expose unfit or incompetent practitioners. If once the idea could be instilled into the mind of the public that it is not the medical man who would be benefited by such a procedure so much as his future patients, and therefore the race in general, the unpleasantness and natural dread of a post-mortem examination would cease to be thought of, nay, it would even be welcomed as a source of satisfaction to the friends of the deceased. With regard to the exposure of incompetence which might result, it is possible that this might happen in isolated cases, but the best men make mistakes sometimes, and the mere finding of a different pathological lesion after death to that supposed to exist during life does not necessarily show ignorance, but rather tends to illustrate the extreme difficulty there is of giving absolutely accurate diagnosis in a science like medicine, to which no hard and fast laws apply. Moreover, it only serves to show the great importance of performing a post-mortem examination whenever it is possible to do so. The question of rendering these compulsory by law is one which will hardly commend itself to the majority, for it is only by the better education of the public in such matters that reason can hope to overcome feelings.

The History of Appendicitis.

Vixen fortes ante Agamemnona, and appendicitis existed before it became fashionable. Not to have had appendicitis nowadays is to argue oneself a person without a history; twenty years ago or so one would have been a clinical curiosity. The retentiveness of the world's pathological memory is about on a par with its therapeutical perspicacity. The burst of "Russian influenza" in 1889 flattered people into the idea that they had got a new disease, and yet influenza epidemics had been known to our forbears as intimately as outbreaks of plague, cholera and scarlatina. There is little known about influenza at the present day that was not described by Graves in 1848,

except a putative bacillus. And so with the records of appendicitis. True, its hybrid designation had not been coined to vex the ear of the nosological purist, and the knowledge of its occurrence was not so widely diffused as the knowledge of influenza, but that it was within the purview of at least one pathologist two centuries ago is shown by an excellent description of an abscess of the appendix recently unearthed by Mr. William Wright from Dr. Lawrence Heister's "Medical, Chirurgical, and Anatomical Cases and Observations." From that time onwards mention of diseased conditions of the appendix and of perityphlitic abscesses occur from time to time in the medical literature of the eighteenth century. It is curious, therefore, that Dr. Howard Kelly, in the course of an erudite address to the Glasgow Obstetrical and Gynæcological Society, should have given Dr. Parkinson (1812) the credit of being the first to recognise diseases of the appendix as fatal morbid processes. The fact of previous descriptions does not detract from the originality of Dr. Parkinson's observations, but priority of discovery may be claimed for several other pathologists. Probably careful research would show the same facts had been noted by many physicians in many countries in many ages, for disease of the appendix is not only frequent, but widely distributed. Much of the history of civilised states is made up of the discovery of facts that were well known by neighbouring states, and, indeed, by previous generations in the same state. Appendicitis is probably as old as America; though, like that continent, it was not "discovered," scientifically speaking, till comparatively late in the world's history; it has doubtless disturbed the well-being and curtailed the life of many a man since our ancestors classed with the monkey in primæval forests.

Musical Study and Health.

In modern times when the so-called accomplishments find a large place in the education of the young much labour is bestowed upon their study which, in many cases, would be more profitably expended upon more practical subjects. All are not capable alike of receiving instruction, even in the rudiments of harmony, but mere mechanical dexterity can soon be acquired, parrot-fashion, from the hands of the teacher. Should the scholar happen to evince the minutest fraction of talent in the shape of appreciation of musical tone or form, he or she, most often the latter, is immediately forced, like a weakly hot-house plant, by dint of incessant practice and the application of artificial stimuli, until the power of retailing a fragment in a flat, insipid style is doubtfully attained. One type of tutor will insist upon the all-importance of technique, "the triumphant conqueror," while another instructor sacrifices everything for "soul." From the medical aspect very serious objections have been urged against the excessive application to musical study at an immature age, when the child is so susceptible to impressions from without, and this more especially if there are evidences of some natural ability. There is a distinct danger in such a precocious development along emotional lines which, in children of neurotic tendencies or heritage, should always be avoided, if possible. Then again, too little attention is paid, as a rule, to the position of the child's body at the piano: Day after day the neck is craned forward to read the notes, or the head is bent downwards to watch the fingers, and the spine assumes an antero-posterior curve. Such postures are most strongly to be condemned, for when they are adopted, perhaps in a small, ill-ventilated class-room, it can hardly be wondered if an ugly stoop, a condition of anæmia, or an error of refraction be the result. As long as Apollo and Hygeia walk hand in hand there will be no fear that the study of music will in any way imperil the health of the younger generation.

Heredity in Mitral Disease.

The transmission through generations of a tendency to certain morbid conditions of the arterial system, such as arterio-sclerosis, is a well-established clinical fact. The influence of heredity in actual heart disease has not been so fully recognised, and, indeed, the subject is one which is hardly mentioned by some authorities. Dr. Hirtz, of Paris, discussing the factor of heredity in mitral stenosis, relates the case of a family in which three of the six children suffered from mitral constriction, and although the parents were healthy, the two grandfathers died of some probable heart affection. In some cases of family heart disease the lesions are very nearly allied to those of congenital morbus cordis, and appear to arise from some arrested development (*nainisme mitrale*). It is not uncommon to meet with patients with heart disease who state that their parents suffered from a similar complaint, but the difficulty is to be sure that it is not merely the rheumatic tendency which is transmitted in such cases. If one could be sure of eliminating the influence of acute rheumatism one might reasonably believe in the importance of heredity pure and simple in mitral affections. The question of marriage in such families is a difficult one, for it not unfrequently happens that it is often the direct cause of an aggravation of the symptoms, and it is known that pregnancy is fraught with grave risks under these circumstances. Defects and tendencies to weakness in any organ or tissue may, of course, descend from parent to offspring, and there is no reason why the heart should be an exception to the general rule.

The Morphology of the Blood in Nephritis.

The importance of a clinical examination of the blood is now fully recognised even in cases where the diagnosis does not rest exclusively upon the determination of its chemical composition or the nature or quantity of its formed elements. In reviewing the work of Professor Pieraccini, of the University of Florence, M. Léfas, in the *Archives generales de Medicine*, draws attention to the celebrated dictum of Hayem, who stated

that in hæmatology would be found the solution of many great nosological problems. One of the first facts demonstrated by Professor Pieraccini was that in nephritis the tint of the hæmoglobin was frequently above the normal, contrary to that which might have been expected judging from the marked pallor so often seen in patients suffering from this disease. But the most important discovery in connection with the blood changes in nephritis is undoubtedly the relation which lies between the number of eosinophile cells present and the degree of intoxication of the system. The percentage of these cells undergoes a diminution in exact proportion to the amount of renal toxæmia present. This fact has been called by Gigli "Pieraccini's sign," and it also finds a clinical application in puerperal eclampsia due to intoxication of the same origin; indeed, it is quite usual to meet with an absolute aneosinophilia. These blood changes have also been observed experimentally in the dog after ligature of the ureters, in which a condition of uræmia was consequently produced. The clinical value of the sign consists in its use in the differential diagnosis of coma, for in that due to uræmia the eosinophile cells will be nearly or completely absent, while their number will remain the same as in the normal state if the condition be due to epilepsy, alcohol, or diabetes.

Leucæmia and Tuberculosis.

OFTENTIMES rich fruit may be found in unlikely gardens. And in the study of the association and relation of one disease to another there is often much of speculative interest rather than practical service. It is, however, very necessary that all by-paths of pathology should be seriously searched, for frequently in the apparently insignificant lie clues which, when followed, lead to results of the greatest importance. Dr. W. J. Susmann has recently investigated the relations of leucæmia to tuberculosis. It would seem that tuberculosis is rarely found in combination with either the spleno-medullary or lymphatic form of leucæmia. When the combination does occur, it is two and a half times as common in the lymphatic as in the spleno-medullary form. It is six times as common in the male as in the female. The tuberculosis may be found latent and obsolete, or it may supervene as a terminal infection; or, being latent, it may be lighted up as the result of the leucæmia infection. When the two diseases are combined there is a tendency for the total number of leucocytes to be diminished, and the spleen and glands to decrease in size. This apparent antagonism is possibly due to the excess of nucleo-albumin and the increased phagocytic power of the blood, both of which conditions are present in the leucæmic patient.

A Modern Jephthah.

OUR friends, the anti-vivisectionists, always said it would happen—and now we must confess they were right. Experimentation could not stop at animals; the blood-thirsty scientist would never be satisfied till he had tried his hand on his own species. Well, it has actually come to pass; only the experimenter was not a doctor, but an analytical chemist. To this investigator was entrusted a consignment of certain alleged injurious articles—to wit, aniseed balls—for purposes of analysis. Whether it was a passionate desire to ascertain the truth, or merely a hypersecretion of saliva stimulated by the sight of the succulent sweetmeats, that drove him to the act, we know not, but the fact remains—he ate one. Feeling no ill-effects, he ate another, and then, perhaps feeling he was greedy, he went so far as to continue the experiment on his own daughter. Unaware that she was being immolated on the altar of science, the little girl followed Oliver Twist's example, and asked for more. The newspaper reports do not say whether she got them; possibly, smitten with remorse, the father had prepared for this eventuality by consuming them all himself. However, all ended happily, for when the case came before the magistrate the analyst appeared for the defence and related his experience, and a conviction was averted. We can only trust that no report of this cold-blooded procedure finds its way to Victoria Street.

Perils by Rail.

A CURSORY glance at the annual statistics will show a tolerably long list of dangers which the ordinary railway traveller runs. He may be unfortunate enough to get smashed up in a collision or to find himself in the compartment with a thief or murderer. But in proportion to the numbers carried, the risks are few. We do not, however, find among the tabulated risks that of infection, although the risk exists. Not so long since a small-pox patient travelled a considerable distance in an electric tram, and we find in one of our lay contemporaries that a fever patient, on his way to hospital, travelled for fifty miles in a railway train. How is this to be prevented? We think that any person conscious that he is suffering from an infectious disease who travels by train should be liable to a criminal prosecution; for it is a crime to propagate disease. If the company knowingly books a passenger who is suffering from an infectious disease they should be liable to a severe penalty. If it becomes necessary to convey a sick passenger, one suffering from infectious disease, a special form of ambulance carriage should be provided, and the carriage thoroughly disinfected after each time it is used. If it should come to the knowledge of the officials of the company that a person who was suffering from an infectious disease had travelled in one of their vehicles, the vehicle should be taken off to the sheds and there disinfected before being again used. Two typical cases, showing that some steps should be taken in this matter, occurred recently, one in the North of Ireland, where a fever patient travelled fifty miles to a fever hospital in an ordinary railway carriage; and in the other case a small-pox patient travelled in an electric tram from the extreme south to the extreme north of the city of Dublin. We hope

some proper steps will be taken to stamp out this danger.

The Operative Treatment of Hæmatemesis.

Nowadays little hesitation is felt in undertaking the operative treatment of perforated gastric ulcer, but surgical opinion is by no means as unanimous with regard to the propriety of cutting down the stomach in cases of severe hæmatemesis. First of all the risk to life from hæmatemesis is comparatively small, and, secondly, it is by no means always easy to alight upon the source of the bleeding, even when it has been alarmingly copious; in fact, without making an incision in to the stomach it may not be possible to discover the solution of continuity. In this respect the perforated ulcer is very different from the bleeding ulcer. Moreover, gastric ulcer is not the only source of hæmatemesis, which may be caused by hepatic cirrhosis, and the differential diagnosis often presents grave difficulty. Some surgeons prefer to perform gastro-enterostomy, which, it is claimed, tends to arrest the bleeding and facilitates the evacuation of the stomach contents. As to its results in this direction, there is a curious discrepancy of opinion among surgeons, for while some have never seen hæmorrhage recur after the operation, others declare that its hæmostatic effects are by no means constant. Probably, as suggested by Mr. Butlin, in the course of the discussion at the Clinical Society last Friday, the best plan is to open the stomach and try to find the source of the bleeding. If the search be successful the lesion can be dealt with *sec. art.*, otherwise recourse may be had to gastro-enterostomy, which holds out good prospects of bringing about at any rate temporary recovery.

Organotherapy in Addison's Disease.

But little advance has been made in the treatment of Addison's disease since the now distant day when the great physician delineated the chief clinical manifestations of the condition. Dr. Edward W. Adams, in the current number of the *Practitioner*, has attempted to indicate the results of organotherapy in combating this complaint. His deductions are at least interesting, and to some extent suggestive. There would appear to be a certain class of case of Addison's disease which derives indubitable benefit from the exhibition of some form of suprarenal substance, though in any given case it remains up to now impossible to determine its probable response to the treatment. In any given case of the disease, selected haphazard, the probability obtains that disappointment will follow on the institution of organotherapy; but that probability is very distinctly less than that attaching to any alternative method of treatment at present known. The last word upon the preparation to be used and its method of administration remains yet to be said. The problem seems to be to get a sufficient and continuous dose of the pure and active principle unchanged into the blood-stream. Intravenous injection is impracticable. Evidently we are far from any trustworthy method of influencing the pathological processes underlying the morbid condition we do well to speak of as "Addison's disease."

Operations in Diabetic Subjects.

In discussing the prospects of surgical intervention in the subjects of diabetes, the cases in which the operation is undertaken for diabetic gangrene should be eliminated from the statistics, otherwise a very misleading idea may be formed of the actual danger entailed by the disease. Apart from these cases it would not seem that the risk is such as to deter surgeons from performing even serious operations, especially if the general condition be fairly satisfactory. The possibility of the supervention of diabetic coma is one which cannot well be guarded against, and when death has followed surgical intervention it was due to this complication in the majority of instances. The process of tissue repair in these cases usually proceeds on normal lines, the ultimate result depending far more on the functional state of the kidneys than on the diabetes proper. Of sixty-nine operations on diabetic subjects collected by Dr. C. P. Noble, of Philadelphia, fifty-two recovered and seventeen died, giving a mortality of 24 per cent. Nine of these deaths were due to coma. Other than from coma the mortality does not appear to be extremely high. A good general rule is to postpone operation whenever the proportion of sugar exceeds 2 per cent. until, under a proper regimen, it has fallen.

The Shipley Oddfellows and their Medical Officers.

It is well that the attention of medical men who are willing to take the post of medical officer to a friendly society should be directed to the state of affairs which exists at Shipley and to the manner in which a friendly society, termed the Shipley Oddfellows, have treated their medical officers. Apparently there have been various causes for dispute between the club and its medical officers since September, 1901, arising out of an attempt on the part of the former to compel their medical officers to grant initiation certificates for female candidates on the same terms as for men. Since that date, it appears that the medical officers have given way on various points in order to meet the wishes of the clubs, but that they have refused very properly to give way on the question of the establishment of female clubs, to which they are entirely opposed. In consequence of this, the clubs have given them notice that their services will not be required after the end of the year, and as every medical man in Shipley is involved in the dispute, the clubs intend to import, if they are able to do so, others who will be more subservient. It is sincerely to be hoped that medical men will refrain from answering the advertisements of the Shipley Oddfellows. The future of the medical profession in both Engand and Ireland depends to a very great extent upon the self-restraint that is exercised by its members

with regard to the acceptance of posts vacant owing to the forced resignation, under similar circumstances, of a professional brother. Medical men are urged to apply to Dr. Eames, the secretary of the Shipley Medical Union, before accepting any post advertised by the Shipley Oddfellows.

Natural Causes.

THE verdict of death from natural causes is one of the euphemisms of coroners' juries when there is a reluctance to censure some neglect or ignorance on the part of the person or persons responsible for the care of the deceased life. It is the favourite verdict in cases of death in childhood, especially for those infants who have been subjected to the pharmaceutical chemist's quackery. If the medicine the counter prescriber ordered is not immediately lethal, " natural causes " is returned as the verdict. This is wholly wrong. The death does not in such cases result from natural causes ; it results in many cases from the neglect of the parent or guardian to call in a medical practitioner, and from the unblushing and lethal quackery of the pharmaceutical chemist. One of the worst examples of this occurred recently near Manchester where the chemist prescribed for a child suffering from broncho-pneumonia a mixture which his printed advertisement described as a cure for the most infectious diseases, such as small-pox, diphtheria, and scarlatina. Under his care the child got worse and died, and the verdict is " death from natural causes." And this because the mixture (which analysis showed) contained no poison. It contained, according to the analyst, chloride of ammonium and potassium, sulphate of potassium and sodium, some ipecacuanha, camphor, and flavouring agents.

Chloroform *versus* Ether.

IT is usually taken for granted that ether is a safer anæsthetic than chloroform on the strength of laboriously compiled statistics. Certain it is that the death roll from the latter is vastly heavier than that from ether, but it does not follow that these figures afford trustworthy data upon which to found an indictment of chloroform. Ether is more particularly employed in hospital practice, and there are no means of ascertaining, even approximately, the occasions in which anæsthesia is induced in private practice where chloroform is practically the only anæsthetic used. In hospital practice chloroform is reserved for special cases—that is to say, the very young or, on the other hand, the aged and patients suffering from pulmonary or other disease contra-indicating the inhalation of ether. It follows that a somewhat higher death rate is only what might be expected, even though the drug be administered by skilled anæsthetists. In private practice, on the contrary, chloroform is administered by more or less inexperienced men who employ no apparatus of any kind and are often pressed for time, and the death rate is therefore comparatively high. A death under chloroform in skilled hands is of the rarest possible occurrence and in probably ninety-nine per cent. of the fatal cases the drug has been given on a towel or handkerchief. We are indeed unable to recall an instance of death under chloroform occurring when a proper inhaler was used, so that it must be extremely infrequent. We incline to the belief that the bad reputation of chloroform is, in the main, due to its incautious or improper administration and not to any lethal properties essentially its own. Of course, even the best inhaler may prove dangerous if imprudently or carelessly handled, but it nevertheless enables the anæsthetist to keep control of the case without waiting for the supervention of alarming symptoms.

The Diaphragm Phenomenon of Litten.

AMONG the lesser-known physical signs which are more usually regarded as clinical curiosities than actually utilised by students is the diaphragm phenomenon described by Litten in 1892. This consists of a bilateral linear depression appearing as a shadow at the level of the sixth intercostal space, and at a point intermediate between the nipple and anterior axillary lines. The shadow moves from above downwards during inspiration, and in the reverse direction in expiration, while it is better marked during deep respiration. It is best observed in a diffused light or by oblique illumination. The phenomenon is due to the ascent of the diaphragm and its retraction from the borders of the lungs. With regard to its clinical importance, Puglisi (*a*) has found that it was absent in thirty-nine cases of pneumonia on the same side as that in which consolidation had occurred. The same observer finds that it is also lacking in conditions where fluid or gas is present in the pleural cavity. When the diaphragm is motionless, as in phrenic paralysis or diaphragmatic pleurisy, the sign is again wanting. It would appear, therefore, that some considerable value would attach to this hitherto little-studied clinical phenomenon, as it is likely to be of assistance in the diagnosis of obscure cases of pleuro-pneumonia and also in morbid conditions involving the diaphragm.

Antityphoid Inoculations.

IN a note (*b*) on the protective effect of antityphoid inoculation, Dr. A. E. Wright deals with the results as shown in two further statistical reports received at the War Office during the last twelve months. It appears that 4,883 out of 55,955 soldiers in South Africa were inoculated, and, according to the returns, the incidence of typhoid was thereby diminished by one-half and the death-rate by five-sixths. These figures, moreover, refer almost exclusively to men inoculated between 1898 and 1900, so that we are at liberty to infer that the protective effects are maintained, at any rate for the period of time covered by this interval, in other words, for a minimum of three years. In view of these results it may appear advisable to the Government to encourage the inoculation of soldiers

(*a*) *Riv. critic. di clin. Med.*, May 2nd, 1902.
(*b*) *Lancet*, October 10th, 1903.

belonging to the army in India, where typhoid continues to be a fertile, and, so far an uncontrollable, source of mortality.

A New Form of Intoxication.

A new and most depraving mode of producing intoxication has been found to exist in the Army, and has had attention drawn to it by Major Jennings, D.S.O., in the current number of the *Journal* of the Royal Medical Army Corps. It consists in the eating of the cordite with which Lee-Metford bullets are loaded, and although the results which follow its use are, at first at any rate, of a most unpleasant character, still it appears to gain a considerable hold over its devotees. Major Jennings, after discovering the existence of this habit amongst certain men under his charge, experimented *in corpore vili* by sucking a quarter of a strand of it for two minutes. The result was the worst headache he had ever suffered from, accompanied by ringing noises in his ears. The taste of the cordite was sweet and not unpleasant. It appears that the men take cordite, either alone or dissolved in tea or beer, and that the effect upon them is at first an excited form of drunkenness, shown by continuous talk and a tendency to inform one another of all that ever happened to them. This is followed by a heavy sleep, from which it is extremely difficult to awaken the sleeper. When taken in beer it causes its worst effects, and excites its victim to "almost demoniacal actions," while, according to one of Major Jennings' patients, taken by itself it does not cause this intense effect, but only heavy stupor and sleep. Cordite consists of nitro-glycerine, gun-cotton, and a mineral jelly, with the addition of acetone as a solvent, but which of these constituents is responsible for the result is questionable. Nitro-glycerine is well known to cause tinnitus aurium, and its administration, by causing dilatation of the arterioles, may result in the accumulation in the cerebral circulation of an increased quantity of blood, and in large doses untoward consequences. Acetone is well known to act as a narcotic, but it does not appear to enter largely into the composition of the cartridges.

Mr. Arthur C. J. Wilson has been placed on the Commission of the Peace for the West Riding of Yorkshire.

Dr. James Thomas, of Aberystwith, went to Liverpool on the 30th ult., and has not since been heard of. His friends are naturally very anxious as to his fate.

Dr. Charles Porter, of Sheffield University College, has been appointed interim medical officer of health for Sheffield pending the return to duty of Dr. Schofield.

Dr. F. M. Sandwith has been authorised to accept and wear the Insignia of the Third Class of the Order of the Osmanieh, conferred upon him by his Highness the Khedive of Egypt in recognition of the valuable services rendered by him.

Dr. Adam Blackhall, of Crimond, was presented last week with a silver salver on the occasion of his retiring from practice on account of ill-health. A balance remained in hand, which, at Dr. Blackhall's request, was handed over to the funds of the Children's Hospital.

Special Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

[FROM OUR SPECIAL CORRESPONDENTS.]

EDINBURGH.

The New Fever Hospital.—Though formally opened by the King on the occasion of his visit to Edinburgh in the early summer, the hospital has only now so far approached completion as to be available for the reception of patients, and, on account of the pressure on the accommodation in the old city hospital caused by the prevalence in the town of scarlet fever and diphtheria, it has been decided to transfer the convalescent scarlet cases to the new buildings within the next few days, so that it will soon be in actual working order. On the invitation of the authorities the hospital was open for inspection by the medical profession on Wednesday, and by the general public on the three following days, when parties were shown round the hospital by Dr. Claude Ker, the superintendent. The hospital is situated in grounds extending to 130 acres on the southern slope of Craiglockhart Hill, and looking directly across to the Pentland Hills. It is constructed in a series of isolated pavilions which will accommodate about 600 patients. Nearly half of the beds are devoted to scarlet fever. The wards are divided into two groups by a line of administrative blocks running north and south, and the westmost group are those in which scarlet fever is to be treated, while on the east are the pavilions for diphtheria, measles, whooping-cough, enteric, and erysipelas. The diphtheria wards are in close proximity to the superintendent's house, since in that pavilion sudden emergencies are most likely to arise. A ten-bed ward for typhus is isolated from the rest of the hospital in the south-west corner of the grounds, and in the north-west corner special provision is made for small-pox cases. The wards shown to visitors on Wednesday were those for scarlet fever, which were completely furnished and ready for occupation. A special feature of these is the position of the sanitary turrets, which, instead of being at the ends of the wards, as usual, are laterally placed, while the south end of the ward is converted into a convalescent room. The advantage of this arrangement is that the sunniest parts of the wards are available for patients' use, and are are not filled up by bath-rooms, &c. A visit was then paid to the kitchen and nurses' quarters, in which the comfort of the nursing staff has been carefully considered. The recreation hall is suitable for concerts, &c., and has a gallery at one end with a large oriel window, from which a magnificent view of the hills is obtained, at the other. Throughout the whole plan of the building and its organisation the most strenuous efforts are made to obtain such complete isolation as shall render cross-infection impossible, communication between convalescent patients in the grounds being prevented by double hedges. Special attention has been given to the laying-out of the ground by the city gardener, and nearly 16,000 trees have been planted within them. The site of the hospital cost over £20,000, and the total expenditure up to date has been over £360,000.

BELFAST.

Board of Guardians.—At the last meeting of this board it was announced that the Local Government Board had written saying that they did not object to the proposed appointment of a visiting ophthalmic surgeon, and it was decided that an advertisement should be prepared for this officer. The medical staff of the institution have for some time been anxious that the large number of ophthalmic cases always in the in-

firmary should be handed over to the care of a specialist, and it is satisfactory to see that the guardians and the Local Government Board have fallen in with their views.

ACCOMMODATION FOR INFECTIOUS CASES.—An attempt was made at the Board of Guardians to get the Union Fever Hospital converted into a district hospital, so that fever patients might come to it without the stigma of being in a workhouse hospital. The movement was, however, defeated by a large majority, the guardians taking the ground that their business is to look after the indigent poor, and that the rest of the community should be looked after by the City Corporation. The latter body is at present placed in rather an awkward predicament, for since the old Royal Hospital was closed last month there is no place to which fever cases can be sent except the Union Fever Hospital, to which the artisan class naturally object to go. The new fever hospital at Purdysburn will not be ready for three years. It seems as if the Corporation would be compelled to lease the old Royal Hospital and utilise it as a fever hospital till the new hospital is ready, though the building is far too large, and has few of the characters of an ideal infectious diseases hospital. If an epidemic were unfortunately to break out just now, and a few score cases of fever were to be notified to the Public Health authorities, and certified as not being properly isolated at home, the situation would be an interesting one.

THE HEALTH OF BANGOR.—The quarterly report of Dr. John F. Mitchell, medical officer of health, shows a very satisfactory state of things in Bangor, which is practically a suburb of Belfast, though ten miles distant. During the quarter there was only one case of infectious disease notified, and that had been imported from Belfast. The public health was notably good, Dr. Mitchell said, and this he attributed to the efficient sanitary condition of the town. He had reported all the unsanitary houses which he knew of to the Council, and he had to thank them for carrying out his recommendations at all times.

Correspondence.

"DISEASES OF WOMEN DUE TO CLOTHING."

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the article under the above heading in the MEDICAL PRESS AND CIRCULAR of this week, Dr. W. Williams puts forth the astonishing statement which I quote below. He says that he broached the subject in 1902 in a provincial medical journal, but he does not now give us any of the facts upon which he bases his sweeping generalisation. If chlorosis and anæmia are always due to or associated with hæmorrhage from a gastric ulcer, it seems indeed amazing that Dr. Williams should be the only observer who has detected the signs and symptoms of such a common pathological condition. If bleeding from a gastric ulcer is the commonest cause of chlorosis and anæmia, how comes it that the fact has not been widely recognised by the profession? Some further elucidations from Dr. Williams are surely called for:—

"In the article I endeavoured to show that chlorosis in some degree an almost universal complaint among young women, was the simplest of all forms of anæmia, that due to hæmorrhage; that this bleeding took place in the stomach, that it was derived from a gastric ulcer, and that the gastric ulcer was in its turn produced by the stays, or, in other words, by wearing about the waist a tight, unyielding, constricting mechanism which compressed the liver and stomach, disarranged the circulation, and—as further explained—produced the lesion in question.

"Practically every young woman loses blood in the way indicated, and, as a consequence, becomes the prey to anæmia more or less marked; the worst cases of anæmia from this cause occur not in those whose figures have been systematically trained by the stays from infancy, but in those who from previous neglect are taken in hand later in life, and more hasty and violent measures resorted to, as in the case with the poorer classes."

I am, Sir, yours truly,
AN OBSCURE PRACTITIONER.

October 8th, 1903.

Obituary.

WILLIAM JOHNSON WALSHAM, M.B., C.M.Aber., F.R.C.S.Eng.

THE death of Mr. William Johnson Walsham, which took place at 77 Harley Street early last week, will excite universal regret. In his person surgery loses one of its most industrious members, and the medical school of St. Bartholomew's Hospital an esteemed and valued teacher. Mr. Walsham was born in 1847. He was educated privately and was destined at first for the profession of a civil engineer. To this end he was apprenticed to the firm of Maudslay, but he broke his indentures to study chemistry. His proficiency in this subject caused him to turn his attention to medicine, and he entered himself as a student at St. Bartholomew's Hospital. During his career as a student he gained a gold medal for botany at the Apothecaries Society and some of the chief prizes in the medical school. He was admitted a member of the Royal College of Surgeons of England in 1871, and then acted as house physician to the late Dr. Francis Harris. His energies, however, were soon turned to surgery, though he graduated as M.B., C.M. at the University of Aberdeen. At St. Bartholomew's Hospital he began as junior Demonstrator of Anatomy, where he ultimately became full surgeon and lecturer on surgery. He devoted more particularly time to orthopædics and interesting himself also in the treatment of nasal diseases. For several years he acted as an examiner at the Royal College of Surgeons of England, first in anatomy, and afterwards in surgery. He also examined for the University of Aberdeen. He was for some time surgeon to the Metropolitan Hospital, whilst at the time of his death he was consulting surgeon to the Hospital for Hip Disease at Sevenoaks and to the Bromley Cottage Hospital. Mr. Walsham was the author of several surgical works, his "Treatise on the Theory and Practice of Surgery," published in 1887, being the best-known, indeed, it is still deservedly popular in its eighth edition. He also contributed numerous papers of professional interest. For some months past he had been ailing, and he was taken ill at Wiesbaden, whither he had gone for rest and change. At his own earnest request he was brought back to England, and he died at his house in Harley Street on Monday. Mr. Walsham married, in 1876, Edith, the elder daughter of Mr. Huntly Spencer, of Hastings, and left no children. Mr. Walsham was an able surgeon, and a first-rate operator, an excellent colleague, and a most genial companion. He was buried at Highgate Cemetery on the 9th inst., and a memorial service was held on the same day in the hospital church of St. Bartholomew-the-Less.

DR. JOHN ROCHE.

WE regret to announce the death of Dr. John Roche, of Kingstown, which took place at Heidelberg, in Germany. As a young man Dr. Roche entered the Indian Medical Service, and in 1869 he received the thanks of the Governor and Council of Bombay for his services during the cholera epidemic. He wrote a number of interesting articles on such practical questions as constipation, the use of the maternity binder, the cure of fistula, uterine displacements, and so forth. He took the M.D., and M.Ch. R.U.I. as long ago as 1867, and in 1885 he became one of the earliest to take the D.Sc. of the same university. For some years past he devoted his leisure to literary work. About three weeks ago he left for a tour on the Continent, in company with his son, his strength, however, broke down at Heidelberg, where he died.

Literature.

THE BRITISH SANATORIA ANNUAL. (a)

This convenient little guide, originally reprinted from the *West London Medical Journal*, is now in its third year of publication, and forms a useful index to a considerable number of sanatoria now available for consumptives in this country. Unfortunately the particulars given are evidently prepared by those intimately interested in the institutions described, and lack the open and judicious expression of opinion which can only come from outside observation. The arrangement of the descriptions is not such as facilitates ready reference and the list of sanatoria for men is by no means complete. The work is one which will prove of distinct service, but we venture to think its usefulness would be increased if it were less avowedly an advertising medium.

An appendix contains abstracts of some good papers read at the Tuberculosis Congress of 1901, but the general reader would be better helped if a comprehensive summary of recent work in connection with the hygienic treatment had been given.

The work has a very attractive appearance, but the white flowery covers appear to be more fitted for the drawing-room table than the desk of the busy practitioner.

ELEMENTARY BACTERIOLOGY. (b)

This modest but compact little manual is an attempt to present the fundamental principles of bacteriology in a concise and attractive manner. The author states that the material has been selected and arranged so as to meet the ordinary requirements of Indian students and practitioners. We should have thought that the many recent works on this subject would have been sufficient for the needs of all English-speaking students; and the present volume, although in many ways excellent as an introduction to bacteriology, and sufficiently elementary as to be capable of being clearly understood by almost any intelligent reader, is hardly sufficiently complete as to meet the requirements of medical students.

Opening with a discussion on the theory of spontaneous generation, the author passes to the consideration of fermentation, the morphology and general biology of bacteria, the phenomena of putrefaction, the use of antiseptics and disinfectants, and the preservation of foodstuffs. Many of the pathogenic organisms are briefly described, but, as we think, their relation to morbid processes are all too lightly dealt with.

In an appendix, short reference is made to the principles of bacteriological technique, and a short account is given of snake venom and anti-venomous serum.

As far as the book goes, it is deserving of commendation, but, in our judgment at least, for the requirement of the medical student it is incomplete and much too superficial.

The illustrations are good, but mostly taken from well-known manuals on bacteriology, and even the coloured frontispiece is not original.

Literary Notes and Gossip.

This month's reviews and journals contain but few articles written by medical men and the essays dealing with professional subjects are meagre and of but little importance. It is to be regretted that our leaders in the profession find but scant opportunity for dealing with scientific matters in prominent periodical literature, for at the present day public opinion is formed and guided to a very considerable extent by expressions which find an opening in essentially ephemeral media.

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The *Contemporary Review* for October contains an interesting essay on "The Truth about Christian Science," by Mr. E. Wake Cook, and it is well that medical men should not neglect a subject which among certain circles is doing much damage.

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The current number of *Nature* deals with the recent official reports on the ill-health of the Rand miners, a subject of the greatest importance in the development of South African resources.

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The irrepressible Dr. Yorke-Davies writes in The *Gentleman's Magazine* for October on "Gout the Nemesis."

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We have on several occasions referred to the luminous essays of Mr. H. G. Wells, which, during the past year, have been appearing in the *Fortnightly* and *Cosmopolitan*. They have now been issued in book form, and medical men will do well not to neglect "Mankind in the Making" (London: Chapman and Hall.)

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Many medical men are ardent lovers of the Suffolk artist, John Constable, who has familiarised us all with the country delights of this sparsely populated district of England. It is certainly not generally known that Constable, in two well-known pictures, figures as a physician. He sat for the head of the physician in "The Sick Lady," Wilkie's great work, and later in life he again appears as the physician in Wilkie's picture of Columbus. Constable's wife died of consumption. Now near the sweet pastoral country in which his early days were spent there stands the East Anglian Sanatorium.

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Although but few medical men have gained distinction among novelists. their wives and daughters have in many instances won conspicuous success in the fields of romance and paths of tragedy. It is pernaps not generally known that the English version of "The House of Sin" (London: Maclaren and Co., 1903), the powerful work of Marcelle Tinayre, "La Maison du Péché," which has attracted much attention during its appearance in *La Revue de Paris*, has been prepared by Mrs. M. Smyth, the talented wife of Dr. Smyth, the well-known medical superintendent of Altadore Sanatorium.

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"The Feeding of Infants and Growing Children," by Mr. G. Mellin, is an intelligent method of advertisement, in that it formulates the principles of infant alimentation in plain lauguage suited to the public to whom it is addressed. In view of the lamentable waste of infant life directly attributable to mismanagement of this all-important department of maternal function, every effort, interested though it be, to generalise such information must be commended. We would willingly see this concise and well-written little pamphlet in the hands of every mother, and in this wish the author will doubtless concur.

Many past and present students of King's College Hospital will doubtless be glad to possess the "memorial" picture just published by Messrs. Benyon and Co., of Cheltenham. On a sheet three feet by two is printed in lithography, the hospital exterior in the centre, surrounded with perspective drawings of the interiors of three wards, laboratory, chapel, etc., with medallion portraits of some of the eminent members of the staff who made King's College and its Hospital great, from Sir Thomas Watson, Sir Wm. Ferguson, Todd and Budd, down to the present seniors, Lord Lister, Professors Lionel Beale, Wm. Rose, Watson-Cheyne, etc. Most of these portraits are excellent reproductions, the exception being that of Lord Lister, whom few of the present day would recognise herein.

Statisticians will find much figure-food in Dr. W. J. Barclay's "Life-Table for New Zealand," which appears in the current number of *Public Health*. In the same monthly will be found Mr. John Tatham's paper

(a) "The British Sanatoria Annual." Pp. 158, with illustrations. London: John Bale, Sons, and Danielsson, Limited. 1902.

(b) "Elementary Bacteriology." By M. L. Dhingra, M.D., C.M. Edin., Diplomate in State Medicine, University of Cambridge. Pp. 145, with coloured frontispiece and 26 figures. London, New York, and Bombay: Longmans, Green and Co. 1903. 3s. net.

on "Infant Mortality," read at the recent Congress on Hygiene.

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The *Humane Review* for October contains an article on the so-called "Philosophy of Vivisection," from the pen of Mr. John M. Robertson.

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The Innsbruck "Städtischen Veokenrssektion" has issued a most attractive and artistic booklet in English describing and portraying. by a series of elegantly-coloured illustrations, the charms of Innsbruck, in the Austrian Tyrol and its delightful neighbourhood, as a winter health resort. The book is sent free to medical men on application.

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LIEUT.-COLONEL ANDREW C. P. HAGGARD'S new work, "Sidelights on the Court of France" (London: Hutchinson and Co. 1903), is dedicated "To H. Macnaughton-Jones, M.D., in admiration of his work and career."

Medical News.

Prize Day at Haslar.

THE session for the surgeons, Royal Navy, under special instruction at the Royal Naval Hospital, Haslar, terminated on September 30th, when the prizes were given away by Admiral J. Durnford, C.B., D.S.O., one of the Lords of the Admiralty. The Director-General of the Medical Department of the Navy, Sir Henry F. Norbury, K.C.B., M.D., was also present. The following is a list of the marks gained by the respective officers:—Surgeons A. W. Iredell, 4,238; F. C. Robinson, 3,998; C. E. C. Child, 3,892; M. T. Male, 3,826; C. H. Dawe, 3,661; R. Thompson, 3,620; W. K. D. Breton, 3,545; E. S. Wilkinson, 3,128; R. Kennedy, 3,053; E. A. G. Wilkinson, 3,039; J. H. L. Page, 3,017; W. E. Ormsby, 2,984; J. J. H. Rooney, 2,979 A. F. Fleming, 2,678. The prizes were awarded to Surgeon F. C. Robinson, gold medal; Surgeon A. W. Iredell, silver medal and books; Surgeon C. E. C. Child, microscope.

Position of Medical Officer of Health in Cork.

AT a largely attended meeting of the medical profession held on October 3rd, the following resolution was passed unanimously:—Resolved: "That we, the members of the Cork medical profession, view with the greatest indignation the unjust observations which were recently made in public by the Lord Mayor with regard to the examination held for the post of subsanitary officer by our medical officer of health, Dr. D. D. Donovan, and we wish to express our entire confidence in the skill and integrity of our medical officer of health, and in the manner in which he has on all occasions faithfully discharged his duties. N. J. Hobart, chairman; P. G. Lee, hon. sec."

The Royal Waterloo Hospital for Children and Women

THE Board of Governors of this Institution, situated in Waterloo Bridge Road, Southwark (the oldest of its kind in the British Empire), founded by the late Dukes of Kent and Sussex, has just received official notification of the following:—"His Majesty the King has graciously signified his pleasure that the hospital shall retain the privilege so long enjoyed (since the reign of His Majesty George III.), and has commanded that the institution shall continue to be styled the Royal Waterloo Hospital for Children and Women."

The Odontological Society of Great Britain.

WE are requested to announce that this society is prepared to receive applications for grants in aid of the furtherance of scientific research in connection with dentistry. Communications should be addressed to the Honorary Secretary, 20, Hanover Square, W.

Death Under Anæsthetics.

AN inquest was held at Manchester last week on the body of a married woman who had succumbed to chloroform narcosis at the infirmary when about to undergo an operation for carcinoma of the upper maxilla. An exonerating verdict was returned. At the Chesterfield Hospital a married woman suffering from strangulated hernia died on the operating table while still under the influence of ether anæsthesia. The usual verdict was returned.

St. Vincent's Hospital, Dublin.

THE Introductory Address at the opening of the winter session was delivered on October 6th by Mr Tobin, one of the surgeons of the hospital. The address, which we publish to-day in our "Irish Supplement," dealt with the grievances of Poor-law medical officers, and the speaker advised the newly-qualified man "to leave the Poor-law service alone," until such time as it had been placed upon a proper basis. A vote of thanks to Mr. Tobin for his address was moved by Dr. Hickey, of New Ross, and seconded by Dr. Cosgrove, of Kilcock, Dr. Cox presided.

Royal Academy of Medicine in Ireland.

THE annual general meeting of the Royal Academy of Medicine in Ireland will be held in the Royal College of Surgeons on Friday, October 30th, 1903, at 4.30 p.m., when the report will be submitted, and the election of officers will take place. The names of candidates for office must be in the hands of the secretary not later than Tuesday, October 20th.

Association of Physicians and Surgeons of the Society of Apothecaries, Limited.

AT the September meeting of the Council it was resolved that, in the opinion of this Association no Medical Acts Amendment Bill can be considered satisfactory which does not include the following provisions:

1. That all persons registered under the Medical Act of 1858 in respect to qualifications to practise medicine shall henceforth be described as physicians, and all persons registered in respect of qualifications to practise surgery shall henceforth be described as surgeons.
2. That all persons registered under the Amending Act, and under the Medical Act of 1886, shall be described as physicians and surgeons.
3. That the annual registration certificate shall state that the person mentioned thereon is entitled to practise medicine, or surgery (either alone or in conjunction with midwifery), or medicine and surgery and midwifery, as the case may be.
4. That the title of Doctor may be used by all registered medical practitioners who are entitled under the Amending Act to describe themselves as physicians, or as physicians and surgeons.

It was also resolved: That this Association will actively oppose any Bill not containing provisions 1 and 2.

Guild of St. Luke.

As we previously announced, the annual medical service organized by the Guild of St. Luke, and which has now been held for many years past, will take place this year on Wednesday, the 21st inst., at 7.30 p.m., at St. Paul's Cathedral, when the sermon will be preached by the Rev. Prebendary H. Montague Villiers, Vicar of St. Paul's, Knightsbridge. As heretofore, all doctors who are graduates or fellows or members of the Royal College of Surgeons are asked to attend in academical robes. Last year upwards of 1,200 medical men were present, and the space under the dome was largely filled with those in academical dress. The music will be rendered by the London Church Choir Association. Admission to the space under the dome will be by ticket only.

Medical Officers of Health.

THE annual dinner of the Incorporated Society of Medical Officers of Health was held at the Holborn Restaurant on Friday evening, October 9th, under the Presidency of Dr. Joseph Groves, J.P., the distinguished medical officer of health for the Isle of Wight. A large number of guests were present, including Sir Wickam Church, Bart., President of the Royal College of Physicians; Dr. Griffiths, President of the British Medical Association; Dr. Whitelegge, C.B., Chief Inspector of Factories; Dr. Dawson Williams, Dr. Kelynack, and Dr. Tatham. A large number of Medical officers of health from various parts of the country were present, and many important speeches were made.

PASS LISTS.

Glasgow University.

The following have passed the first professional examination for the degrees of Bachelor of Medicine (M.B.) and Bachelor of Surgery (Ch.B.) in the subjects indicated (B., botany; Z., zoology; P., physics; C., chemistry):—

Wallace W. Adamson (Z., C.); Alexander Anderson (B., Z., P., C.); David Anderson (B., P.); James M. Anderson (B.); John Atkinson (C.); Robert I. Binning (Z., C.); Robert R. Bow (B., P.); John L. Boyd (B., P.); Murdo Buchanan (B., C.); James Cairncross (Z., C.); James Cairns (B., P.); William R. Cammock (B., P.); Thomas H. Campbell (B., P.); James Carrick (B., P.); Alexander B. Cluckie (Z., C.); John H. J. V. Coats (Z., P., C.); James Cook (B., P.); Alexander J. Couper (Z.); James R. Craig (B., P., C.); Charles A. Crichlow (B., P.); Neilson Davie (Z., C.); Alexander Dick (C.); John A. Doctor (C.); James Dunbar (C.); Donald Duncan (B., P.); Leonard J. Dunstone (B., P.); Alexander W. Eadie (Z., C.); William M. Elliott (B., P.); Archibald Fairley (B., P., C.); Thomas L. Fleming (Z.); Thomas Forsyth (Z., P., C.); William L. Forsyth (B., P.); John Fotheringham (B., C.); George N. Fraser (Z., C.); Samuel N. Galbraith (B., P.); Berkeley Gale (B., P.); Hugh M'V. Gossman (Z.); Robert Govan (Z., C.); Henry M. Granger (B., Z., C.); John V. Grant (B., C.); James D. Gray (Z., C.); Thomas E. Gray (B., P.); William C. Gunn (B., C.); David Hamilton (Z., C.); Thomas Harkin (Z., C.); John M. Henderson (B., P.); James H. Hislop (B.); William A. Hislop (Z.); Archibald Hogg (B., Z.); Benjamin Hutchinson (B., P.); Andrew J. Hutton (B., P.); Alexander M. Kennedy (B., P.); Charles L. Kerr (B., Z., P., C.); Robert Lauder (P.); Daniel C. M'Ardie (P.); Peter C. M'Arthur (Z.); Ernest B. Macaulay (B.); Alexander M. Macdonald (B., P.); Alexander T. L. Macdonald (B., P.); James M'Donald (C.); Neil MacInnes, M.A. (B., Z., P.); William C. Mackie (B., P.); Allison D. M'Lachlan (Z., C.); Donald C. Maclachlan (B., Z., P., C.); William E. M'Lelland (B., Z., P.); James W. M'Leod (B., P.); James M'M. M'Millan (B.); Donald I. M'Naughton (Z.); Arthur N. R. M'Neill (B., P.); Murdo M. Macrae (Z., C.); John M'Vittie (B., Z., P., C.); Andrew Maguire (B., C.); David Manson (B., P.); James H. Martin (B., P.); David R. Mathieson Z., P.); Horatio Matthews (Z.); William S. Melville (Z., P., C.); John W. Miller (C.); Thomas Miller (B., C.); James R. Mitchell (Z., C.) Hugh W. Moir (B.); Robert C. Muir (B.); Archibald C. Munro (B., P.); Arthur A. Murison (C.); Isaac Papiermeister (B. P.); Ralph M. F. Picken (B., P.); David Purdie (B., P.); Richard Rae (B., P.); Daniel M'K. Reid (C.); Donald Renton (P., C.); Benjamin Robertshaw (B., Z., P., C.); Thomas D. C. Ross (Z., C.); Alexander Scott (B., P.); George W. Scott (B., Z.); Robert E. Selby (B.); James A. Smith (P., C.); John Steedman (C.); Andrew W. M. Steele (P.); James A. Stenhouse (B., C.); Campbell K. Stevenson (B., P.); Edward E. Stewart (Z.) John Stewart, M.A. (Z., C.); Lawrence Storey (B., Z., P.); Hugh C. Storrie (B.); John A. Struthers (C.); John M. Taylor (B., P.); Robert S. Taylor (Z., C.); David A. Thomson, M.A. (B., C.); Hugh J. Thomson (B., P.); John A. Thomson (Z.); Martin Turnbull (P.); John M. Walker (Z., C.); Thomas C. D. Watt (Z.); Hugh White (C.); Charles P. Williamson (B.); David M'G. Wilson (B., P.); Frank R. Wilson (B., P.); Garabed Y. Yardumian (B., P.); Hugh Young (B., P.); John Young (B., P.); Matthew Young (B., P.). Women—Margaret G. Forrest (Z.); Margaretta H. D. Kelly (B., Z.); Alice H. Macalpine (B., Z.); Annie M'Crorie (Z.); Flora Morrison (B., Z.); Jane I. Robertson, M.A. B., Z.); Olive Robertson (B., Z.); Margaret E. Rutherfurd (B., Z.).

The following have passed the second professional examination for the degrees of Bachelor of Medicine (M.B.) and Bachelor of Surgery (Ch.B.) in the subjects indicated (A., anatomy; P., physiology; M., materia medica and therapeutics):—

George A. Allan (M.), George V. Anderson (P.), James H. Baird B.A. (M.), Hugh Barr (M.), George D. M. Beaton (A., P.), George T. Bogle (A.), Charles Burns (A.), Donald L. Carmichael (A.), John P. Carmichael (M.), Charles G. A. Chislett (P., M.), Donald Clark (P.), Thomas G. Copestake (A.), Andrew D. Cowan (P.), Harold W. Dempster (A.), John S. Dunn, M.A. (M.), Eric J. Dyke (M.), Hamilton W. Dyke (M.), Edward J. Fitzgerald (A., P.), Thomas H. Forrest (P.), Joseph Glaister (A., P.), Alexander Graham, B.Sc., (M.), John I. Greig, M.A. (A., P.), William Grier (M.), Charles F. D. Hammond (A., P., M.), John Hammond (M.), Saul H. Harris (A.), James D. Hart (A., P., M.), Frank Hauxwell (P., M.), Lawrence Hislop (P.), Alexander Hunter (A.), James Hunter (A., P., M.), Harry S. Hutchinson (A., P.), William B. Jack (M.), Arnold E. Jones (P.), Percy J. Kelly (M.), William L. Kirkwood (M.), Robert W. Leckie (P.), George H. Logan (A.), Peter Lowe, M.A., B.Sc. (A.), Thomas M'Cosh (M.), Duncan M'Ewan (A., P., M.), Hugh A. Macewen (M.), James D. Macfie (A.), John Macintyre (A.), William Macleod (M.), Hugh MacNaught (A., P., M.), Norman S. MacNaughtan (P.), William H. Manson (A., P.), Robert May (M.), John Moffatt (A.), John D. Nisbet (A.), Thomas T. Rankin (M.), John Reid (A., P.), William Rolland (M.), Alexander C. Russell ((M.), James Stevenson (M.), Arthur A. Stewart (P., M.), Daniel Stewart (M.), John L. Stewart, M.A. (A., P., M.), Thomas Strain (M.), William A. Stuart (M.), Joseph R. Sutherland (A., P. M.), Thomas Thom (M.), William L. Walker M.A. (M.), George Young (M.), John Y. M. Vernon (P., M.). Women—Jeannie T. Clark (M.), Mary T. Gallagher (A.), Katharine R. M. Lucas (P.), Edith Oversby (P., M.), Christina G. Thomlinson (A., P., M.).

The following have passed the third professional examination for the degrees of Bachelor of Medicine (M.B.) and Bachelor of Surgery (Ch.B.) in the subjects indicated (P., pathology; M., medical jurisprudence and public health):—

Adam C. Scott (P., M.), Andrew B. Aitken (P.), Henry G. Anderson (M.), James R. S. Anderson (P.), Robert D. Bell, M.A. (P., M.), Thomas Brodie (P., M.), Robert B. Carslaw, M.A. (M.), David W. Davidson (P.), Thomas T. M. Dishington (M.), Hugh M'M. Donaldson (P.), George H. Downie (P., M.), Hugh H. Fulton (M.), Donald J. G. Grant (P., M.), George M. Gray (M.), Alexander R. F. Hay (P., M.), Archibald Y. Hutchinson (P.), Arthur Innes (P., M.), James R. Kerr (P., M.), John Kerr (P.), John B. M'Cabe (M.), Donald C. M'Cormick (M.), Neil M'Dougal (P.), Tom D. M'Ewan (M.), Duncan Macfadyen (M.), John M'Farlane (M.), Alexander S. M. Macgregor (P., M.), Milne M'Intyre (M.), Charles G. Mackay (P., M.), Roderick MacLeod (M.), James Marshall (P., M.), David R. Mitchell (M.), Gavin D. Muir (M.), John Murdoch (P., M.), Frank A. Murray (P., M.), Thomas Orr (M.), Howard H. Patrick (M.), John Pearson (M.), Alexander M. Pollock (P.), Andrew M. Pollock (M.), James Porter (M.), William M. Rae (P.), Daniel S. Richmond (P.), James W. Richmond (P., M.), Campbell Ross (M.), John M. Ross (M.), John Samson (M.), William H. Seiger (M.), Robert W. Simpson (P., M.), George G. Smith B.Sc. (M.), James A. Somerville (P.), James W. Thompson (M.), David W. Wilson (M.), George Wilson (P.), James Wyper (P.). Women—Bethia S. Alexander (P.), Roberta Campbell (M.), Ethel L. Chapman (M.), Mary L. M'Neill (P.), Margaret W. Millar (P., M.), Ethel M. Pryce (P., M.), Annie M. Yates (P., M.).

Mr. Robert S. M'Kim, M.A., has passed the first professional examination for the degrees of Bachelor of Medicine (M.B.) and Master of Surgery (C.M.).

At the recent professional examinations for the degrees of M.B., Ch.B. the following candidates passed with distinction in the subjects indicated:—

First Examination.—In zoology, physics, and chemistry—Alexander Anderson. In botany and physics—James Cairns, Alexander T. I. Macdonald, Hugh J. Thomson. In botany—John L. Boyd, David A. Thomson, M.A. In zoology—Wallace W. Adamson, George M. Fraser, Robert Govan, Peter C. M'Arthur. Horatio Matthews, James R. Mitchell. In physics—Robert R. Bow, William R. Cammock, Thomas H. Campbell, James Carrick, James R. Craig, William M. Elliott, Archibald Fairley, Thomas E. Gray, Benjamin Hutchinson, Andrew J. Hutton, Alexander M. Kennedy, James W. M'Leod, David Manson, William S. Melville, Archibald C. Munro, Isaac Papiermeister, Ralph M. F. Picken, Richard Rae, John M. Taylor, Matthew Young. In chemistry—Neilson Davie, Alexander M. Macdonald, Thomas Miller.

Second Examination.—In physiology and in materia medica and therapeutics—James Hunter. In physiology—Charles F. D. Hammond, Harry S. Hutchinson, John L. Stewart, M.A., Joseph R. Sutherland. In materia medica and therapeutics—George A. Allan, William Rolland.

Third Examination.—In pathology—Alexander S. M. Macgregor. In medical jurisprudence and public health—Robert B. Carslaw, M.A., George M. Gray. Arthur Innes.

First Examination for M.B., C.M.—In botany—Robert S. M'Kim, M.A.

Royal University of Ir land.

The following candidates have passed the first examination in medicine:—

David R. Acheson, Arthur R. Boyd, William Brown, Joseph D. G. Burke, Peter P. Connolly, Joseph D. Cummins, Thomas P. Dillon, Joseph S. Doyle, Edmund H. Flanigan, Paul Flynn, Thomas S. S. Holmes, James B. Horgan, Francis Keane, Robert Lavallin, Thomas Linehan, John C. Macaulay, Wiclif McCready, Robert J. MacFeeters, Robert A. McLanesty, Frank J. MacMahon, Patrick O'Callaghan, James J. O'Kelly, B.A., Edward O'Reilly, William L. O'Reilly, Rupert A. Smith, Alexander L. Stevenson, David Stevenson, Hans C. Swerty

The undermentioned candidates have qualified on their answering to present themselves for the further examination for honours in the subjects set after their names. Those qualified in two or more subjects may present themselves for the honours examination in all subjects:—

Arthur R. Boyd (Chemistry and Physics), William Browne (Chemistry), Joseph D. G. Burke (Chemistry), Joseph D. Cummins (Zoology and Chemistry), Thomas P. Dillon (Chemistry and Physics), Edmund H. Llanigan (Chemistry), Thomas S. S. Holmes (Botany, Zoology, Chemistry and Physics), James B. Horgan (Botany and Zoology), Francis Keane (Botany and Chemistry), Thomas P. Linehan (Zoology, Chemistry and Physics), Robert A. McLavesty (Chemistry), Patrick O'Callaghan (Chemistry), Hans C. Swerty (Chemistry).

University of Durham—Faculty of Medicine.

At the Convocation holden on Saturday, September 26th, 1903, the following degrees were conferred, *viz*:—

Doctor in Medicine.—Clifford H. Brookes, M.B., Durham; William P. Palmer, M.B., B.S., L.S.Sc. Durham, M.R.C.S., L.R.C.P., L.S.A. Richard T. Thorne, M.B., B.S., Durham, M.R.C.S., L.R.C.P.

Doctor in Medicine for Practitioners of Fifteen Years' Standing.—George W. Blomfield, M.R.C.S., L.R.C.P., L.S.A.; Harry Burton, M.R.C.S., L.S.A.; George T. Gifford, M.R.C.S., L.S.A.; William H. Hillyer, M.R.C.S., L.R.C.P.; George F. Hugill, M.R.C.S., L.R.C.P., L.S.A.; Francis W. Jollye, M.R.C.S., L.R.C.P., F.R.C.S., E., D.P.H.; William S. Sharpe, M.R.C.S., L.R.C.P., D.P.H.; Edward Sharpley, M.R.C.S., L.R.C.P.; Harry L. Smith, M.R.C.S., L.R.C.P.; Charles J. West, M.R.C.S., L.R.C.P.; Oswald S. Wraith, L.R.C.P., and S.

Bachelor in Medicine (M.B.).—Ambrose H. Bateman, Charles H. Crass, Harold L. Currie, Alice M. Dodd, Arthur G. Dunn, Francis J. Gowans, Daniel R. Guns, Alfred H. Heslop, Philip W. James, M.R.C.S., L.R.C.P., Evan L. Jenkins, M.R.C.S., L.R.C.P., Evelyn Kendal, Wharram H. Lamplough, M.R.C.S., L.R.C.P., John G. O. H. Lane, M.R.C.S., L.R.C.P., Herbert L. Noel-Cox, William H. Peacock, Alfred Reid, M.R.C.S., L.R.C.P., D.P.H., Carl A. Ryman, Thomas Y. Simpson, M.R.C.S., L.R.C.P., Andrew Smith, Joseph C. Stewart, John R. Wylie.

Bachelor of Surgery (B.S.).—Ambrose H. Bateman, Charles H. Crass, Harold L. Currie, Alice M. Dodd, Arthur G. Dunn, Guy R. East, M.B., Durh.; Francis J. Gowans, Daniel R. Guns, Alfred H. Heslop Albert E. Hodge, M.B., Durh., Evan L. Jenkins, M.R.C.S., L.R.C.P. Evelyn Kendal, Wharram H. Lamplough, M.R.C.S., L.R.C.P., John G. O. H. Lane, M.R.C.S., L.R.C.P., William H. Peacock, Thomas Y. Simpson, M.R.C.S., L.R.C.P., Andrew Smith, Joseph C. Stewart John R. Wylie.

Bachelor in Hygiene (B.H.).—Wilfred E. Alderson, M.D., M.S., Durh Laurence McNabb, M.B., B.S., D.P.H. Durh.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader,' "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

JIBES AT THE DOCTORS.

Jibes, ancient and modern, are the portion of the practitioner of medicine. While men lie and die the doctor will be ridiculed. It is the way of the human race. We stifle our fears with laughter and we cover ignorance with irony. Medicine has its limitations. The powers of healing are circumscribed. The physician can only act within a little field. Disease is still victorious. Science cannot stay the oncoming of senility. Mortality yet remains the portion of all. And in spite of all, the honest doctor is loved and honoured and sometimes paid—but he will always have to be ready to receive jibes.

Dr. P. (Manchester).—X. is quite within his right in endeavouring to secure the appointment the moment he learns that the present holder contemplates resigning, and this without any notice to the latter. Under these circumstances the post is potentially thrown open to public competition

PROFESSORSHIPS AT THE LONDON MEDICAL SCHOOLS.

ANTIQUATED writes—"How is it that some Lecturers at some of the London Medical Schools call themselves 'Professors.' In my day there were no such professors, or at least if there were, I never heard of them '—

*** The two Medical Schools in which the Lecturers can entitle themselves "Professors," are University College Hospital, and King's College Hospital, and the "Professorships" are a part of the Academic Foundation of the Colleges with which the Hospitals are identified. But now that the Medical Schools generally in the Metropolis have become part of the London University "Professorships' will have to be founded at all the constituent colleges.—ED.

GENERAL PRACTITIONER. — We understand that the manager of Parke's Drug Stores, has intimated that in many instances the List of London Consultants will in future issues of their price list be withdrawn.

Meetings of the Societies, Lectures, &c

WEDNESDAY, OCTOBER 14TH.

SOUTH-WEST LONDON MEDICAL SOCIETY (Bolingbroke Hospital, Wandsworth Common) —8.45 p.m. Dr. P. J. Freyer—Some Practical Points in the Treatment of Enlarged Prostate

DERMATOLOGICAL SOCIETY OF LONDON (11 Chandos Street, Cavendish Square, W.).—5.15 p.m. Demonstration of Cases of Interest.

HUNTARIAN SOCIETY (London Institution, Finsbury Circus, E.C.) —8.30 p.m. Dr. W. Hale White—Some Clinical Considerations concerning Enlargement of the Heart.

THURSDAY, OCTOBER 15TH.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road, W.).—8.30 p.m. Clinical Evening. Cases will be shown by Dr. W. J. Harris, Mr. P. L. Daniel, Mr. T. Crisp English, Mr. F. Jaffrey, and Mr. E. L. Evans

POST-GRADUATE COLLEGE (West London Hospital, Hammersmith Road, W.).—5 p.m. Mr. Keetley—Hernia. (First Lecture.)

HOSPITAL FOR DISEASES OF THE THROAT (Golden Square, W.).—4.30 p.m. Dr. Tilley—Diseases of the Nose.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7 Fitzroy Square, W.).—5 p.m. Prof. Thomas Oliver—Occupation as a cause of Lung Disease.

FRIDAY, OCTOBER 16TH.

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN (Hotel Cecil, Strand, W.C.).—5.30 p.m. Papers—Mr. R. C. Lucas—Strangulated Hernia in an Infant.—Mr J. H. Chaldecott—Chloride of Ethyl Anæsthesia.—Mr. A. Carless—Cases of Lymphangeiomata.—Dr. J. P. Parkinson—Paralytic Chorea.—Mr. J. J Clarke—Association of certain Deformities with Affections of the Throat.

Appointments.

BRIGGS, WALTER. M.B., Ch.B.Vict., Senior House Surgeon to the Blackburn and East Lancashire Infirmary.

BRUCE, R. H. G., M.B., M.S.Aberd., Certifying Surgeon under the Factory Act for the Friockheim District of the County of Forfar.

DUNCAN, A. M.B., M.S.Glasg., Certifying Surgeon under the Factory Act for the Moorfields District of the County of Antrim.

EDWARDS. R. T., M.R.C.S., L.R.C.P.Lond., House Surgeon and Secretary to the Aberystwyth Infirmary.

HARVEY, FRANCIS A., M.D., C.M.Edin., Medical Officer and Public Vaccinator for the Fulbeck District of the Newark Union and Medical Officer and Public Vaccinator for the Leadenham District of the Sheiford Union.

HARRISSON, E. H., M.B. M.C., B.A.Cantab., Certifying Surgeon under the Factory Act for the St. Neots District of Huntingdon.

KENNEDY A. D., M.B.Ch.B.Glasg., Certifying Surgeon under the Factory Act for the Ballachulish District of the County of Argyll.

ROBERTSON, J. MCGREGOR, M.B., Ch.B.Glasg., L.M., Assistant Master of the Coombe Lying-in Hospital, Dublin.

THOMAS, EDWIN R., L.R.C.P. & S.Edin., L.F.P. & S.Glasg., Medical Officer of Health of the Borough of Beaumaris.

POOLE, J. S., M.D.Canada, Clinical Assistant to the Chelsea Hospital for Women.

UNWIN, W. H., M.B. Lond., F.R.C.S.Eng., Clinical Assistant to the Chelsea Hospital for Women.

Vacancies.

Bridgnorth and South Shropshire Infirmary. — House Surgeon Salary £100 per annum, with board and lodgings in the infirmary. Applications to the Hon. Secretary, Infirmary Bridgnorth.

Church of Scotland.—Jewish Mission.—Medical Missionary for the Mission and Hospital at Smyrna. Salary £250. with dwelling-house. Applications to John A Trail, LL.D., W.S., 28 Rutland Square, Edinburgh.

City Asylum, Gosforth, Newcastle-upon-Tyne. — Assistant Medical Officer. Salary £140 per annum, with furnished apartments, board, and laundry. Applications to the Superintendent.

Coton Hill Lunatic Hospital, Stafford.—Assistant Medical Officer. Salary £125 per annum, with board, lodging, and washing. Applications to the Medical Superintendent.

Cumberland and Westmorland, Asylum, Garlands, Carlisle.—Senior Assistant Medical Officer. Salary £150 per annum with board, lodging, and washing. Applications to the Medical Superintendent.

Darlington Hospital and Dispensary.—House Surgeon. Salary £120. with board and lodging in the Institution. Applications to the Secretaries, 13 Danesbury Terrace, Darlington,

Great Yarmouth Hospital.— House Surgeon. Salary £90 per annum, with board, lodging, and washing. Applications to Richard F. E. Ferrier, Hon. Secretary, 33 Hall Plain, Great Yarmouth.

Nottingham Children's Hospital.—House Surgeon Salary £100 per annum, with board, and residence. Applications to Mr. A. F. Kirby, St. Peter's Church Walk Nottingham.

Nottingham General Hospital.—Assistant House Surgeon. Salary £100 per annum, with board, lodging, and washing. Applications to the Secretary.

Royal South Hants and Southampton Hospital.—House Surgeon. Salary £100 per annum, with rooms, board, and washing. Applications to T. A. Fisher Hall, Secretary.

The Cambridgeshire, &c., Asylum.—Second Assistant Medical Officer. Salary £120 per annum, with board, lodging, and attendance Applications to T Musgrave Francis, Clerk to the Visitors, 18 Emmanuel Street, Cambridge.

The Middlesex Hospital, W.—Second Assistant in the Clinical and Bacteriological Laboratories. Salary £100 per annum. Applications to F. Clare Melhado Secretary-Superintendent.

Torbay Hospital, Torquay.—House Surgeon. Salary £100 per annum, with residence, board, and washing. Applications to H. J. Packe. Secretary.

University of Durham College of Medicine, Newcastle-upon-Tyne — Demonstrator of Anatomy. Salary £120. Applications to Professor Howden. (See advt.)

Wolverhampton and Staffordshire General Hospital—House Physician. Salary £100 per annum, with board, lodging, and washing. Applications to E. Forster, House Governor and Secretary.

Birth.

HUCKLE.—On Oct. 6th, at Rothesay Bank, Edmund Road, Hastings, the wife of A. H. Headley Huckle, M.R.C.S., L.R.C.P., of a daughter.

Marriages.

BENINGTON—TURNER.—On Oct. 10th. at St. Jude's Church, Herne Hill, Philip Benington, M.B., Ch.B., of Weaste, Manchester to Maud Cecile Turner, youngest daughter of Mrs. Turner, of Park House, Herne Hill.

CUNNINGHAM—GLAZIER.—On Oct. 8th, at St. John's Church Putney, Herbert H. B. Cunningham M.R.C.S., L.R.C.P., late Royal Irish Fusiliers, eldest surviving son of the late Surgeon-General J. P. Cunningham, M.D., A.M.S., to Ida Marian, youngest daughter of Walter H. Glazier, of Putney.

DEMELLE—CARLES.—On Oct. 7th at Notre Dame Church. Bordeaux, Maurice, second son of Médéric Demelle, and Elizabeth, daughter of Dr. Paul Carles, Professor of the Faculty of Medicine.

MUMFORD—MANSER.—On Oct. 8th, at the Church of St. Barnabas, Tunbridge Wells Charles Allan Mumford, I.C.S., eldest son of the late Charles Mumford, C.E., of Downham Market, Norfolk, to Hilda, daughter of Frederick Manser, M.R.C.S., of the Priory, Tunbridge Wells.

Deaths.

BATTERHAM.—On Oct. 11th, at Bank House, St. Leonard's-on-Sea, Mabel Caroline, wife of John Williams Batterham, F.R.C.S., M.B., aged 30.

FRYER.—On Oct. 12th. Ernest Henry, M.R.C.S., L.R.C.P., youngest son of the late William G. Fryer, of Browick Hall, Wymondham, aged 32.

LETT.—On Oct. 7th, at Tailours, Chigwell, in her 56th year, Bithiah, widow of the late Richard Alfred Lett, M.D., of Wakefield.

LYDEKKER.—On Oct 8th at Hall Place, St. Albans. Cornelia Lydekker, only daughter of the late Richard Lydekker, M.D., aged 94 years.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVII. WEDNESDAY, OCTOBER 21, 1903. No. 17.

Original Communications.

INSECTS AS CARRIERS OF DISEASE. (a)

By R. TANNER HEWLETT, M.D., M.R.C.P., D.P.H.,

Professor of General Pathology and Bacteriology in King's College, London: Lecturer on Bacteriology, London School of Tropical Medicine; Physician to the Seamen's Hospital, Greenwich.

MR. PRESIDENT AND GENTLEMEN,—The subject which I have chosen to bring before you to-night is very much in the air at present, and though perhaps of more importance to those who practise in the Tropics, cannot be neglected even in North London.

I shall use the term "insect" in its common acceptation, denoting by it all the small fry, flies and fleas, bugs and beetles, gnats, ticks, and spiders and the like, which our American cousins so characteristically group under the designation of *bugs*, though the strict zoologist might not agree; he would not call a spider or a mite an insect, for these forms are arachnids.

I propose to omit the consideration of the toxic effects that may be produced by insects—bee and wasp stings, spider bites, and the like; also the local lesions that may ensue from a developmental stage being passed in man as a host—for example, the jigger in the foot, and fly-maggots in various cavities—and to confine myself to those more or less generalised diseased conditions which are transmitted through the bites of, or in some other manner by, insects.

Insects may obviously play a merely passive *rôle*, carrying mechanically the contagious elements and infecting food and drink, or they may be active agents and directly inoculate the victim by biting. In this last category there are also two classes, one in which the insect acts simply as a lancet and inoculates its victim, as in the case of the tsetse-fly and flea, another in which a developmental stage is passed in the insect, as is the case with the mosquito and the malaria parasite, also the filaria.

The conception that insects may play a part in the propagation of disease is a very old one, though until recently the mechanism of such influence could only be surmised; the germ theory of disease was almost a necessary forerunner to any certain knowledge in this direction. The Latin authors, Columella and Varro, seem to have had some idea that there was a connection between malaria and mosquitoes. Thomas Sydenham remarked that if swarms of insects, especially house-flies, were abundant in summer the succeeding autumn was unhealthy. Nott, in America, as long ago as 1848, maintained that yellow fever was transmitted by a species of mosquito, and the natives of the "fly districts" in Africa, where the horses and cattle suffer from the dreaded tsetse-fly disease, have, as far back as we have any records, recognised the association between this fly and the disease.

The disease to be first definitely associated with an insect carrier was the tsetse-fly disease, or nagana, which attacks horses and cattle in Africa. In large tracts of country, especially in Zululand, no horse, ass, or mule can live, and cattle are seriously attacked. The disease is due to a protozoan parasite belonging to the trypanosomes, the *Trypanosoma Brucei*, the general characters of which are probably known to most of you. The parasite has an elongated, spindle-shaped body in which are one or two nuclear structures and a vacuole. The body is pointed at one (the posterior) extremity, and is prolonged into a long flagellum at the other (the anterior), while upon one aspect is an undulating membrane which becomes continuous with the flagellum.

In the horse the disease-symptoms are fever with progressive anæmia, œdema, and paresis, a fatal result ensuing in two, six, or eight weeks after infection. Through the labours of Lieutenant-Colonel Bruce, infection has been definitely proved to be due to the bite of a fly, the tsetse-fly (*Glossina morsitans*), or, as there are several species, it would perhaps be more correct to say, of a tsetse-fly. The tsetse-flies are confined to Africa; they are greyish-brown in colour, belong to the *Diptera*, and are not unlike an ordinary house-fly in general appearance; but in the resting position the wings are closed over each other like the blades of a pair of scissors, whereas those of the house-fly diverge at an angle. They inhabit definite tracts of country, known as "fly belts," which are generally damp, hot, low-lying localities, either on the borders of rivers or lakes, or at any rate not far from water. (a) The fly alights upon an affected animal, sucks its blood, and thereby infects its own proboscis. If it then bite another healthy animal the trypanosomes are introduced into this during the act. It is a process of simple inoculation; at least, this is the generally accepted view, though some authors have suggested that a developmental stage is passed in the fly.

There are two diseases in man which have recently been found to be associated with trypanosomes. The first of these is trypanosomiasis, or trypanosoma fever, met with in Gambia and other districts of Africa. Its prominent characters are irregular fever, enlargement of the spleen, transient œdema, and transient erythema. Two or three cases have been studied in this country. We do not yet know very much about the mode of propagation of this disease, but from analogy it is highly probable that some biting fly or other insect is the intermediary between man and man. Then recently a trypanosoma has been found to be present in that remarkable disease, sleeping sickness. This affection was formerly met with only in certain districts in West Africa, but of recent years has been spreading eastward as far as Uganda and towards the sources of the Nile, and has been causing tens of thousands of deaths. Its essential features are progressive lethargy until at last the patient is always asleep unless roused. As time goes on the patient begins to lose flesh, muscular tremor becomes marked, convulsions may occur, and ultimately extreme wasting, with bed-sores and coma, ensue. The disease appears

(a) An Address delivered before the North London Medical and Chirurgical Society, October 8th, 1903.

(a) An excellent monograph upon the tsetse-flies, by Mr. Austen, has just been published by the Trustees of the British Museum. He describes seven species.

to run an invariably fatal course after a period varying from four months to as many years. The pathological lesion seems to be a meningo-encephalitis not unlike that met with in general paralysis.

Castellani (*a*) a few months ago made the interesting observation that trypanosomes are present in the cerebro-spinal fluid obtained by lumbar puncture in this disease. His observations have recently been confirmed by Lieutenant-Colonel Bruce and Dr. Nabarro, (*b*) who were sent out by the Royal Society to continue Castellani's investigations. These gentlemen have found this trypanosome to be present in *every* case of sleeping sickness examined in the advanced stage, and it appears highly probable that this parasite is the cause of this mysterious disease. Again, from analogy, it might be expected that a biting fly is the active agent in the spread of the disease, and naturally Bruce and Nabarro made some observations to ascertain if a tsetse-fly were present in the district in which they were working. They quickly found that one tsetse-fly, identified as *Glossina palpalis* by Mr. Austen of the British Museum, was abundantly present in the district, although previously unobserved. This fact, to say the least, is very suggestive, especially as this fly is a well-known *West* African species, where sleeping sickness has been endemic for many years.

In India and the Philippines another animal disease, due to a trypanosome, known as surra, perhaps identical with nagana, is met with, and in these districts some biting fly other than a tsetse-fly, possibly a species of *Stomoxys* (to which the British horse-fly, or "clegs," belongs), is the carrier of infection.

In three diseases attacking man, filariasis (elephantiasis), malaria, and yellow fever, as you are aware, the mosquito is unquestionably the carrier of infection from man to man. With regard to mosquito-borne diseases, it is of interest to note that it is the *female* insect that is the blood-sucker and conveys the disease; the male seems to be innocent in this respect. Manson and Bancroft worked out the development of the filaria (*Filaria nocturna*) of elephantiasis in the mosquito, *Culex fatigans*.

When the mosquito feeds upon an individual in whose blood the filariæ are present, the filariæ pass into the stomach of the mosquito; there they escape from their sheaths, pass through the stomach wall, and make their way to the thoracic muscles, when, after a period of some days, they undergo a metamorphosis. Manson formerly supposed that these metamorphosed parasites, either by the egg of the mosquito or by the disintegration of the dead insect, gained access to water, and on being swallowed in the water infected man. Through the recent researches of Low, (*c*) James, Annett and Dutton, Grassi, and others, however, it has been conclusively shown that the majority of the filariæ make their way towards the head of the insect, and finally to the proboscis, whence they enter the next human victim the mosquito bites. The exact mode by which this is accomplished has not yet been satisfactorily made out. The filariæ seem to be able to discriminate, for if the mosquito be fed with banana, no filariæ will be found upon this.

In certain districts on the earth's surface, filarial diseases are extremely common—in Samoa, one-half, and in the Friendly Islands one-third, of the people harbour filariæ. Now that the mosquito has been shown to be the carrier of filariasis it may be hoped that prophylactic measures directed against this insect will eradicate this to a large extent incurable affection.

Malaria is the most interesting and important example of an insect-borne disease, The history of this discovery is probably well known to you, so that I will not burden you with many details. From time immemorial the mode of propagation of malaria has been a mystery, and innumerable theories have been propounded to account for it. Air, soil, and water all seemed important factors. Manson, some ten years ago, having in mind his researches on the connection between the mosquito and filariasis, suggested that the malaria parasite would be found to pass a developmental stage in the mosquito. Through the researches of Ross, confirmed and expanded by observers in all parts of the world, this has been found to be the case. As you are aware, a complex metamorphosis of the parasite takes place in the mosquito, and ultimately the resulting spore-like bodies collect in the salivary or poison glands of the insect, whence they are injected into man when the insect next bites. It is a curious and, from the point of view of prophylaxis, an important fact that certain species of mosquitoes alone convey the infection, alone are suitable for the development of the parasite. The species in question is not the common gnat, which belongs to the genus *Culex*, but a rarer form, the *Anopheles*, and not all the anopheles are suitable hosts. We are perhaps not yet in a position to affirm that the mosquito is the *only* means by which malaria is carried from man to man; it is proverbially difficult to prove a negative, but all our experience so far goes to show that this is the case. Low and Sambon lived in the Roman Campagna in a most malarious district for several months during the malaria season without contracting the disease, simply protecting themselves from mosquito bites.

Some of the older practitioners still persist in disbelieving that the mosquito is the agent whereby malaria is spread, and adduce various facts in favour of the old idea of the opening of the soil, &c., as being the cause of malaria. As regards opening of the soil, an instructive account is given by Middleton, (*a*) of Singapore, of an outbreak of malarial fever apparently associated with disturbance of the soil. Works were in progress near Singapore to increase the size of the water reservoirs; that is to say, the soil was being opened up. In the course of the work, there was a sudden outbreak of malarial fever among the native labourers, who were previously in good health. Formerly this would have been put down to the opening of the soil. The facts of the case were really as follows: The *Anopheles* mosquito was present in the district, but since *all* the labourers were healthy, it could not, of course, convey malarial disease. But on a certain date some coolies from Assam were imported into the district, and these coolies had suffered from malaria. Soon the *Anopheles* became infected from the malarious coolies, and transmitted the parasite to the originally healthy workmen, with the result that there was a sudden outbreak of malaria among them. Such an outbreak in former days would have been held to prove conclusively that malaria was due to opening up of the soil.

Although so much has been done to elucidate the malaria question, there are still some points that remain unexplained. For example, in certain districts in Italy malaria is unknown, whereas in adjoining districts, apparently the same in every respect, it is very rife, the *Anopheles* being present in both. The same thing holds good in Mauritius, and in England malaria has completely disappeared, although the *Anopheles* is still found. An explanation of these anomalies might lead to very important results from the point of view of prophylaxis.

As regards the prophylaxis of malaria by a campaign directed against the mosquito, much has been done in Lagos and at Ismailia to show its feasibility. It is not, of course, suggested that the mosquito can be exterminated, but since it seems to fly but a short distance, much may be done to diminish its numbers in a district, and so to diminish the incidence of malaria as well as conducing to the general comfort of the population. Possibly in years to come, parasites that destroy the mosquito will be made use of. Not only should the mosquitoes be destroyed, but the sick should be carefully screened from their attacks; if the carriers of the parasite be prevented from carrying the infection, obviously infection of other individuals cannot take place.

(*a*) "Report upon Sleeping Sickness," No. I., 1903.
(*b*) *Ibid.*, No. II.
(*c*) *Brit. Med. Journ.*, 1900, I., p. 1,456.

(*a*) "Studies from Institute for Medical Research," Federated Malay States, Vol. I, No. 1.

As regards yellow fever, the remarkable and carefully planned experiments of the Americans have conclusively shown that this disease is conveyed by a species of mosquito, the *Stegomyia fasciata*, and apparently in no other way. That this is so has been proved not only by direct experiment, but also by applying measures to stamp out the disease, partly by the extermination of the mosquito in question, and partly by preventing what mosquitoes there may be from biting the sick. This was done in Havana; mosquito brigades were organised to attack the mosquitoes in a manner similar to that adopted for malaria, every case of yellow fever was quarantined, and the sick chamber carefully screened by wire-gauze screens at the windows and double wire-gauze doors. The result has been that for the first time within the memory of man Havana has been absolutely freed from yellow fever! Whereas for the years since 1889, from April 1st to December 1st, yellow fever caused in Havana an average of 410·54 deaths; in the months of October and November (when the disease is usually very prevalent) in 1901 there was not even a single case. For the first time for 150 years Havana has been free from this disease! (*a*)

So far I have been speaking of diseases which are considered to be due to protozoan parasites. Now a few words with regard to some bacterial diseases.

The means of spread of bubonic plague has to a large extent baffled epidemiologists. Under good hygienic conditions this disease is not particularly infectious from individual to individual. In the epidemic at Sydney, Tidswell (*b*) remarked that the cases occurred erratically in different parts of the city, and that there was no evidence to show that one case originated another by direct infection. Undoubtedly rats are frequently intermediaries in the conveyance of infection, but how this passes from the rat to man is still unsettled, Simond and Tidswell and others suggest that the fleas are the intermediaries between the rat and man, but Galli-Vaerio, (*c*) who has done much work on this subject, considers that this is still unproven. In Central Asia it has been suggested that plague may be transmitted from one individual to another by lice. Hankin has suggested that ants may convey the infection, and so on.

There is little doubt that cholera may be conveyed by flies. Many experimenters have shown that flies may convey the cholera microbe both on their bodies and in their digestive tract. In several other diseases the agency of insects in their spread has been the subject of research, but I will not burden you with further examples. Anyone interested in the subject should refer to the monograph by Nuttall on the subject. (*d*)

So far I have been speaking of diseases that occur exclusively, or almost so, in the tropics. Now to come nearer home. All of you have probably seen nasty boils, carbuncles, or even abscesses or erysipelas stated by the patient to have followed the bites of certain flies, gnats, and the like, and probably correctly so. Such severe lesions following such an apparently slight cause have in the past been frequently put down to the "bad blood" of the patient. But when you consider how many of these insects delight in filthy offal and fæcal matter, the filthier it is the more attractive for them, the wonder is that such effects are not more often seen, and their infrequency seems to me to say a good deal for the defensive mechanism of the human body. A fly after fondly feeding on filthy offal sticks its proboscis, which must be reeking with septic material, into a human being; what wonder that a boil or carbuncle follows!

May not the septic complications of surgical wounds that now and then occur so inexplicably, and which are a source of annoyance and anxiety to the surgeon, occasionally be due to some stray fly settling unobserved on the wound? I put this forward as a suggestion.

The various species of house-fly are, I am convinced, potent factors in the spread of at least some diseases. As regards epidemic diarrhœa, which is one of the greatest causes of infant mortality in this country, Ballard's investigations some years ago showed that the summer rise of diarrhœal mortality does not commence until the mean temperature recorded by the earth-thermometer at a depth of four feet reaches about 56° F., and that the maximum diarrhœa mortality coincides with the mean weekly maximum of the four feet earth-thermometer, and that the slower fall of the earth-thermometer coincides with the slower decline observed in the diarrhœal mortality as compared with its rise. All admit this coincidence between the earth temperature and the diarrhœa mortality, but its explanation is another matter. Ballard concluded that the essential cause of diarrhœa is a specific micro-organism whose *habitat* is the superficial layers of the soil, and the vital manifestations of which are dependent upon certain conditions of season and temperature. It is very doubtful, however, whether there is any *specific* micro-organism of epidemic diarrhœa; many organisms, given the requisite conditions, may probably cause it. Professor Delépine ascribes the affection to *fæcal* contamination, especially of milk, the micro-organisms concerned being of the coli and of the enteritidis (Gärtner) (*a*) groups. Dr. Nash, (*b*) the Medical Officer of Health for Southend-on-Sea, suggests that if instead of Ballard's *micro-organism* we merely say "*an organism* whose manifestations are dependent upon conditions of season," we shall be nearer the truth, and he suggests that this organism is the common house-fly, which, beginning to make its appearance in June, becomes a veritable pest during July and the early part of August; after then its existence tends to become a mere sexual one and it decreases in number. He says: "This creature is often termed the harmless fly; I certainly give it the first place as a pathogenic agent during the summer months. It is a useful scavenger if kept in its place, but when allowed to fly straight from the dung or refuse heap to commit suicide in the milk bowl, or alight on the lips of a sleeping infant or walk over meat and other articles of food on the table, I repeat that I consider it the most active pathogenic agent during the summer and the principal cause of summer diarrhœa. It is in milk that it proves most dangerous, for it falls into milk bearing on its body and legs such germs as *Bacillus coli*, *Proteus vulgaris* and *Zenkeri*, *Bacillus enteritidis* (Gärtner), streptococci, staphylococci, &c. By the aid of flies the typhoid and diphtheria bacilli may easily be conveyed to milk or other food." That flies caused putrefaction was known to the ancients, for in the book of Ecclesiastes we read: "Dead flies cause the ointment of the perfumer to stink and putrefy" (x. 1, Rev. Ver.). Dr. Nash (*c*) then gives an instructive account of an outbreak of epidemic diarrhœa at Southend during the summer of 1902, which seemed to coincide absolutely with the prevalence of *Musca domestica*.

Dr. Fraser, the Medical Officer of Health for Portsmouth, investigated an outbreak of epidemic diarrhœa that occurred in a certain area in his district during the summer of 1902. (*d*) The area in question contained 212 inhabited houses with a population of 817 individuals. Among these there were 102 cases of epidemic diarrhœa, of which 19 were fatal. There had been no deficiency of rain, the heat had not been excessive, and the families that suffered were by no means of the lowest classes, but were composed of the respectable working and middle classes. The houses were new and well drained, and as a rule clean and well cared for. The area in question was neither shut in nor densely populated. But there was in the district an accumulation of rubbish and refuse accompanied by brickmaking. The heat generated by the decay of the refuse and by the brickmaking afforded the conditions suitable for the breeding of flies in the district. Flies were present in myriads, and the inhabitants suffered from a veritable plague of

(*a*) See *Practitioner*, May, 1902, p. 595.
(*b*) *Journ. Sanitary Institute*, 1901, p. 509.
(*c*) *Journ. of Trop. Med.*, February 1st, 1902; and *Centr. f. Bakt.*, xxxiii., No. 24. Ref.
(*d*) "Johns Hopkins Hosp. Reports," Vol. VIII.

(*a*) *Journal of Hygiene*, Vol. III., 1903, No. 1.
(*b*) The *Hospital*, January 31st, 1903, p. 299.
(*c*) The *Hospital*, February 7th, 1903, p. 317.
(*d*) "Report on the Health of Portsmouth" for the year ended 1902.

flies, which swarmed over every article of diet. None of the ordinary conditions associated with epidemic diarrhœa was present in this outbreak, and Dr. Fraser attributes it entirely to contamination of food, especially milk, by the swarm of flies.

We all know how important it is, since all our town milk is so dirty, to sterilise or pasteurise the milk used for infant feeding. This is done by scalding or boiling or treating in one of the pasteurisers supplied by the instrument makers. There are two points in so treating milk which are not attended to as they should be, and I would commend them to your consideration. In the first place the milk after heating, if not used at once, should be cooled. If allowed to cool of itself, when the temperature has fallen to 40° C. you get a nutrient soil under the very best conditions for the rapid multiplication of any microbes that happen to fall in. During warm weather, a pint of heated milk may take two to three hours to fall from 40° C. to 30° C., and during this period multiplication of any bacteria present will proceed at an enormous rate. Secondly, the vessel containing the milk should be closely covered with an impervious cover, such as a saucer or plate, to prevent bacteria falling in and the access of flies. If you recommend those in charge of your infant patients to sterilise or pasteurise the milk, do not omit to impress upon them at least to cover the treated milk, and, if possible, also to cool it.

There is no doubt in my mind that typhoid fever also may be conveyed by the common fly.

In the Spanish-American War, the American troops suffered severely from typhoid fever, just as our own troops did in the South African campaign. A board which investigated the epidemic came to the conclusion that flies were the *most active* agents in the spread of the disease for the following reasons :—

1. The latrines contained fæcal matter specifically infected with the typhoid bacillus.

2. Flies alternately visited and fed upon this infected fæcal matter and the food in the mess tents. More than once it happened when lime had been scattered over the fæcal matter in the pits, flies with their feet covered with lime were seen walking over the food.

3. Typhoid fever was much less frequent among members of messes who had their mess tents screened than it was among those who took no such precaution.

4. Typhoid fever gradually died out in the fall of 1898 in the encampments, with the disappearance of the fly, and this occurred at a time of the year when in civil practice this disease is generally on the increase. (*a*)

In the discussion which took place at the Clinical Society in 1901 on the epidemic of typhoid fever among the troops in South Africa, Dr. Tooth (*b*) expressed the opinion that flies played a large part in the dissemination of infection. Flies were present in such abundance that they soon became terrible pests ; they came with the army, for in ordinary times they were by no means a serious plague. In the same discussion, Captain Ward, R.A.M.C., also expressed the conviction that flies played a prominent part in spreading the disease. (*c*) The 19th Hussars, a seasoned regiment, was the first to develop typhoid fever in Ladysmith, and suffered very seriously. The water supply could not be suspected. In the neighbouring camp was the Liverpool Regiment, and this was next attacked ; and next to these was the Naval Brigade, which was attacked third. On investigation it was found that there had been some years before an enteric camp in the neighbourhood. The food was always covered with a mass of flies. Laboratory experiments carried out to ascertain the possibility of flies acting as carriers of typhoid infection have given positive results.

Majors Firth and Horrocks (*d*) carried out the following experiments. A dish filled with a sugar emulsion of typhoid bacilli was placed in a sterile box, and flies were introduced and allowed to feed. Plates containing sterile agar and dishes containing sterile broth were introduced at the same time, and after remaining for a few days were removed and incubated. No difficulty was experienced in finding colonies of the typhoid bacillus upon the plates and in recovering it from the broth. The excreta of the flies, however, was not proved to contain the bacillus, the infective material apparently being attached to the heads, legs, wings, and bodies. In another case an emulsion of typhoid bacilli was added to some fresh typhoid stool and the whole was dusted over with fine earth so as to represent imperfectly or superficially buried excreta. This and sterile agar plates were introduced with this concoction into a sterile box and again typhoid colonies were easily found on the plates exposed at the same time, showing that the flies had carried the infection from the excreta.

Some years ago Mr. Burgess showed at a Royal Society *soirée* an ingenious experiment. He allowed some flies to walk over a culture of the *Bacillus prodigiosus*, a red pigment producing microbe. The flies were then transferred to a bell jar, at the bottom of which were placed slices of sterilised potato. In the course of three or four days red growths were observed to be forming on the potato, showing that the flies had carried the living *Bacillus prodigiosus* and had inoculated the sterile potato under the bell jar. This is an experiment that can be carried out by anyone, and is a valuable object-lesson. It has been suggested that flies may convey tuberculosis; they feed on tuberculous expectoration and so may convey the bacillus to food, &c. This is perhaps possible, but is extremely unlikely; nevertheless, it is not pleasant to contemplate flies proceeding from the spittoon to food.

I have said enough, I think, to show that insects may be the carriers of a large number of affections, and though perhaps in some cases this mode of dissemination may be the exception, it is nevertheless of sufficient importance to merit attention even in the British Isles.

(*a*) Vaughan, *Journ. Amer. Med. Assoc.*, April 19th, 1902, p. 935.
(*b*) *British Medical Journal*, 1901, I., p. 643.
(*c*) *Ibid.*, p. 772.
(*d*) *British Medical Journal*, 1902, II., p. 940.

MEDICAL SERVICE UNDER THE POOR-LAW. (*a*)

By R. F. TOBIN, M.R.C.P., F.R.C.S.I.,
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WHAT is the case of the Poor-law medical officers ? A price, they say, was put on our services which, at the time it was fixed, was certainly not too high. Since then the cost of education has doubled, our market value has doubled, yet we are refused any increase either of privileges or pay. From the *Cornhill Magazine*, in which there lately appeared some interesting articles on " Prospects in the Profession," I take the following extract :—" The popular mind is still so far under the influence of modern Victorian literature that it may not be useless to say that a medical school in the present day, whether conducted by a University, a college, or a Metropolitan hospital, is a very serious and highly organised academic institution spending vast sums on its museums, laboratories, and classrooms, and carrying on its work by the help of a large staff of demonstrators, lecturers, tutors, and clinical teachers. The modern student, if he wishes to qualify at all, is one of the hardest worked young men to be found. From lectures to practical observation in the laboratory, from laboratory to clinical study in the wards and out-patient rooms, thence to class examinations, and home to master his text-books, his days are spent in a ceaseless round of duties, and his vacations are cut shorter and shorter as he goes on. A modern medical school is no place for an idler, and idlers are sooner or later requested by the authorities to move on. After five or six years of such work, the aspirant gains his legally recognised diploma or degree and enters his name on the *Register*."

In this paragraph is to be found the explanation of the present discontent. A man, after five or six years of arduous study, and after seeing many fall upon the way, completes his course. He takes employment in the Poor-law Medical Service, and he finds himself treated, as regards pay and consideration, as

(*a*) Abstract of the Introductory Address delivered at the opening of the Winter Session of St. Vincent's Hospital, 1903-4.

if he were a Bob Sawyer. The inadequacy of the pay of the dispensary doctor has been set forth in various ways. For instance, it has been shown that, in many districts, if these medical officers were allowed merely the rate of car-hire given to other Government officials and no pay whatever, they would be better off than they are now. To me also the condition of things was brought home very forcibly in this way. There called upon me some time ago an old schoolfellow. We had studied together at Clongowes and also on the benches on which you now sit. When qualified he had taken a dispensary in the West of Ireland. I had gone into the Army. We had not met for thirty years, and we naturally considered how each had fared. It appeared that at the time of his visit I had already been in the enjoyment for nine years of a pension of £365 a year, an annuity paid quarterly, to which every medical officer in the Army becomes entitled practically by the mere act of living. While earning this pension I had had in one sense a much better time of it than had he. I had always been more highly paid, and I had been given two months' leave of absence every year. He, poor fellow, was in broken health, only on one or two occasions had he had a month's leave of absence during his whole thirty years, yet he was still working away day and night with an ardour that shamed me. A little later his health completely gave way, and he was accorded, ungraciously, as a matter of grace, a pension of sixty pounds a year. That the contrast of the two Services thus set forth is strikingly in favour of the Army you will agree, and the cases, remember, are in no way exceptional. But wait awhile. At the time I speak of, when these two cases fairly represented the conditions of the Army Medical Service generally and of the Poor-law Medical Service in many parts of Ireland, the Army Medical Service was considered such a poor one by the united opinion of Ireland, England and Scotland that teachers in all schools advised students not to take appointments, with the result that the conditions of that Service have since been greatly improved. But perhaps it occurs to someone to say Dispensary Doctors may supplement their salaries by private practice, and therefore those salaries should not be on the scale of the military Service. This is, no doubt, true in some districts. But there are others, and, unhappily, not a few, where the inhabitants are so poor, the doctor attending them so removed from the public eye, that his position is comparable not to that of an Army surgeon, but to that of a civil surgeon in an out station in India, and it demands, therefore, the larger pecuniary recognition which the latter receives.

However, away with comparisons. Far be it from me to imply that medical officers in any branch of the public service are overpaid, farther still to urge promising young scientists, whose services are sadly wanted in this slowly developing land of ours, to take their energy and skill elsewhere. Quite different considerations urge me to speak to-day. As long as I have a voice to raise, every word of mine shall go to try and exalt the medical profession in public estimation, and to impress on students that no land requires the services of every one of her children so much as does Ireland just now.

As regards our profession, it is, believe me, most short-sighted policy for one branch of it, or even for one member of it, to be jealous of another. Our motto rather should be, "Help one another." We are all interdependent, and what honestly raises one eventually raises all.

Now as regards the cause of the present quarrel—and, indeed, of all quarrels where the profession demands higher terms than the public are prepared to give—when we look closely into it, we find that it is due to the fact that while we offer to the public certain high-class goods, not low in price, but of excellent value, what they, the men in the street, want from us is a low-class article that would be dear at any price. You who have been recently qualified, or are about to be so, have probably uppermost in your minds as regards your profession ideas such as the following:—You find yourselves anxious to go on adding indefinitely to the knowledge you now possess, to put that knowledge at the service of the public for payment when you can, gratuitously when occasion demands, and whether for payment or no payment, never to give anything but your best. But form what conceptions you may of your *rôle* in life, you will find a large number of the public, a number daily growing larger, who have made up their minds as to what they will have of you, and you will deny it to them at your peril. In the minds of such men the doctor seldom looms larger than one who prescribes a mixture, a pill or a blister, to which armoury have of late been added Röntgen rays and tabloids. It has been so in the past, it is so to-day, with the cultured as well as with the illiterate.

Now, gentlemen, if the Irish poor are to be treated simply with blisters that will stick, or with mixtures after they have been looked in the face, or with tabloids after they have described the nature of their disease, we are, I think, all agreed that the present pay of the dispensary doctor is sufficient for the occasion. But is this, then, the practice of medicine? It is not the practice of medicine as it was generally known in Ireland till we became infected with ideas from across the water. We are continually being told how they manage things better in England, and how our system of medical relief pauperises the people. The facts are, that unhappily a large number of our people *are* paupers, or so poor that no decent man would expect a fee from them, but it was not the medical profession which made them so. Secondly, that in no land does the medical profession stand higher or conduct its practice better than in Ireland. At a time when in England a medical practitioner had to take his way through the back door of his wealthy patients, his fellows in Ireland were associating on terms of perfect equality with everyone in this land. Why is this? Simply because we have always treated, and the public have always encouraged us in treating, our *rôle* in life as a profession, and not as a trade.

Now, what is the difference? Well, you will find one in the resolution, which I took for granted just now was in the minds of each of our newly-qualified men—*viz.*, that whether for large fees or small fees, or no fees at all, he would never give anyone he prescribed for anything but his best. Now, this requires in most cases a full examination of your patient and a careful consideration of his case. There is a sum of money; it may be two guineas, or one guinea, or five shillings, which, taking into account your position, your necessary expenditure and other things, fairly represents what has been done. If you take less you are inclined to scamp your work. I speak not absolutely, but with the relativeness which applies to all things human. Well, so, working always at your best, you establish a habit; there is but one class of article in your shop, and if a poor person comes along you give him either that article or nothing at all. The well-to-do public, at least the more enlightened of them, join with us in taking this view of the question. They see that they must suffer from any deterioration in our profession, that they are often benefited by the skill gained by those who practice among the poor, and this, combined with less selfish motives, makes them satisfied to pay fees not based on purely mercantile considerations. So there comes to be between the well-to-do, the poor, and the doctors a mutual helpfulness, the interchange of which constitutes the salt that saves us from putrefaction.

It is not an easy task for the profession to formulate what it considers the province of a dispensary doctor to be in a clear and simple way. In place of defining its limits it is easier to ask whither do they not extend? What is it that does not influence our health? The air we breathe, the water and food we consume, the work we do, the sights we see, the games we play, everything which acts upon us comes within the doctor's scope. This is no vague generalisation, but a hard, practical fact. The cultured and well-to-do are, it is true, becoming educated in domestic hygiene, but it is not so with the poor. To limit the treatment of their ailments to a bottle of medicine is a mockery

and a crime. The part, therefore, that the dispensary doctor has to play is a very large one. There is practically no limit to the good he can do if he is a man of sense, ability and skill. It is his to guard against the occurrence of disease, to limit its spread, to help those attacked in their struggle with it, to raise the physique, and to forward in every way the comfort and well-being of those committed to his care. This is no mean task, and surely the man who is called upon to undertake it may put forward the three demands of the Irish Medical Association—*viz.*, first, a competence (£200 a year) while he works; secondly, a moderate pension when he is no longer able to do so; and thirdly, a month's leave of absence every year in which to recuperate his health or to attend a post-graduate course so as to keep himself *au courant* with the advance of science. At the outset of this address I remarked that the necessity to remedy the present condition of things is urgent. There is, however, another reason for pressing on with energy just now. It is that we have in office a Chief Secretary and an Under Secretary possessing, we believe, the will and the ability to help us.

Their records fill us with hope. How can we best lay our case before them? If only you, Mr. Chairman, could take them for a drive in a motor-car through the districts that bound our southern, western, and northern coasts. It would be a pleasant tour, for it would also be a sad one, for at every turn there would be something speaking to thoughtful minds of present misery and neglected opportunities. The ruined cabins on the hillsides must awaken thoughts of the brave men born and reared in them, and so of battles fought and battles yet to be, of a chain of emigration, so much gone over the ship's side that one stands in dismay lest the whole should follow. With these thoughts uppermost you would naturally turn to see what was being done to preserve the remaining few. In the houses you enter there is not much of all that the twentieth century is proud of. On every side you see signs of disease spreading unchecked. The young maimed or dying of tuberculous disease, the old of cancer, lunacy on the increase, typhoid and typhus calling forth heroism, and striking down those who display it. Perhaps in some cottage you may come across a dispensary doctor doing what he can to cope with the difficulties. It may be a sore throat which, if not isolated at once, would spread diphtheria or scarlatina far and wide, one which my friend of the railway carriage would treat with five grains of phenacetin; or it may be a crippled child for whom a Thomas's splint is necessary. If the latter, the doctor will be trying to collect twenty-five shillings, the price of the splint. No doubt the Chief Secretary would give a pound. Perhaps when you get outside he may ask, "Where will the other five shillings come from?" Be sure you tell him the custom of the country, "The doctor will give that himself," and don't fail to add, "and well he may out of his fine salary."

A dispensary doctor; what a quantity, what a vast, unmeasurable quantity, of grand, unselfish work is covered by that name. Here and there, it is true, are to be found a few, careless and intemperate in many ways. The casual observer is impressed by them; he goes his way ignoring the hundred others who day and night are expending their best energies in the service of the poor. Some pathetic incident gives the general public a glance at this everyday life, and they forthwith stand amazed at the heroism therein displayed. It does not detract from the honour of those who wear the Victoria Cross to say that thousands who have shown an equal bravery are going unregarded through life. Could we but resuscitate and have among us for this occasion the late Dr. William Smyth, of Burtonport, how his manly heart would respond and glow with pride to my saying that the work he died in doing is being done in the same heroic way by practically every dispensary doctor in Ireland whenever occasion demands. To how many a one could not we who know them apply the words of Browning, inscribed on a tablet erected in Templecrone Church in memory of Dr. Smyth?—

"One who never turned his back, but marched breast forward.
Never doubted clouds would break,
Never dreamed, though right was worsted, wrong would triumph,
Held we fall to rise, are baffled to fight better,
Sleep to wake."

In saying this I am not indulging in mere verbosity. I am simply stating matters of fact. From the *Londonderry Sentinel*, of August 25th, I learn that at least Dr. Brendan MacCarthy, a man of whom we at Vincent's are justly proud, and who worked with Dr. Smyth on the memorable occasion two years ago, is still marching as he has always marched, "breast forward."

On resuming your journey, you will pass many a pleasant-looking coastguard, with spyglass, scanning the horizon for smugglers, pirates, and hostile fleets, and it may occur to you to contrast this continual outlook for foes, rare and easily recognisable, with the fact that never a glass is turned on the myriads of microscopic enemies which carry devastation over the country—to compare the preparedness of the country for possible enemies at sea with its attitude towards ever-present enemies on land. To drive this lesson home, halt at the first dispensary you meet, and, after talking of the recurring courses of instruction which naval officers have to go through, and the eagerness of the State to snap up every new instrument of destruction, introduce them to the whitewashed room, without one vestige of equipment, and, if he is there, to the Medical Officer of Health, a man who, perhaps, took honours in his time, but at a time when the word bacillus was unknown, and to whom there has not been given even one month for a post-graduate study in any laboratory since he took up his appointment.

Gentlemen, this is one of the commonplace facts that, as I said at the opening of my address, we must continue hurling into the street till we awaken the public to its importance. Once it is practically grasped, forthwith will come a recognition of the true *rôle* of that composite individual an Irish dispensary medical officer, and a redress of his grievances. In and out of season the profession has tried to force it on the attention of the Government, but in vain. The all-importance of the issue and the lethargy of our rulers necessitate and constitute the justification of the attitude of the profession towards the Irish Poor-law Medical Service.

Not in the interest of the individual—though his lot, however inadequately set forth by me, is hard indeed—not in the interest of the profession, but in that of the public weal do I say to you: join the Irish Medical Association, and, for the present, at least, leave the Poor-law Medical Service alone.

MEDICAL EDUCATION
AND
POST-GRADUATE STUDY. (a)

By SIR WILLIAM S. CHURCH, BART., K.C.B., M.D.,
President of the Royal College of Physicians.

IN alluding to the changes which the close of the nineteenth century had witnessed in the organisation of the medical profession, Sir William Church remarked that, even with all our perfections in scientific methods, it was possible that we were really no better observers of physical signs and symptoms than were the first principles of Hippocrates. The definition of the term knowledge was no easy matter, including, as it did, among other things, a proper recognition of facts. Was there not a tendency to magnify our

(a) Abstract of Opening Lecture of the Winter Session of the West London Post-Graduate College, West London Hospital, Hammersmith, W., on October 13th, 1903.

present knowledge and to draw inferences from facts which were not warranted? In no department of science was it more necessary than in medicine to have a sound grasp of what was meant by knowledge. Hasty generalisations only obscured the truth. The necessity for the practitioner to keep abreast of the knowledge of the day was becoming more fully recognised. They must ever remain students. The five years' course was barely sufficient to become generally acquainted with medicine, let alone the acquisition of special learning.

There could be no doubt that the passing of the Medical Act of 1858 had conferred an immense benefit upon the public, and the latter had also profited considerably by the better education of the profession. The General Medical Council had done much valuable service in this direction by equalising the examinations, and in the exercise of its disciplinary powers it had also been of great value. At the same time, it was difficult for us to put ourselves in the position of the laity with regard to the question of consulting a medical adviser in illness, and the public had certainly the right to choose whom they liked for their doctor. There was no subject about which ignorance and credulity were so prevalent as medicine. Even in the times of Greek learning there was a great deal of superstition and folly extant, and it would be found, especially by those who had studied folk-lore, that superstition had taken a deep hold of the mind of the public in the present day. Examples of this were seen in the extent to which "faith-healing" and similar doctrines were believed in by a certain section of the community.

Of the importance of our acquaintance with the sciences we should all be agreed, but we are not quite in such uniformity with regard to the means by which this knowledge should be acquired. It would probably be better if the preliminary education of students included a study of chemistry and physics, so that they could enter untrammelled upon their proper medical curriculum.

It was a very wise and proper provision that no person could be admitted to the *Register* unless he were duly qualified in the three branches of his profession, medicine, surgery and midwifery. The general practitioner was the hardest-worked member of the profession, and he was, as a rule, very well up in his work, being seldom found actually incompetent. Specialism was, however, the order of the day. The true specialist was one who, in addition to possessing a wide general knowledge of medicine, had paid special attention to one particular branch, not, as the public would think, to only one organ in the body. The demand for specialists was one which met with a ready response, but it was doubtful if in all cases the quality of the article supplied was equal to that which was expected of it. The danger of specialism was quackery, and the worst of all quacks was he who belonged, or did once belong, to the medical profession, as he only brought discredit upon the whole practice of medicine. Phimosis or adenoids were not, and could not be, responsible for all the diseases of childhood.

It was most essential for the student to endeavour to hold the posts of clinical clerk or dresser in the special departments of his own hospital, while if he were fortunate enough to hold a resident post he was practically going through a post-graduate course. At Baltimore, it was estimated that one-third of the students were qualified men. The first attempt in London to establish anything like a post-graduate course was made in 1888, but it was not a success owing to the fact that opportunities were not afforded for clinical work. Now, the great advantage of an institution like this was the facilities which were offered to qualified men for taking part in the active clinical work of the hospital. It was also of great importance to keep the hospital reserved for practitioners only, for where post-graduates had worked with students in the general hospitals with medical schools, not only did the students themselves resent the presence of qualified men, but in practice it was found extremely difficult to adapt the teaching to the two sections of hearers. The benefits of post-graduate instruction no one would deny. The qualified practitioner could in this way work at a subject in which he felt himself to be weakest, perhaps from lack of opportunity to study it before. Especially were the needs of post-graduate study felt by medical men in the Services, who, from the very nature of their work, were apt to fall into grooves. In fact, as time went on, an Army medical officer tended to become more of a soldier and less of a doctor. Similarly, in the sister Service there was the same temptation to get into routine methods.

Ever bearing in mind the primary object of the hospital, which was to minister to the needs of the sick and suffering, it was important to recognise that the public would benefit by the establishment of post-graduate teaching, for this always materially aided in increasing the efficiency of the medical staff, in preventing mismanagement, and in improving the treatment of the patients.

PITFALLS. (a)

By J. F. GOODHART, LL.D., M.D., F.R.C.P.,
Consulting Physician, Guy's Hospital.

After alluding to our general ignorance of that mysterious vital force which we call "life," and to the many pitfalls encountered by the way during our study of health in particular, Dr. Goodhart proceeded as follows:—

In hospitals very little is really known about health except the constant striving to attain to it. We are too apt to look upon man as a mere machine, to study the details of the clock rather than the clock as a going concern. There is a time which comes to everyone engaged in the practice of medicine when the books are silent, and we are left alone. I doubt whether there be any other calling to which this sense of loneliness attaches. There will be questions put to us which we have never been asked before. We would give anything for information. We are alone! We are too afraid of ourselves. If we look at cells under the microscope simply as cells we may err, but think of the evidences of early growth, of inflammatory changes, and so on, which it teaches us. To look down a microscope may be an absolute waste of time, unless we look also at the living machine, surmise how it works, and become fired by a passionate longing to know more about the mysteries of disease. I remember once a celebrated preacher who shocked his hearers by speaking of Biblical characters as if he were in the habit of taking afternoon tea with them!

(a) Abstract of Address delivered at the Opening Meeting of the Physical Society, Guy's Hospital, on October 10th, 1903.

It is this familiarity with the processes of disease which we should all cultivate. In hospital practice it is comparatively easy to make a diagnosis, for it is seldom that we fail to find something. But when we come to private practice it is here that the functional derangement bursts upon us in full force. Many functional disturbances are simply hitches in the machinery, rather than actual disease.

Hopefulness through all is as necessary for the patient as it is good for the doctor. Some people seem to have no recognition whatever of the indomitable pluck of the living person, and yet, in spite of this, they may be considered by the public as good counsellors. It is difficult to make a reputation, but more difficult to live up to one. Of "Dr. Sanguine" it is said by patients: "I like him when I am really ill, but I am not really ill." The expression "I cure this or that," heard so often on every side, is not a nice one. We *cure* hams! Disease *gets well* while we look on and assist as best we can. If we knew more about health we should think less ill of disease. There is nothing that is required so much in medical study as a knowledge of health by which we can control and gauge it. There is no one sign which is pathognomonic of any disease, and all symptoms and physical signs need to be interpreted by the working of the machinery in health. In many healthy people there will often be found small signs and symptoms of disease while yet they live on, while, on the other hand, there are many sick persons in whom it is difficult to be certain of the presence of any cause for their trouble.

The fundus oculi, for example, always needs a very wide knowledge of the conditions seen in health. Think of how many times you have found it so easy to say "This is disease," when perhaps there has been some slight engorgement of the papilla or injection of the vessels. It is so easy to say "This is early inflammation," and so difficult to be sure that it is not within the margin of health. I might go further, and say that there are many conditions which resemble closely the beginnings of disease, but which are quite compatible with sound working, such, for instance, as functional albuminuria. It is generally safe to assume a man to be healthy until we can find actual disease in his organs.

There is the pitfall of routine. The human body rebels against monotony in any shape or form. Let a man draw up a little *menu* of plasmon, glucose, fat, salt and water, and let him stick to it for three months. His experiences at the end of that time would be instructive for those whom he has left behind! In the treatment of disease, routine is especially to be avoided. Even the so-called "rest-cures" are not altogether free from this drawback. Rest as a routine measure is in many cases positively harmful, as is the case sometimes in mitral stenosis. We are too prone to adhere to the old methods and to say in justification: "Why should I question this or that authority?" We *must* question authority, for even the best teachers are not infallible, and to fail to do so is to fall into one of the worst forms of routine.

The last pitfall is one which, like the eruptive disorders, may be difficult to discover at the onset. It is the *cacoethes medicandi*, or the itch to do something. We take and give too much medicine, for drugs do not constitute the only form of treatment of disease. It is the craze also for doing something which in many cases leads us to say, "Let's look and see," and even this may degenerate into a routine. We cannot wait and watch. We have not sufficient confidence. This should be our plea for doing nothing. Our enthusiasm must be tempered by a deliberate judgment. This habit will effectually control this variety of itch, and it will confine drugs to their proper sphere.

NOTES ON A CASE OF

MULTIPLE DEGENERATING FIBROIDS

AFTER THE

MENOPAUSE. (*a*)

BY BEDFORD FENWICK, M.D.,
Physician to the Hospital for Women, Soho.

THIS specimen is a uterus filled with submucous fibroid growths, which I removed last Tuesday at the Hospital for Women. The patient's age is 54, she has had four children—the last being born fourteen years ago. Her menstrual history and her pregnancies were completely normal. The menopause occurred seven years ago. For the last four years she has had irregular, and at times profuse and prolonged, losses of blood, which medicines failed to check. Some two years ago she came under the care of Dr. Galbraith, of Southgate Road, who found a polypoid growth projecting from the cervix and removed it. She was much better for a time, and then the losses recurred. Another hard, almost calcareous, growth showed itself and was removed, and she was again better for a time. On several occasions since, the same losses have occurred, relieved by the removal of other growths. Lately, however, the losses have become more profuse, the patient has lost flesh and strength somewhat rapidly, and the last growth removed by Dr. Galbraith resembled a piece of orange. In the last month, the discharge has become very offensive, thicker and darker in colour. At Dr. Galbraith's request I took her into the Hospital for Women, and on examination found a soft friable mass just inside the cervix, which seemed part and parcel of the growth. The uterus, however, was somewhat enlarged, and felt hard and nodular. She had a temperature of 102°, and a quick, fluttering pulse of 110. From this and the history I diagnosed a sloughing intra-uterine fibroid, but confess that the growth felt to the finger exactly like one of a malignant character. The specimen shows the manner in which these small fibroids are shelled out from the muscular wall into the cavity; how the compression upon their surface causes necrosis and sloughing; how very difficult for the practitioner and how disheartening for the patient, it is to treat these cases by piecemeal extraction; how much more satisfactory is the radical treatment by hysterectomy. Two other practical points of importance in this case deserve some notice. First, that it exemplifies very well the growth of uterine fibroids after the menopause has taken place, contrary to the old-fashioned doctrine, and one which apparently is still believed by some, that the cessation of the catamenia inevitably brings about a shrinking in the growth of any uterine fibroid which may be present. This doctrine, I venture to believe, is

(*a*) Read at a meeting of the British Gynæcological Society, held October 8th, 1903.

not only entirely fallacious, but is the cause of much needless suffering and danger, or, at the least, grievous disappointment, to many women who patiently wait for year after year for the menopause to put an end to their uterine symptoms, only to find then that these are becoming intensified rather than diminished.

In the second place, this case is interesting because of the manner in which this condition so often simulates that of malignant disease, and which not infrequently in my experience has led to the diagnosis crushing in its hopelessness to the patient and her friends, but happily disproved by her complete recovery after hysterectomy has been performed. It was certainly fortunate for this particular patient that her doctor had so carefully watched her progress and so promptly sent her into the hospital so soon as septic symptoms showed themselves.

SCLEROSIS OF THE OVARY. (a)

By HEYWOOD SMITH, M.A.Oxon., M.D., M.R.C.P.Lond.,
President of the British Gynæcological Society.

Case I.—M. L., a single woman, æt. 24, came under my notice on September 4th, 1902. Her catamenia, established at 14, had been regular till twelve months previously, but now came every two or three weeks, and lasted six days. She had had pain in the left inguinal region, before and during the flow, for the last two years. She had been curetted some three months previously, and the next period had been much easier. Vaginal examination disclosed a rather follicular cervix; the sound passed 2·5 inches in the natural direction with some fundal pain. There were no lateral swellings, but some tenderness in the left fornix. The abdominal walls were rigid.

On September 24th, I operated, when both ovaries were found free and small; but the left was much smaller than normal, and it was removed with the oviduct. On section the envelope was seen to be abnormally thickened and smooth, with scarcely any folds, and the stroma dense with small cysts. The right ovary was left. The patient suffered from chloroform sickness, and, no doubt as a consequence, a swelling (probably a hæmatoma) formed, which eventually cleared up, but left a good deal of pain behind it. She was subsequently admitted into the Torbay Hospital, where, about the end of December, an abscess in the left fornix burst into the bowel. On January 21st of this year she was operated upon in that hospital, and the right ovary, which was reported cystic, was removed. She continued to suffer pain, and in August I saw her with the surgeon in the hospital, and examining her under ether, found the uterus free and movable, and considering the pain neurotic, she was put under treatment and is recovering.

Case II.—E. M. M., æt. 33, and married nearly six years but never pregnant, consulted me this year. She had been treated in Cape Colony for inflammation of the ovary, and had to lie up three months. Her catamenia had been regularly established at 14, lasting five to six days, with very free discharge and slight supra-pubic pain before the flow. On vaginal examination the uterus was found movable and small, with small follicles; the sound passed in the natural direction for 2·5 inches. On deep pressure on the left side a tumour was felt, slightly elongated, tense and tender. On consultation with Mr. Bland-Sutton, we agreed to perform cœliotomy, and this took place on April 17th.

Operation.—The right ovary was the size of a small orange, and burst during extraction; it was removed. The left ovary was slightly enlarged and corrugated; the oviduct, thickened and blocked with inflammatory deposit, was also removed. On a section being made the ovarian stroma was seen to be dense throughout, with some denser white masses and two small corpora lutea.

I have brought these two cases of sclerosis of the ovary, as they present some features in common, and also one striking difference on which I should like to hear the opinion of the Society. In both there was considerable menorrhagia with dysmenorrhœa; the former condition is a frequent accompaniment of disease of the ovaries, while the dysmenorrhœa, and that of an intense form, is constantly associated with sclerosis. It seems that the preliminary inflammation when it becomes chronic is associated with increased blood supply and enlargement of the vessels, and on the stroma becoming thickened and contracted the menstrual molimen gives rise to arterial tension in a tissue which is more or less unyielding. But the chief point I wish to draw attention to in these two cases is the difference in the surrounding envelope. In the former case it is thickened, and on the whole smooth; in the latter, while it is also thickened, it is corrugated on its external surface, and presents the exact appearance of the surface of a brain. Now what is the cause of this difference? Is it in the one case that the stroma is uniformly thickened and very dense, and so contracts uniformly, and in the other that the stroma becomes specially dense in the interstices between the Graafian vesicles and the blood-vessels, and so in its subsequent contraction produces the uneven surface you see?

(a) Read at the meeting of the British Gynæcological Society, October 8th, 1903.

Clinical Records.

CALCAREOUS DEGENERATION OF A FIBROID TUMOUR (a).

By HEYWOOD SMITH, M.D., M.R.C.P., &c.

A. R., a married but sterile woman, æt. 32, consulted me in March, 1885. Her catamenia, established at fifteen, were regular, lasted four days, and were accompanied with much pain, and in July, 1884, she began to suffer from pain in the sacral portion of her spine. A small, hard tumour could be felt in her hypogastrium. On vaginal examination, the os was found rather far forwards, the uterine sound passed up, back, forwards, and a little to the right for 3·25 inches. Pressure on the tumour from above moved the uterus, but not altogether directly. No hæmorrhage.

In August, 1886, she consulted a well-known gynæcologist, who opined that the tumour was not of a kind that would grow rapidly, but in 1887 I found that the tumour had increased in size and hardness, and was more independent of the cervix, in front of which it lay.

In June, 1903, the patient being then æt. 50.the catamenia continued, though they were not excessive, but the tumour had grown to two or three inches above the umbilicus and was very hard, and it appeared to be independent of the uterus.

On June 25th, I operated, with the assistance of Mr. Dansey Smith. An incision was made from about three

(a) Read at a meeting of the British Gynæcological Society, held October 8th, 1903.

inches above the umbilicus to the pubes (about eleven inches), when a large mottled, pale, hard tumour came into view; this was lifted out of the abdomen. The right ovary, the size of a Tangerine orange, burst, and thick black matter exuded, and another cyst with fluid contents also gave way; it was ligatured and removed. The left ovary was also cystic, and, being thin, also burst, and it was removed.

Below, the tumour was attached to the fundus by an apparently elongated pedicle of uterine tissue; an attempt to strip off the tumour was followed by some rather smart hæmorrhage, so a ligature was passed round the pedicle and the tumour cut away. The uterus was then found to be studded with several fibroids; the left broad ligament was therefore then tied and cut free; the left uterine artery was caught with an aneurysm needle and ligatured, the peritoneum divided above the bladder, and that viscus was stripped down. The posterior flap was then made, the cervix cut across, the right uterine artery tied, and finally the right broad ligament tied and divided. There was some oozing deep in the pelvis on the left; this was arrested with adrenalin. The cervical canal was touched with strong carbolic acid, the raw surface of the cervical stump was drawn together with three strong silk sutures, and the pelvic floor was then sutured right across. The abdominal wound was closed with three layers, the peritoneum with a continuous suture of fine silk, the muscles and fasciæ with interrupted silkworm gut, and the skin with a continuous fine silk suture, thirty-one stitches having to be made. The wound was dressed with iodoform gauze and collatin plaster.

On trying to make a section of the tumour it was found to be almost impossible, as the whole substance seemed everywhere permeated with calcareous deposit. Why should some tumours be prone to such degeneration? Has it any connection with the gouty diathesis?

Transactions of Societies.

BRITISH GYNÆCOLOGICAL SOCIETY.

MEETING HELD THURSDAY, OCTOBER 8TH, 1903.

HEYWOOD SMITH, M.D., President, in the Chair.

THE PRESIDENT showed a specimen of "Calcareous Degeneration of a Fibroid," and read notes of the case, which will be found on the previous page.

Dr. MACNAUGHTON-JONES referred to a case that he had brought before the Society, of a large myoma, in the centre of which was a mass of necrotic tissue, surrounded by a deep layer of calcareous material, which was only discovered on section of the tumour after removal. In that particular case the hysterectomy was performed more on account of the mechanical effects of the tumour than for the other symptoms, though the pathological condition must, had the operation not been performed, have resulted fatally to the patient.

Dr. BEDFORD FENWICK said that as fibroid tumours were so often comparatively harmless till they began to degenerate, the cause of such degeneration was very important. He had noticed that calcareous tumours, of which he had seen a considerable number, invariably, as in the President's specimen, had very small pedicles, and in cases he had examined he had found that the blood-vessels were of small calibre in comparison with the size of the tumour they had to supply; he therefore thought that the cause of calcareous degeneration was the want of an adequate blood supply.

Mr. BOWREMAN JESSETT said that the application of carbolic acid to the stump was more likely to promote sloughing than otherwise, and that though it used to be the practice to stitch the flaps of the cervix together, the general opinion now seemed to be that it was better not to stitch the uterine tissue at all.

Mr. MAYO ROBSON said that he had seen many fibroid tumours in calcareous degeneration, and though the majority were calcareous on the surfaces, and were attached by small pedicles, that was not invariably the case. He instanced a case he had recently operated upon, and in which he had opened an abscess in the centre of a large fibroid in a lady past the menopause. The cavity contained a pint and a half of fœtid pus, and several calcareous masses came out from the centre of the tumour. He could not, therefore, accept Dr. Bedford Fenwick's explanation for all cases, but thought that calcareous salts might be deposited in a fibroid in process of atrophy and degeneration, as might be the case in other quiescent growths. He was astonished to hear that anyone nowadays had trouble with the sutures of the abdominal wall. He was convinced that catgut properly prepared, and used with care by skilled hands, was the best material possible. He used a single needle with catgut prepared by the xylol process he had lately described (about the oo size), and ran a continuous suture through the peritoneum from one end of the wound to the other, and carried the stitch back, taking in the internal aponeurosis with the peritoneum; he carried the same stitch through the front aponeurosis and tied it off at the end of the original suture. He had absolute confidence in that method, and it was the rarest occurrence to have any trouble arising from it. The surface stitches, also of catgut, he inserted separately, and took care not to draw them tightly. When any non-absorbable material, such as silk or silkworm-gut, was used there would at times be trouble with the wound.

Dr. RICHARD SMITH said in his experience calcareous fibroids had generally been very large, and had existed for a very long time. He still met with many men who had great faith in chloride of calcium for menorrhagia, and asked whether that treatment had been employed in this case.

Dr. HERBERT SNOW said that these cases were particularly interesting, partly from their exceptional nature and partly from our entire ignorance of their pathological causes. He felt some slight doubt whether the term calcareous degeneration was justified, and whether the condition might not in some way be related to a very rare condition found elsewhere.

Dr. JAMES OLIVER pointed out that in the calcareous degeneration of ovarian cysts nothing very remarkable was to be seen in regard to the vascularity, and therefore he did not think that the vascularity, to which the President seemed to attach some importance, could account for the degeneration; he attributed it rather to some constitutional condition of the patient.

The PRESIDENT, in reply, said that the tumour had not begun to suppurate. It seemed remarkable that the deposit should have been so uniformly disseminated throughout the whole of the tumour. As he had not seen the patient for sixteen years after he had eighteen years ago found the tumour, he could not speak as to the rate of its growth, nor whether the calcareous degeneration was comparatively recent or had been going on *pari passu* with the growth of the tumour. No microscopical examination had yet been made, but he would have one carried out. Mr. Rushbrooke, under whose care the patient had been, would tell them the medicinal treatment employed.

Mr. T. RUSHBROOKE said that electrical treatment was employed for a short time, but he believed the patient had had nothing in the way of drugs except some ergot occasionally.

The PRESIDENT showed specimens of sclerosis of the ovary (notes of which will be found on the previous page) and of salpingitis, reading notes of the latter case as follows:—

In May, 1898, I was consulted by a woman, æt. 22, on account of a yellow vaginal discharge which had persisted for six months and was sometimes offensive. She had been married for three years and a half, had one child, two and a half years old, which she had nursed for three months, and she had never aborted. Her catamenia, established at fifteen, had recently become too frequent, after some temporary improvement. The fundus uteri was rather bulky and wide; the sound passed 3·25 inches. She was admitted into

Warrington Lodge in May. Her uterus was not so tender, but the right oviducts were both tender and enlarged, as also were the *left* ovary and oviduct. *Operation.*—On May 15th, the right oviduct was found enlarged, thick, and hard, and adherent to the ovary; they were both removed. The left oviduct was in a similar condition, and its extremity, enlarged to the size of an orange, was lying in Douglas's pouch and adherent there. The ovary was enlarged and cystic, and was removed with the tube. On each side there was a transparent parovarian cyst the size of a bantam's egg. The lumina of each oviduct was found on incision to be blocked with dense inflammatory deposit. The right ovary contained a large corpus luteum. The end of the left oviduct and ovary were converted into a large abscess full of pus, but it was removed unruptured. The patient made a good recovery.

Dr. MACNAUGHTON-JONES showed a specimen of cirrhosis of the ovary and a degenerating uterine myoma, removed from a patient approaching the menopause, remarking that the ovary was a typical specimen and exemplified what he always maintained, that the clinical symptoms in many cases of ovarian disease were altogether out of proportion to the physical conditions found on examination. In this particular case the woman had been a confirmed invalid for five years, suffering constant pain, with inability to walk. He had removed one ovary and resected the other.

The PRESIDENT, in reply to Dr. Snow, said there were no adhesions round the ovaries. There was no doubt that, as Dr. Macnaughton-Jones remarked, the clinical symptoms in ovarian sclerosis were very much out of proportion to what might be expected from the size of the ovaries, but they could hardly be said to be out of proportion to the disease, which was, he must insist, much more serious than it was generally esteemed to be.

Dr. MACNAUGHTON-JONES exhibited, for Dr. J. R. COOK, of Fairmont, Virginia, a Fellow of the Society, a peritoneal knife devised for cases in which, owing to adhesions, there was some danger of injuring the bowel. He had tried it, and found that it slipped up readily under the peritoneum, and in certain cases might afford protection.

Dr. MACNAUGHTON-JONES also exhibited a specimen of isolated tumour of duct cancer in the axilla, in a patient, æt. 47, who was operated upon for an axillary tumour which proved to be a large encapsuled gland completely and deeply imbedded in the axillary adipose tissue, there being no other glands involved, and the mamma itself, which was very large (weighing 3 lbs. 4 ozs. on removal), presenting no clinical symptoms whatever of malignancy. The only sign was that this breast had been for years somewhat heavier than the other. The breast was amputated seventeen days after the axillary growth was removed, together with all the cicatricial tissue resulting from the previous operation, and though search was made in various parts of the breast for any evidence of malignancy, up to the present none had been detected. The carcinomatous gland was absolutely isolated, surrounded by adipose tissue, and widely removed from the gland tissue of the mamma.

He then related a case of third cœliotomy in a patient on whom hysterectomy was performed for uterine hæmorrhage; and finally read notes of a case of extensive cellulitis occurring after convalescence from hysterectomy for myoma.

Dr. J. MANSELL MOULLIN said that the only trouble he had had this year in a very large number of hysterectomies was much of the same nature as that just narrated; the symptoms commenced a fortnight after the operation, and in the course of a week the uterus had become fixed, and the effusion had increased on the left side till it offered a definite resistance, and he had to reopen the abdomen, which he did through the old incision. He found a collection of pus, small in relation to the amount of effusion, right down behind the uterus. This pus might have been reached by an incision in the vaginal vault, but that would have been working in the dark, and he felt it safer to reopen the abdomen.

Dr. HERBERT SNOW said that with regard to schirrus carcinoma developing in the axilla, a recondite explanation had been offered that it might be owing to the presence there of a supernumerary gland or island of mammary parenchyma, independent of the true mamma; he thought that explanation far-fetched, and that cases like the one narrated were open to a more simple solution. There was nearly always a layer of gland tissue prolonged over the edge of the pectoralis major into the axilla, in which carcinoma sometimes developed and appeared to be quite isolated from the breast proper. Such cancers, of course, rapidly infected the glands, and if not seen early became adherent to the vessels, entailing in their excision the removal of a portion of the axillary vein.

Dr. C. H. F. ROUTH complimented Dr. Macnaughton-Jones on the successful result of the course he had displayed. In many cases, with sudden high temperature without apparent reason, the cause lay in the presence of some deep-seated inflammation which had not been detected, and courageous treatment would often save life. He narrated personal and other observations illustrating this.

Mr. SKENE KEITH said in regard to the peritoneal knife exhibited, it was no doubt clever, but he deprecated the tendency to complicated tools; with the scissors and bistoury one could do all that might be required. In closing the abdominal wound he adhered to the old plan with the single modification that he included merely the edge of the peritoneum. It was hazardous to assert that hernia was not met with after any method; he had known one occur as late as seventeen years after the operation. With regard to the case of cellulitis, when the peritoneum was stitched over the stump, and unsatisfactory symptoms supervened, he had sometimes with very good effect liberated a little fluid by pushing a sound up the cervix as far as it would go with ease.

Dr. F. A. PURCELL said that in supra-vaginal hysterectomy a pouch was left between the remnant of the cervix and the sutured seam of peritoneum extending across the pelvis, and this pouch was the source of danger. Fortunately, when pus did form there it often burst through the cervical canal and the patient recovered.

The PRESIDENT explained that he did not make flaps, as supposed by Mr. Jessett, but merely passed sutures horizontally through the cervix after its division, in order to bring the edges together and lessen the strain on the peritoneum. The accumulation of pus on the stump alluded to by Mr. Skene Keith had been particularly described by Dr. Milton, of Cairo, who seemed to think that it was the regular thing in subperitoneal hysterectomy for the patient to have a rigor from that cause. He had seen the thing happen and the pus find its way through the cervix without giving rise to much disturbance.

Dr. MACNAUGHTON-JONES, in reply, said that in the case of the axillary tumour, it was not situated in any adventitious or supernumerary mammary tissue or gland. It was quite three inches away, isolated and imbedded in the axilla. Microscopical section showed the similarity between the duct cancer in it and that found in the mammary gland itself. Further examination was being made of the mamma. He would make a further report on the small myoma which he had shown. It was a verification of his position that hysterectomy had to be determined upon from the symptoms rather than from the size of the tumour. The great advantage of the incision which he had made in the case of cellulitis was that the abscess was reached without injury to the peritoneum, a point of the greatest moment. In his opinion, in such a case it was far better than opening in the middle line. In the case of the adenomatous uterus which he had removed after the previous cœliotomies for ovarian disease, there was the interesting feature of recurrence of cystic degeneration in the same broad ligament. The adnexa had been completely removed in the previous operations. The hæmorrhage was undoubtedly due to adenomatous change in the uterine endometrium.

Dr. BEDFORD FENWICK showed a uterus with

multiple submucous myomata, notes on which will be found on page 446.

He had removed this uterus supra-vaginally, but as low down as possible so as to escape the slough, and had disinfected the remnant of the canal with iodised phenol. In several instances in which he had not taken this precaution, symptoms of cellulitis had followed, and it had then been his practice to pull down and dilate the cervix and scrape the stump, and this had always been successful. He dissented from Mr. Jessett's view that one should not close the stump, and he always cut out a wedge of tissue so that the cervix could be drawn together by deep catgut sutures, a neat stump left, and the peritoneal flap protected from the burrowing of pus from below.

Dr. MACNAUGHTON-JONES said that he always prepared the uterine stump and united the flaps with gut sutures, covering the entire stump with peritoneum. In cases which had not been curetted, he first disinfected the uterine canal for a short distance. This was done in the case of cellulitis he had described.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—XVI.

[BY OUR OWN SPECIAL MEDICAL COMMISSIONER.]

THE ROSTREVOR SANATORIUM, IRELAND.

THE beautiful district round Carlingford Lough has deservedly won distinction as a health and holiday resort. Rostrevor is picturesquely placed near the mouth of the Kilbroney River, which falls into a beautiful and sheltered bay at the north-eastern end of Carlingford Lough. Warrenpoint is built along the shore at the northern end of the lough, and is connected with Rostrevor by a two and a half miles' tramway. Warrenpoint is also connected with Omeath on the co. Louth shore by a ferry, and a steamer plies between Greenore, Greencastle, Rostrevor, and Warrenpoint at intervals each week-day.

The district presents many advantages as a desirable health station, and has not a few features particularly desirable for the successful treatment of phthisical cases. Rostrevor especially is well protected from northerly and easterly winds, and lies open to the south-west and west. The surrounding hills secure abundant shelter, but the rainfall is, of course, considerable; nevertheless, the character of the soil and the sloping surface of the land allow the ground to dry speedily.

The Rostrevor Sanatorium is admirably situated in a peculiarly sheltered spot, and yet at an elevation of 350 feet. On the north-east lies the strikingly placed Mourne Mountains, some of which reach an altitude of 2,800 feet, while to the south fine views may be obtained of the Carlingford Mountains. The well-known health resort of Rostrevor is only three miles distant, and the neighbourhood presents many features of great interest.

Dr. F. Howard Sinclair, the proprietor and resident physician, is also consulting physician to the Belfast Hospital for Sick Children and visiting physician to the Forster Green Hospital for Consumption and Diseases of the Chest.

The sanatorium, which was opened in August, 1899, is admirably fitted for its purpose. Considerable additions have been made from time to time. The original building consisted of a solidly-built but picturesque mansion, and this is still retained as the resident physician's dwelling. The chief portion of the new building is a peculiarly attractive wooden structure consisting of two floors with a covered verandah at the ends, and a balcony to the upper floor. The rooms are well placed, of convenient size, suitably furnished, fitted with casement windows, and in some instances having French windows which open on to the terrace. An open-air dining-room is a notable feature. All bedrooms are fitted with electric bells, and the entire establishment, including shelters and bungalows, is lit by electric light. The bedrooms can be heated in cold weather.

There are also numerous picturesque sleeping bungalows and two revolving shelters in the grounds, which in construction and from their situation allow patients the maximum of fresh air with the minimum of physical discomfort. Patients spend their entire time in the open, the verandahs and revolving shelters being used in cold and showery weather.

The sanatorium has accommodation for twenty-four patients.

The grounds are rich in attractions, being well wooded, provided with sheltering hedges and having excellent gardens and lawns. The country immediately around the sanatorium offers abundant opportunities for carefully regulated exercise. The soil is gravel and dries quickly after rain, and allows of no lodgment of water. The drainage system is good. Pure water is obtained from a well bored into the granite, while for bath purposes sixty gallons of soft water can be supplied per hour by an hydraulic ram.

Treatment is conducted on strict hygienic lines. Much attention is devoted to diet, and the resident physician takes meals with his patients, superintending the dietary and seeing that each patient is taking suitable and sufficient nourishment. All milk used is taken from tuberculin-tested cows.

Hydrotherapeutic measures are employed in suitable cases. There is a well-equipped electric room, and the Röntgen rays are used as an aid to diagnosis. There is also a complete installation for treatment by high frequency and high potential electrical currents. Amusements are carefully regulated according to individual conditions; some patients are only allowed to read or work on their couches, while others can engage in croquet, putting, gardening, photography or sketching.

Every care is taken to protect patients from sources of infection. During their residence patients are not allowed to visit the neighbouring village or visit friends. Relatives visiting patients may obtain meals at a farmhouse near, as there are no arrangements

for supplying them at the sanatorium, for very wisely it is insisted that many visitors are not desirable.

Dr. Howard Sinclair and his wife reside at the sanatorium, and the patients are constantly subjected to a judicious medical supervision, and their life directed according to a rational *régime*. A fully trained and very capable matron directs all nursing duties.

We were much struck by the judicious combination of home comforts with strict institutional discipline. On all sides there was abundant evidence of the reasonable application of the best methods for efficiently and pleasantly carrying out the principles of the hygienic treatment of consumption.

The terms are particularly moderate: three and a half guineas a week, inclusive of medical attendance, board, daily rubbings and baths. Personal laundry, special drugs, electrical treatment and a special nurse, when required, are, of course, extra.

Rostrevor Sanatorium lies some three miles above Warrenpoint station, but arrangements can be made whereby a car or cab can meet any train. Dr. Howard Sinclair uses a motor car. Irish patients travel by the Great Northern Railway to Warrenpoint. Patients from England or Scotland journey by any of the cross-Channel steamers to Belfast, or cross from Holyhead to Greenore.

France.

[FROM OUR OWN CORRESPONDENT.]

Paris, October 18th, 1903.

Tuberculous Adenitis.

The treatment of bacillary adenitis varies with the degree of development of the ganglion, says Professor Broca. When a ganglion commences to be infected it becomes at first simply hypertrophied and remains mobile. At a more advanced period, small points of softening are felt, which ultimately unite to form a cyst occupying the greater portion of the gland. Later still, the ganglion contracts adhesions with the neighbouring organs, a regular abscess is formed, which finally bursts, leaving a fistula. The treatment differs for the four phases of the affection. The first treatment should be addressed to the general condition of the patient by the use of iodine, arsenic, iron phosphate of lime, &c., but the most active element of the medical treatment consists in pure air (sea-side) and superalimentation. Besides the medical treatment a certain number of local remedies may be tried, such as cutaneous revulsion, application of tincture of iodine, and interstitial injections. These last alone merit attention. The agents employed are generally tincture of iodine, nitrate of silver, chloride of zinc, Fowler's solution, iodoform and ether, and camphorated naphthol. These injections offer no trouble where the ganglions are not suppurating, but in the contrary case the ganglions should be first evacuated by a trocar. A third method of treatment consists in the incision of the ganglions and the curettage of the walls, while the fourth treatment is that of extirpation of the degenerated ganglions.

When and how should each of these methods be employed? Where the ganglions are simply hypertrophied and not yet caseous, the general medical treatment is nearly always sufficient. Where no results, however, are obtained, should injections be practised? Interstitial injections can succeed, but they require to be repeated a great number of times. Further, the introduction of irritating substances into a ganglion already diseased might provoke rapid suppuration, peri-adenitis, and fistula. Consequently, the most preferable treatment is extirpation.

The second case to consider is where the ganglion has become caseous or softened. Here the injections are certain to bring about a cure in time, and when they are frequently renewed they have the advantage also of presenting an acceptable cicatrix. Extirpation is more rapid, but the cicatrix is longer to obtain and looks less æsthetic. But when the caseous ganglions are numerous, injections are not to be preferred to ablation.

On the other hand, where the ganglion has reached the third stage (suppuration), injections constitute the better treatment, as excision requires the sacrifice of a large portion of the surrounding tissues, resulting in a very unsightly cicatrix.

In the fourth stage, or that of tuberculous adenitis complicated with fistula, incision with curettage is indicated. Naturally, no matter what method is employed, the medical treatment should not be neglected in any of the stages of the affection.

Chloroform as a Tænifuge.

According to Dr. Leger, chloroform exercises an action just as efficacious in the treatment of tapeworm as male fern, kousso, &c. He prescribes the following mixture, a quarter to be taken every three-quarters of an hour:—

Chloroform, ʒj.
Syrup, ʒj.
Water, ʒiv.

Before the last dose a purgative of castor oil or tincture of jalap is prescribed.

Germany.

[FROM OUR OWN CORRESPONDENT.]

Berlin, October 17th, 1903.

At the Naturforscherversammlung Exc. v. Behring gave an address on

The Origination of Phthisis and the Contest Against It.

His conviction was that pulmonary phthisis in the human subject usually had its rise in invasion of the system by tubercle bacilli in earlier infancy through the mucous surfaces of the alimentary canal. Virchow had not been able to determine what tubercle was, and this knowledge was first reached through etiological inquiries based on the ideas of Pasteur and Koch. Nägeli's figures were, generally speaking, correct as far as they applied to thickly-populated areas. These were that tuberculous patches were to be found in 96 per cent. in all people between the ages of 18 and 30; in 50 per cent. in all between 14 and 18; in 33 per cent. between 5 and 14; in 17 per cent. between 1 and 5; whilst in children under the age of one no distinct tuberculous patches or disease centres were, as a rule, discoverable. The results of testing by tuberculin by Franz and Berend were in practical agreement with these figures. Jousset's system of inoscopy, by which sparsely scattered tubercle in large quantities of fluid were made visible to the eye, confirmed the figures quoted. By means of this method the tuberculous origin of many exudations may be determined. Nearly all serous peritonitides arise from this source, also many cases of exudative peritonitis, and fluid collections in the abdominal cavities of alcoholics, with cirrhosis of the liver, many of exudative meningitis, inflammations of joints, many cases of disease of the heart, and other parts, where formerly no possibility of any connection with tuberculous infection was thought of.

On account of this general saturation with disease, nothing could be done by seclusion. At most the coughing phthisic could be separated from the apparently healthy individual, not in curative institutions, however, but in houses, as lepers were formerly.

Tuberculous infection was far from being phthisis; the milder infections went on to recovery, the severer

ones led to death. No case had yet been proved of the occurrence of pulmonary phthisis from epidemiological tuberculous infection, nor had it ever arisen from traumatic infection. Hereditary factors were not decisive, but we could properly speak of a bad prognosis in tuberculous families. Human tuberculosis was generally post-genital; *the infant's milk was the chief source, of phthisis,* for the reason that the human suckling, like all other animal young, was wanting in those protective arrangements of the digestive apparatus that in the adult prevented the entrance of disease germs. On the basis of these facts, v. Behring arranged his plan of campaign. An essential advance in milk hygiene had yet to be made by the pasteurisation of milk in the place of its production. For the feeding of very young infants care should be taken under all circumstances to provide a milk free from tubercle. People who coughed should be kept away, that those belonging to them might be protected against infection. One could not be strict enough in dietetic regulations in cases of temporary exacerbation of tuberculous disease. Dietetic therapeutics stood, therefore, in the foreground, and also temporary residence in institutions. He looked upon protective inoculation as the last aim, the practical carrying out of which he did not regard as impossible. He hoped for it in consequence of the results obtained from inoculation for tuberculosis of cattle. The campaign against bovine tuberculosis he looked upon only as a stage in the march against human tuberculosis; isopathic immunisation was possible by the introduction of relatively harmless living tubercle virus. This would, perhaps, be practicable when his own experiments had shown that as good protection could be obtained through feeding as by inoculation. The prospects would be much more favourable when his own hopes were fulfilled, that the milk of highly immunised cows contained protective material that could be conveyed to the human subject. In conclusion, he explained his position in relation to Koch's views at the London Congress. Although the danger of transference of disease by butter and meat was not great, the danger of infection of infants by tuberculous milk was not enough emphasised, whether the tubercle bacilli originated in the cow or in the human subject.

THE MALIGNANCY OF OVARIAN TUMOURS.

Dr. Th. Kostelezky, of Stuttgart, has a paper on, this subject in the *Arbeit. auf d. Gebiete der path. Anat. und Bakt.*, Bd. iv., intended as a contribution towards a knowledge of the tendency to metastases of pseudo-mucoid ovarian cysts. The case was observed in the Königl. Frauenklinik at Tübingen. A woman, æt. 54, had observed for about ten years a great increase in size of the lower part of the abdomen, chiefly on the right side. About a year before coming under observation, the abdomen had suddenly got much smaller, but for two months had been gradually increasing again, but without any other symptoms. A diagnosis was made of papilliferous cystoma of the right ovary and ovariotomy was performed, from which the patient made a normal recovery. The tumour weighed five pounds, was a papillary multilocular cystoma, and there were no parts that in appearance gave rise to a suspicion of carcinoma.

After three years there was again increase in size, with ascites, and the abdomen was tapped. Exploratory laparotomy was then performed, when it was found that there was universal carcinoma of the abdominal cavity. Death took place in seventeen days. The autopsy revealed a cystic tumour of the left ovary with metastases in the peritoneum.

The case was of interest in that in the first instance there was a pseudo-mucoid cystadenoma, that three years after the first ovariotomy the second ovary became diseased, and that notwithstanding the papillary growth of the first tumour with rupture, there was a free interval of three years; from the second tumour, not a papilliferous one, and free from discoverable rupture, extensive disease of the whole peritoneum had rapidly followed. That, in spite of the malignant course, the ovarian tumour was not malignant was demonstrated by the microscope, which showed in the metastases the typical structure of the first pseudo-mucoid cystadenoma.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, October 18th, 1903.

DISCOVERY OF THE CAUSE OF DYSENTERY.

ROSENTHAL, of Moscow, who has been making elaborate examinations of dysenteric stools, gives an exhaustive account of eighty-five of these, wherein no amœba were found. It may be remembered that the origin of this disease has long been attributed to amœba. Rosenthal has now found large quantities of Shiga-Kruse bacilli present, and by these investigators he claims to have discovered the real cause of the disease. In the first week, the colonies were in great abundance, but as the symptoms improved the colonies got gradually less, and finally disappeared on the patient's recovery. In every case the blood and urine were found to be sterile under the most scrutinising examinations.

MULTIPLE FATTY DEGENERATION.

Katz and Winkler have just published a combined report on their investigation of fatty degenerations. The function of the pancreas is a subject that has given rise to a large amount of controversy without being able to finally close speculation. After reviewing the whole field of literature they resolved to operate on the pancreas by removing section, by transplanting the organ, and by ligaturing it at different places. The operations were conducted under the influence of "morphin-chloroform-narcosis." In the cases of ligature and removal of the gland most of the animals soon died. In those cases where the dogs lingered for a time a sort of comatose supervened, but strange to say glycosuria was a very rare occurrence.

This rather falsifies the recent notions entertained of the organ, which was thought to be conclusively proved to be the real source of the saccharine production that acted through the vasomotor on the hepatic function! Whatever be the cause, these experiments go to prove that hæmorrhages are very common after the trying experiments, which may be closely allied to the fatty necrosis. In addition to the pancreas becoming fattily degenerate, the spleen was also found to diminish with an associated condition of ischæmia. Katz thinks this state of the blood is more likely to be the real cause of all the morbid changes alleged to take place than any other neurotic alteration. He believes that the gland contains a fat, splitting ferment which when injured brings about the consequences usually observed after an accident to the organ.

ARISTOCHIN.

Braun has been using aristochin, which is a derivative of quinine and satisfies all the conditions of quinine without the bad after-effects. In malaria and fevers it is equal to quinine itself, and in neuralgia better than the drug. He has used it in seventy of the latter cases, even in those of morbus Basedowii, in large quantities without a toxic symptom, quinine exanthemata, or other bad effect.

PERTUSSIN.

Pertussin is another preparation used by Frieser,

which he highly praises. The official oil of thymi, though acknowledged to be a powerful stimulant to the mucous membranes, has always been objected to on account of its taste and smell, as well being as an irritant to the stomach. In the form of an extract well saccharinated, Frieser uses the drug in all bronchial and throat affections with great success. In whooping-cough and emphysema he finds it of the greatest value.

The Operating Theatres.

ST. MARY'S HOSPITAL.

Wiring Fractured Patella.—Mr. Ernest Lane operated on a man, æt. 28, who had been admitted three days previously suffering from fracture of the patella caused by indirect violence. The amount of separation between the fragments was about three-quarters of an inch, and there was considerable effusion into the joint. The patient was a perfectly healthy subject, of sober habits, whose occupation necessitated heavy manual labour, and therefore the soundness of his limbs was of great importance to him. A semilunar incision, with the convexity downwards, was made just below the seat of fracture, and on reflecting the flap of skin and subcutaneous tissue upwards the fragments were exposed. During all the procedure a gentle stream of sterilised saline solution was made to flow over the field of operation. On clearing out the clot from between the fragments and from the supra-patellar bursa, it was discovered that the lower fragment was in a somewhat peculiar position, the apex of the patella pointing backwards and the cartilage-covered posterior surface looking upwards. The capsule of the joint was deflected over both broken surfaces. This was removed with scissors, when the two fragments could be brought into fairly accurate coaptation. A stout silver wire was passed through them, and by its means they were brought into accurate apposition. The flap was then brought down and the skin wound united by stout silkworm-gut sutures. Mr. Lane drew attention to the peculiar position of the lower fragment, and pointed out that no union could possibly have taken place unless the fragments had been freely exposed and that the limb would have been rendered almost useless by the injury; further, no subcutaneous operation would have been of any avail in securing union This, he considered, was an argument in favour of operative interference in such cases, provided, of course, that the subject was a suitable one; but an operation such as this could not be undertaken with a light heart, and the greatest responsibility rested on the surgeon and his assistants. In this instance the only two concerned in the operation were the operator and his house surgeon, by both of whom the greatest care was taken that no detail of antisepsis and asepsis should be omitted. Mr. Lane considered that the irrigation of the field of operation was an additional safeguard to the patient, and emphasised the advantage of making the skin incision at a lower level than the seat of the fracture.

ROYAL EAR HOSPITAL, SOHO.

Two Contrasted Mastoid Operations. — Mr. Macleod Yearsley operated on two cases of mastoid disease. The first case was that of a child, æt. 7. The symptoms on admission were: pain in the left ear with mastoid swelling, headache, posterior superior meatal bulging, and lateral nystagmus. The child got slightly better, but the tenderness, the bulging, and the nystagmus persisted, together with a temperature of 99°; therefore an operation was decided upon. Mr. Yearsley did the Schwartze operation, that is to say, simple opening of the mastoid. The tissues over the mastoid were slightly brawny, the spine of Henle was well marked. The antrum was easily reached by chisel and gouge, the bone being very soft; the antrum was small, lined with granulations, and contained about five minims of pus. The cavity was carefully curetted and thoroughly purified. On syringing, the fluid did not appear at the meatus. The antrum was packed with iodoform gauze, and the wound sutured, except at the lower part. The second case was a man, æt. 34, who had had chronic discharge from the right ear for about eighteen months. A complete radical mastoid operation had been performed on the left ear two years before. In the right ear the greater part of the membrane was destroyed, and masses of cholesteatomatous material occupied the region of the attic and aditus. The patient suffered from periodic attacks of pain and headache, and also from slight horizontal vertigo. The usual incision was made and the cartilaginous meatus detached and held forward by a gauze tractor. The spine of Henle was well marked. The antrum was reached after tedious chiselling through three-quarters of an inch of hard sclerosed bone; the antrum was found full of cholesteatomatous material, and the aditus was enlarged by erosion. As much as possible of the posterior wall of the meatus was removed, together with the outer attic wall and the remains of the carious malleus and incus. The cholesteatomatous matrix was removed by curetting, a flap from the cartilaginous meatus was cut after the method of Körner, the cavity packed with iodoform gauze through the meatus, and the wound sutured. Mr Yearsley remarked that the two cases were of interest as contrasting the two main methods of operating on the mastoid. Owing to the subsidence of acute symptoms in the first case one was in doubt, he said, as to the propriety of operating, but the persistence of meatal bulging and nystagmus had decided him in favour of an operation, and the softness of the bone, with the finding of pus and granulations in the antrum amply justified this decision. As the attack from which the patient was suffering was the first she had had, the middle ear was not interfered with, and it was probable that with the healing of the mastoid wound she would make a good recovery as regards the hearing. The second case, he pointed out, was altogether different. One operated, he said, with the intention of curing a chronic discharge and relieving the patient of the danger of the complications liable to arise from chronic suppuration and of the unpleasant symptoms attendant on cholesteatoma. Under these circumstances one aimed at obtaining one large cavity consisting of the tympanum, attic, and antrum, lined with skin and easily drained through the meatus. It would be noted, he said, that the cholesteatomatous matrix was carefully removed, contrary to the teaching which a minority of otologists have recently put forward. He considered it far better to obtain a skin lining growing entirely from the meatal flap than one from which flakes of dead epidermis are continually being thrown off, and which has been septic for a considerable time. It would be noted, he said, that the incision in both cases was made as nearly as possible in the retro-auricular groove. By this means the antrum is more easily reached and the scar more easily concealed. He pointed out that in both cases the spine of Henle was well marked. This, or the supra-meatal fossa when the spine is absent, is the most sure guide to the antrum, and it is in this spot that the excavation of bone should be commenced. It would be noted, he remarked, in the second operation that in removing the bridge of bone lying over the aditus no guide was used; as a matter of fact, the instrument invented by Stäcke for that purpose has long been discarded by its inventor, and although still

thought to be of use by some operators as a protector to the facial nerve, it is, he thought, of positive danger in the hands of a careless or unskilful assistant. The method Mr. Yearsley pursues is to tuck a small piece of sponge into the aditus beneath the bridge. This forms an elastic bed upon which the surgeon can chisel with perfect safety.

A week after operation both cases were doing very well.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 21, 1903.

THE PROPOSED REGISTRATION OF NURSES.

THE proposal to have a State registration of nurses is a simple corollary of the principle that now renders that process obligatory upon midwives. The arguments that apply to the one set of circumstances may in the main be used with equal force and relevance to the other. Ignorance on the part of midwives is a danger to the community; midwives brought under the control of the State may not be allowed to follow their calling until they have shown themselves possessed of a reasonable amount of technical knowledge. The name of a midwife thus equipped is entered upon the official Register. Under such a system it is abundantly evident that the only guarantee afforded by registration is one of training and of having satisfied a board of examiners. In all other respects a registered midwife may be absolutely unfitted for the practice of her calling. She may be careless, bad-tempered, impatient, and self-opinionated, in spite of the fact that her name is on the official Register. Clearly, the average medical man would choose a midwife on grounds apart from registration. Nor would he or anyone else be likely to take steps to have an unfit woman removed from the Register, that is to say, short of criminal conduct, a point that is automatically safeguarded. It may be assumed with a tolerable amount of safety that the ordinary medical practitioner owes his success, as a rule, to qualities and acquirements other than those which have enabled him to enrol his name on the *Register* of his profession. Nevertheless the fact remains that registration is not regarded by the State as essential to the provision of a legally qualified public medical service. As everyone knows, the registration of medical men is not compulsory and its absence simply imposes certain not very serious civil limitations upon the non-registered practitioner. On the other hand the State fails absolutely in the implied bargain to stop medical practice by non-registered and non-qualified persons. The system of registration, therefore, as applied to the medical profession is imperfect, contradictory and anomalous. Applied to midwives the same principle is not likely to be attended with more distinguished results, inasmuch as it has been found impossible wholly to forbid practice by unqualified and unregistered midwives. The Registration of Midwives Bill was carried in the teeth of the protests of the majority of the medical profession. We regard the measure as objectionable in various ways, chiefly, perhaps, in its creation of a new class of hybrid and parasitic practitioners. The final step of registration was, in our opinion, uncalled for, and was in reality a concession by the Government to the pressure of a small but energetic band of sentimentalists. It is now proposed to extend a similar principle to nurses. The reasons for this suggested new departure are not apparent. Under existing conditions it is easy for a nurse to assume the position for which she is fitted by tact, training, temperament, and technical acquirements. She will be made neither better nor more dignified by the fact that her name is enrolled upon a Register. The main bedrock fact underlying the situation is that the essential nature of a nurse's duties are administrative. For the intelligent discharge of those duties, it is true, she requires careful training and experience, and she may in some instances be called upon to act upon her own responsibility in the interest of her patient. For all that the fact remains that the place of the nurse is to administer treatment under the directions of the duly qualified medical man. In order to protect the public the need of a high standard of technical education and proficiency is absolutely necessary on the part of the medical practitioner. It is far otherwise, however, with the nurse who is called upon to carry out his directions. Under such circumstances we are unable to recognise the need of registration, especially as the present system answers all practical purposes sufficiently well. Individual incompetence cannot be remedied by any amount of registration. The demand for nurses who are competent and desirable, both on individual and technical grounds, is insatiable. Will registration fill the gap? So far from doing so it will in our opinion merely substitute a complex and misleading system for one that is practical and, on the whole, satisfactory. We yield to none in our appreciation of the self-denial, the competence, the virtue, and the general fitness of the modern nurse for the arduous duties she has undertaken to perform. With every good wish for her present welfare and in all sympathy with her

aspirations for the future we find ourselves unable to support any scheme for registration, at any rate with regard to arguments that have been hitherto forthcoming.

IMMUNISATION AGAINST TUBERCULOSIS.

The doctrine of immunity, both natural and acquired, against the various specific infections that may lay hold upon the living organism, together with the means by which such protection is obtained, is not of theoretical interest only, but is one which has been found capable of wide application in the domain of scientific medicine. It has given us vaccination, and in more recent times it has provided us with antitoxic sera, the use of which has succeeded in materially diminishing the mortality from certain of the acute infectious diseases. When we come to tuberculosis, the greatest enemy of the human race, the problem seems to become more difficult of solution. From the time of Koch's original discovery of tuberculin many devoted workers have given up their whole lives in the search after some agent which should confer protection against the ravages of the tubercle bacillus and also enable the organism when once infected to destroy the invader. The process of artificial immunisation of an animal against tuberculous infection was first successfully accomplished by Professor Maragliano, of Genoa, in 1895, who announced his results to the Congress of Internal Medicine then held at Bordeaux, and more recently to the International Congress at Madrid. In the early part of the present year, Behring, of Vienna, confirmed in the calf what Maragliano had stated eight years previously—*viz.*, the possibility of "vaccinating," or rendering immune, animals against tuberculosis. The Genoese observer has animals in his laboratories which have been immune for as long a period as five years by submitting them to injections of serum from other immune animals. In the former an increase in the agglutinative power of the blood and also a greater development of antitoxins was noticed. The question naturally arises if such methods are applicable in any way to man, and, indeed, Professor Maragliano has been engaged in considerable experimental work in connection with this aspect of the subject. Evidence is forthcoming that injections of the serum of immune animals into a healthy man cause the development within his organism of certain defensive elements which lead to the conclusion that some degree of immunity against tuberculosis is thereby conferred. The instance is quoted of a tuberculous family attending the Polyclinic at Genoa in which seven of the children who all showed varying degrees of pulmonary tuberculosis were treated by progressive antitoxin injections and after eight years had elapsed were in excellent health, the pulmonary symptoms having disappeared. Behring has also found that the defensive materials of cows rendered immune in this manner pass into their milk, but only in small quantities. In contrast to this method of passively immunising animals there is the other possibility, namely, that of artificially producing active immunisation, a kind of "vaccination," as it were, against tuberculosis, which is preferable to the passive variety, since it causes the organism to react to a much greater extent and the protection afforded is more lasting. Professor Maragliano recalls to mind the clinical fact that a person completely cured of a localised pulmonary tuberculous focus generally remains insusceptible thereafter to tuberculosis. If it be possible, therefore, to produce a localised area of tuberculosis upon the surface of the body it may be expected that when this heals a degree of immunity will have been conferred upon the individual. And this is what has been accomplished in several cases, first in animals, and finally in the human subject. Though this method can hardly be considered to have passed beyond the experimental stage, yet it is a definite advance in our knowledge of the ways and means of combating the greatest scourge of the human race.

A MOTLEY-MINDED CRITIC.

Mr. Stephen Coleridge reminds us of nothing so much as the Cartesian diver; no sooner is he submerged than up he pops again as though nothing had happened. To be sure, the process has never been tried in too deep a bottle, or, like the figure in Descartes' little experiment, he might not rise again. This, we think, would be a pity, for surely no more ingenuous humorist has ever posed before the public. Kicks and cuffs seem to stimulate him to greater efforts and logical annihilation seems to be his intellectual Nirvana. Like the British Tommy, he never knows when he is beaten. Nor do we desire that he should awaken to the fact, for the gaiety of nations is not so pronounced at present that we can afford to dispense with one never-failing contributor thereto. All we would ask is that Mr. Coleridge should not take himself so seriously; he would be so much more entertaining if he doffed the mantle of the prophet and frankly donned the cap and bells. Besides, how much greater scope would he have for his inimitable talents! We are moved to these reflections by the appearance once more in the columns of some of our lay contemporaries of one of those periodic effusions that emanate from the National Anti-Vivisection Society's offices in Victoria Street. The only fault that we find with the document as a piece of *persiflage* is that it so closely resembles those that have gone before; we must warn Mr. Stephen Coleridge that his position as a humorist will be seriously compromised if he continues to serve up "chestnuts," however artfully disguised. The particular cause of Mr. Stephen Coleridge's epistolary appearance at this juncture is the publication of the Registrar-General's returns for 1901. In these he has unearthed some startling facts. In 1891—before antitoxin was employed in the treatment of diphtheria—the death-rate from that disease was 173 per million in England and Wales; in 1901—after antitoxin had been widely used for six or seven years—the death-rate from the same cause was 273 per million. The

death-rate for croup, "for which," as he says, "fortunately, no serum was used," stood in 1891 at 91 per million; at the end of two lustra it was only 25. What more convincing evidence could be adduced of the baleful effect of antitoxin? It is so clear, so transparent, to anyone whose mind is not prejudiced by "vivisection" prepossessions and preconceived notions of the value of serum-therapy! We will not be so heartless as to point out that whereas the rise in the incidence of diphtheria in the community has been enormous, the case-mortality has fallen nearly two-thirds in the ten years under notice, and that it is by the case-mortality and not by the gross death-rates that the results of the antitoxin treatment must be judged; nor that the reduction in croup-mortality is due to the improved diagnosis that transfers these very fatal cases to the diphtheria column. It would not be worth while to do so; it would not affect Mr. Stephen Coleridge's belief; it would look as though we were inappreciative of his efforts to amuse. Then he shows, by a masterly addition, that the death-rates from throat and respiratory diseases, "for the cure of which no serum was sold," fell from 3,093 in 1891 to 1,684 in 1901. We are not certain what this proves—except that Mr. Stephen Coleridge is unaware of the statistical fallacy involved in adding up "rates." If we showed him how to correct his results we might spoil his conclusions and produce an anti-climax, and that would never do. The discovery of glycogen, he tells us, was to pave the way to the total cessation of diabetes, whereas the death-rate from that disease has persistently risen, "culminating in 1901 in the highest ever recorded." We should not have thought it could have "culminated" in anything else; but as it has "culminated," we may now anticipate its normal decline. Had this not been so, the only thing we could have done to reduce the alarming mortality from this disease was obvious—forget all about glycogen, and let diabetes go on as it did before that unfortunate discovery. If we appreciate the force of these lessons we shall see in a moment the danger of studying cancer, and we shall not be wrong, for already the "concentrated attention of vivisectors" on cancer "finds its sinister reflection" in the fact that 2,784 more persons died of cancer and malignant disease in 1901 that in 1891. We tremble to think what result will follow the recent efforts of the Royal Colleges and the Middlesex Hospital if these well-meaning, but mistaken, people are not stopped at once. If cancer resents study in this perverse fashion, our only salvation lies in burying our heads in the sand and letting it die of neglect. As we have said, Mr. Stephen Coleridge's one drawback is that he takes himself too seriously. Most men, when they wish to join in a game, take the trouble to learn the rules, and find out what it is all about. Mr. Stephen Coleridge does not worry himself about such trifles. He goes to the wicket when it is someone else's innings; faces the bowler with the back of his bat; plays forward at a "yorker"; and starts running when he is clean bowled. Well, it is his way of enjoying himself, and perhaps he does not do so much harm after all.

Notes on Current Topics.

The Perpetuation of Counter Prescribing.

THE Board of Inland Revenue has indirectly recently granted a new lease of life to the pernicious habit of counter prescribing. It was decided in the case of Ransom *v.* Sanguinetti that such titles as "Cough Mixture" or "Liver Pills" involved a liability to stamp duty, and consequently there was much lamentation among the speculative type of pharmaceutical chemist who deals in "probabilities and possibilities," as compounds which offer to the buyer a probability of injury with the possibility of benefit may be termed. Complaints were duly made by chemists and druggists to the Board of Inland Revenue, with the result that according to our contemporary the *Pharmaceutical Journal*, "chemists and druggists may congratulate themselves on the condition of affairs being virtually restored" to what it was before the decision in the above-mentioned case. It appears that the Board have consented to a non-imposition of stamp duty in the case of mixtures the composition of which has been published in any form in a recognised book of reference. This means, as our contemporary points out, that if the enterprising chemist sends the prescription of his "possibility" to the editor of the *Pharmaceutal Journal* the formula "will be published in the pages of the *P. J.* Formulary in such a manner that no one can identify it except the person who sent it." Yet what this means we can only guess, inasmuch as each formula appears in the columns of our contemporary with a number attached, and this number must appear upon the bottle offered for sale. On turning to the *P. J.* Formulary, we find that it is a motley gathering in which teething powders, complexion pills, little liver pills, female pills, and diarrhœa mixtures lie mingled. The only thing now required from the complaisant Board is the right to affix the chemist's name without incurring liability or stamp duty, and then he will be able to compete on equal terms, or rather at an advantage, with Widow Welch's female pills, and such like. We cannot congratulate the Board of Inland Revenue on its complaisance, or our contemporary on the support they have afforded to the promoters of this scheme.

The Road to Ruin.

THE conditions under which medical men hold office in the Poor-law Medical Service are, we are glad to say, every day becoming wider known, with the result that there is no longer an eager rush of candidates once a post is declared vacant. A little more self-restraint on the part of a few members of the profession and the battle will be won, with the result that medical men will obtain, at all events, a living wage. The exploitation of the medical profession for the benefit of the rest of the community has been in the past and still is being carried to too great an extent. Everywhere the

well-known and praiseworthy practical sympathy which members of the medical profession more than any other class bestow on those whom they consider require it has had the not unnatural effect of making those who are not proper objects of charity desire to become so, so far as medical services are required. Apparently this desire is not limited to English clubs and Irish Poor-law guardians, but is to be found in other countries also. The following advertisement appears in the columns of the German *National Zeitung*:—"The death of the district surgeon has rendered the post he occupied vacant. Those who may desire to offer themselves as candidates for the post are informed that the late surgeon received 200 krones (£8 15s.) per annum from the Provincial Council, and 88 krones (£3 13s. 6d.) from the District Committee. Further there is a beautiful residence situated in a romantic neighbourhood, and there is a mineral well in the vicinity. The place is within an hour's walk of three railway stations. Candidates must send in their applications within the next thirty days." This offers varied inducements to medical men to apply for the vacant post. One thing alone is needed, but unfortunately that happens to be the most important. Beautiful residences, romantic neighbourhoods, and even railway stations within an hour's walk can be done without, but the district surgeon must have the means of purchasing his daily bread.

The Campaign against Tuberculosis.

The Local Government Board for Ireland are in the course of making a further attempt to spread a knowledge of the simple and practical steps that can be taken by the public to prevent the spread of tuberculosis. In view of the continued high death rate in Ireland from pulmonary tuberculosis they have decided to re-issue their circular letter of September 16th, 1901, with various posters and leaflets dealing with the prevention of tuberculosis. The fourth paragraph of this letter is, perhaps, the most important, and is the one to which the Board especially draw attention. In it, they point out the importance of educating the people to the best means of guarding against tuberculosis, and with this object they suggest that the local authorities should endeavour to enlist the sympathy and support of the clergy of all denominations, managers of schools, schoolmasters, and all persons whose duties bring them intimately into contact with the poor. They also suggest that these people should be requested to distribute copies of the leaflet issued by the Board entitled "Information for Consumptive People." The death-rate from pulmonary tuberculosis in Ireland in the year 1901 was 21·5 per 10,000, while at the other side of the Channel a death-rate of 23·4 per 10,000 in England and Wales in the year 1871, had been reduced to 12·6 in 1891. These figures show the necessity for taking, as the Board says, "prompt and sustained action" with a view to reducing the present terrible mortality. They also show that it is possible to effect a reduction. The efforts of the Board will meet with the most cordial approval and support from the medical profession, and, if only the Local Authorities can be induced to take up the matter seriously, a diminution in the present terrible mortality is certain to result.

Lady Residents in Hospitals.

"A Hospital Physician" takes Miss Hickman's remarkable disappearance as a theme in the *Times* upon which to hang sundry discursive remarks on the propriety of appointing medical women to resident posts in general hospitals. We are not concerned to deny that much of the work is of a nature requiring such physical qualities for its easy and proper performance as to militate against the desirability of the appointment of women. This, however, is the only real objection, for the silly talk of propriety in this connection is the outcome of a morbidly sensitive imagination. Surgeons who see no objection to the presence of half a score of nurses in the operating theatre squirm at the sight of a female student, and loudly proclaim that a hitherto dormant sense of modesty has been outraged. There may be ultra-sensitive natures in either men or women upon which the responsibility weighs too heavily, but they are quite the exception, and this sense of responsibility deserves to be encouraged rather than deplored. Many a young house surgeon takes them far too lightly after a time, and is apt to forget that he occupies a position of trust. If women are to take part in the profession of medicine they must do so on the same terms as their brethren. It is impossible to weed out the so-called unsuitable cases, and if they be deprived of any part of the general experience it will be to the detriment of their skill, self-reliance and technical ability. It is idle to speculate on the ultimate cause of this most regrettable catastrophe, and it is ridiculous to make it the text of jeremiads in respect of the admission of women to the practice of medicine.

Another Electric Belt Fraud Exposed.

Thanks to the enterprise of the Medical Defence Union, another pernicious fraud on the suffering public has been scotched. Last week one Lewis Bailles was charged with falsely holding himself out to be a registered medical practitioner in connection with the notorious McLaughlin Electro-Vigour treatment. The defendant's name had been removed from the *Medical Register* in consequence of a conviction for felony, and his diplomas had been withdrawn, yet he made free use thereof to puff the fraud with which he had associated himself. It was shown in evidence that the belts, for which enormous sums were demanded, were absolutely worthless from a therapeutical point of view, in spite of the extensive publicity given to their mendacious claims in the advertisement columns of the *Times*. There was no defence, and the defendant was fined £25 with £20 costs. The profits on this business are, however, so enormous that no pecuniary penalties of this kind are likely to deter the proprietors from continuing to carry it on. It will probably be necessary to adopt the plan that has on previous occasions been resorted to with success—*viz.*,

to bring up the question of obtaining money by false pretences. To charge ten pounds for a worthless belt cannot be anything but a fraud, but, unfortunately, the proceedings are very costly, and no funds are automatically available for their prosecution. No doubt this exposure will to some extent enlighten the public on the foolishness of attaching any importance to the blatant pretences of an American mountebank, but such a commerce is distinctly immoral, and it is a scandal that these impudent quacks should be allowed a free hand in this country.

Cœliotomy.

IN various communications to medical journals during the last few years we have noticed this term used to describe the procedure now generally spoken of as abdominal section. The old-fashioned term "laparotomy" is sanctified by usage and is generally understood, though it labours under the etymological disadvantage of signifying "loin-cutting," and cannot therefore be defended philologically as a designation for incision through the anterior abdominal parietes. If, however, we are to change it, let us at least adopt a term that is beyond cavil; for us cœliotomy seems open to grave objection. We believe the originator of the word was Mr. Bland-Sutton, who is quite a good enough biologist to know the peritoneal cavity is not the only representative of the cœlom in the body, and to use a term that is based upon the assumption that it is is to court misunderstanding by unnecessary ambiguity. Any operation in which the pleura or pericardium was incised could be equally accurately described as a cœliotomy, for both these cavities represent in the adult the space formed by the mesoblastic splitting in the embryo. We protest, therefore, against the adoption of a term which violates convention without ensuring accuracy. We are no opponents of reform in nosology, and we should gladly welcome a good substitute for laparotomy, but we would rather "bear those ills we have than fly to others," equally grievous, and less generally understood.

A Conviction for Spitting.

OCTOBER 13th, 1903, should be a date to be remembered by the National Association for the Prevention of Consumption. By their efforts the possibilities for evil that lie in the "disgusting and dangerous habit of spitting"—as Professor Brouardel has called it—have attained a wide publicity. The attention of those in authority was thus directed to their powers to prevent it, and the London County Council promptly passed a bye-law to punish spitting on their tram-cars, as a first experimental instalment of what may reasonably be expected to follow. This bye-law came into operation a few months ago, and on the 13th inst. the first conviction was obtained. This, it way be hoped, is the first fruits of a movement which can do nothing but good, for it shows that enlightenment has already not only reached the Council chamber, but also the magisterial bench. The extent to which spitting in the streets prevails was remarkably demonstrated by some observations of Dr. Annett, of Liverpool, recorded in the *Journal of State Medicine* last August. In a slow walk of an hour's duration in the early morning, he counted in the thoroughfares of Liverpool a hundred and eighty-three masses of expectoration. In this computation he did not include exsalivations—if we may coin the term—but only masses containing palpable mucus. Knowing how rapidly sputum dries and leaves no visible evidence of its presence, this may give some faint idea of the enormous number of single acts of spitting that take place daily in the streets. The danger of the habit may be evidenced by the fact that 4·76 of the sputa thus casually collected contained tubercle bacilli. We cannot hope to completely eradicate a habit so deeply rooted in the nation, and in some cases so necessasy, we feel ourselves that its regulation is rather the point to aim at. Every person with a little bronchitis cannot be expected to carry about a receptacle for his expectoration, and we cannot advise that he should swallow the sputum. The best solution seems to us to lie in the public provision of spittoons, containing some liquid disinfectant, at short intervals in crowded streets. Persons not using these could be treated as people now are who use the public thoroughfare as repositories for the other dejecta of the body.

A Diagnostic Sign of Twin Pregnancy.

IN thin women with lax abdominal parietes it is often possible to make out the presence of two fœtus, but in the absence of these favourable conditions the obstetrician often experiences considerable difficulty in distinguishing between hydramnios and twin pregnancy. A Russian physician calls attention to the fact that the differential diagnosis can be made by observing the height and degree of tension of the broad ligaments. In hydramnios the uterus assumes a globular shape, due to the presence of the contained fluid on the periphery, whereas in twin pregnancy the distension is usually more or less transverse, thus separating the layers of the broad ligament. Under ordinary circumstances the upper borders of the ligaments can be felt as two large cords attached to the lower parts of the sides of the uterus, but in twin pregnancy the folds are effaced so as to become imperceptible on palpation. It follows that if we can feel the rounded tense edges of the ligaments on a level with the umbilicus, this fact alone virtually excludes the possibility of twin pregnancy, even though the degree of abdominal distension suggests this diagnosis.

Ankylostomiasis in Miners.

AMONG the many dangers which threaten the lives of the workers in the bowels of the earth the newest one, so far as this country is concerned, is the nematode worm, the ankylostomum duodenale. This intestinal parasite has been prevalent for some twenty-five years among miners in certain parts of the Continent, where it first made its appearance in the case of the Italian workmen engaged in the excavation of the St.

Gothard tunnel, from whence, in course of time, it spread to Austria-Hungry and the Westphalian colliery district in Germany. The recent outbreak of the disease at the Dolcoath mine in Cornwall has been carefully investigated by Dr. Haldane, F.R.S., who has made his report upon the subject to the Home Office. It was most opportune that Dr. Court delivered a lecture upon the "Miner's Worm" before the Conference of the Miners' Federation of Great Britain, held at Glasgow. The onset of ankylostomiasis is frequently insidious, but when once its presence is recognised it can be cured with comparative ease. It is noteworthy that Dr. Le Neve Foster, in his "Reports on Mines and Quarries for 1898 and 1899," uttered a warning to British mine-owners to be on the look out for the appearance of the disease. Strict cleanliness is the key to the prevention of infection, but, for obvious reasons, this is very difficult to ensure among miners, who, as a rule, have no facilities for washing their hands when underground or for observing other sanitary precautions, such as boiling drinking-water, or for properly disposing of excrementitial matter. These difficulties are all enhanced when the employés are foreigners who cannot understand or see the necessity for sanitary rules. It is not expected that the disease will spread to any great extent in this country, and it is hoped that by proper means it will soon be eradicated.

Operation in Typhoid Perforation.

Obscurely tucked away in the Medical Supplement to the Metropolitan Asylums Board's annual report we find an interesting comment on the present phase of this interesting question. It takes the form of a bare statistical table summarising the results for last year of the operations performed in the Board's fever hospitals for the treatment of perforated intestinal ulcers in typhoid fever. In all, twenty-one operations were undertaken in fever hospitals; in twenty of these the patient died, in two he recovered. Except in two cases, the operations were all performed within twenty-four hours of the occurrence of perforation, most of them within the first twelve. Looking at the successful cases we note that one was operated upon six and a half hours from the occurrence of symptoms, and that, though peritonitis was diffuse it was in a very early stage; the other was not undertaken till after twenty-two hours had elapsed, but in this case peritonitis did not appear to be general (from the description). In all the fatal cases peritonitis was widely diffused. One case is recorded in which the abdomen was opened, but no perforation was found, either at the time or at the subsequent autopsy. We should much like to know if this was the only case in which this took place, as judgment of the benefits of this operation must necessarily take into account the risk patients incur of having the abdomen opened under the impression that they have perforated, when really they have not done so. We all know the immense difficulties the diagnosis of perforation presents before peritonitis has set in; and how easily this may happen. We would suggest that these cases might be collected in a separate table in next year's report, for what we desire, after all, is to arrive at the exact advantages that may accrue from the operation. Two successes for twenty-one operations gives a recovery rate of under 10 per cent., and one cannot forget that under purely medical treatment some recoveries from perforation do take place. Murchison estimates this to occur in 10 per cent. of all cases, and whilst we bear these facts in mind we must regard operative interference as still *sub judice*.

Cremation.

Sir Henry Thompson certainly deserves warm congratulations for the success that has attended his patient efforts to overcome the prejudices of the people against cremation. The attachment, both hereditary and religious, of our countrymen to earth-burial was so close that it needed years of constant education to bring them to see that any alternative was reconcilable with proper regard for the dead. Little by little prepossessions were removed and objections disposed of, and now thirty years after the movement was inaugurated we find crematories gradually springing up in various places, blessed by Bishops and supported by public men. Sentiment has to be tenderly dealt with, but it should not be allowed to hold undue rank when modern urban conditions are daily making the disposal of the dead more and more difficult to accomplish without risk to the living. An admirably arranged crematorium was opened by Sir Henry at Birmingham the other day, and in his opening speech he showed how the risk of undetected crime could be eliminated by its operations, one of the most patient arguments used by his opponents being thus rendered nugatory. Now that by the Act of last session, local authorities are empowered to erect crematories we hope to see earth-burial become more and more a thing of the past; and crematories become the regular mode of disposal of bodies. We hope, too, that it will lead to the satisfactory settlement of another urgent question, we mean death certification. In the practice of cremation the certificate becomes the final word on the cause of death, and we hope that this will lead to a far more efficient system of certification being introduced than that which now obtains.

Scotch Anti-Vaccinators.

It has often been adduced as evidence of the superiority in common sense of our Caledonian neighbours that the vaccination laws work with very little friction north of the Tweed. The Scotch Anti-vaccination League have, however, been very busy of late. They have been trying to gain access to the small-pox hospital registers in Glasgow, and this has brought them into collision with the Corporation. A long debate took place at the Council meeting on the subject, and it was finally resolved to refuse the request, but only by a majority of one. We must say that we think this a mistake. We know that much prac-

tical inconvenience might result from permission being granted, but refusal to inspect the registers makes it appear on the face of it that there is something to conceal. Now we know that there is nothing of the kind. By the last Vaccination Act (which applied only to England and Wales) it was ordered that all sanitary authorities should keep registers of the state of vaccination of persons admitted into small-pox hospitals, and that these registers should be public. With this we are quite in sympathy, as any suggestion of secrecy immediately leads to charges of "manipulating figures," and "cooking statistics," which are as offensive as they are untrue. The more freely the *facts* about vaccination are ventilated, and the more they are debated, the more likely is truth to be apparent. The best evidence against the objections of the anti-vaccinationists is to be found in the small-pox registers. Why should they be denied the opportunity of seeing the evidence at first-hand?

Health Congresses.

AT last the local authorities are beginning to kick. The fashion of holding annual congresses has grown tremendously of late years, and the months of July and August keep municipal bodies all over the country busy in providing "entertainments" for the various learned societies that have been "invited" by them. The invitation, we need hardly say, is all the other way; the association or institute intimate that they will be very glad to accept an invitation if tendered. The most exacting seekers for invitations are to be found amongst the various public health bodies, and we are not surprised to hear that a petition is being got up and extensively signed, praying that the Sanitary Institute and Royal Institute of Public Health will hold their congresses together. If the advancement of sanitary science is the prime object of these annual junketings, there can be no doubt that this would be greatly subserved by the proposed amalgamation, and we hope that this, and not personal aggrandisement, is the moving element in the organisation of this *réunion*. We shall watch the result of the petition with interest, though we hardly expect it to bring about the desired effect. One of the institutes always provides such a "good time" for its members that we think they will be rather jealous of having their rivals share it.

Mr. Gladstone and Natural Science.

THE publication of Mr. Morley's eagerly-looked-for biography of Mr. Gladstone is the event of the book season. To us, in our professional capacity, these three bulky tomes have a peculiar interest—an almost negative one. It is paradoxical to think that this most eminent and versatile of statesmen should have acted as protagonist in nearly every movement of the last half of the nineteenth century, and yet have had no knowledge of the natural sciences, and practically no interest—even platonic—in them. A curious comment on the attitude of his mind towards things scientific that struck us particularly in reading Mr. Morley's book was his attitude to F. A. Wolf, one of the earliest of the modern school of scientific critics. Wolf's criticisms of Homer Mr. Gladstone dismissed as "bubble-schemes," and looked upon his methods as "chimerical and dangerous." Mr. Gladstone's conscience in medical and scientific matters, in the latter part of his life, he delivered for safe-keeping in the hands of Sir Andrew Clarke, who seems to have retailed to him just so much medical lore as he thought fit on occasion. With this he seems to have been perfectly satisfied—a very striking fact in connection with one of the most naturally inquisitive minds ever fashioned. Medical art he regarded as akin to the uncanny, and natural phenomena as mysteries into which it was not safe for plain men to probe too deeply.

A Tilt Against Specialists.

ONE wonders against what particular category of specialists Sir W. S. Church intended to direct the somewhat drastic remarks of which he delivered himself at his inaugural lecture last week at the West London Post-Graduate College. "A certain number of these so-called specialists," he tells us, were "no doubt honourable men," but no inconsiderable number, he opined, traded rather on the ignorance of the public than on any superior knowledge of their own. Even the good ones, he feared, had lost all sense of proportion owing to their having directed their thoughts exclusively to a limited range of subjects. There was a time still fresh in the memory of the present generation when specialists of every kind were the abhorrence of the regular physician, but we had thought that this prejudice had disappeared in deference to the conviction that specialism has become an indispensable factor in the progress of medical knowledge.

Lip Habits.

THE habit of biting the lips so common in children, and analogous to that of biting the nails or picking the nose, admits of several explanations. It may be nothing more than an expression of nervous restlessness arising in the first instance from the desire to quell some peripheral irritation. In other cases the habit may be choreic in origin. The lip, like the tongue, is also bitten when the child wishes to check instantly some impulse which it recognises it would be harmful or disadvantageous to its own interests to carry out. During a momentary period of fright or strain the same movement is performed, probably from the idea that by so doing an added power of control or endurance is conferred, and it is for the same reason that a patient clutches tightly the arms of the dental chair previous to an extraction. At the thirteenth Congress of Mental Physicians and Neurologists of France, held at Brussels in August, M. Henry Meige, of Paris, exhibited a young man, aged 26, who presented a condition of multiple tics, such as constant sniffing, blinking of the eyes, knitting of the eyebrows, shaking the head, raising the shoulders, and kicking. The most curious thing about the patient was that the lips

were kept continuously open and were never brought into contact, even for speaking or eating. The lower lip was, therefore, never moistened by the saliva, and, in consequence, it was very dry, and in parts desquamating. The condition was described as "cheilophobia," in contradistinction to the other habit, that of picking or biting the lips, and which is known as "cheilophagy." Rhythmic movements of all kinds are common among the insane, while the many varieties of convulsive tics or habit spasms are more often seen in those in whom nervous control is weak or who come of a neurotic stock.

The Birmingham Children's Hospital and Lady Surgeons.

The adoption by the Medical Board of a rule that all surgeons on the staff of the Birmingham Children's Hospital should be Fellows of the Royal College of Surgeons of England entails—as was possibly intended—the exclusion of women from such posts. Against this decision a protest has been lodged on the ground that as women are not admitted to the fellowship the alternative qualification of M.S. of the London University ought to be accepted in lieu thereof. The recommendation was ultimately referred back to the Medical Board, not apparently with the object of appointing a lady surgeon, but in order to obviate an obvious injustice.

The Diploma of Apothecary.

The Association of Physicians and Surgeons of the Society of Apothecaries raises afresh the question of doing away with the archaic title of apothecary, in view of the fact that the licentiates of the Society have as much right to the title of physician and surgeon as the holders of diplomas of the Royal Colleges. The title of apothecary is now as obsolete as that of barber-surgeon, and no doubt it would be easy, under favourable circumstances, to substitute some more euphonious designation. For that, however, it will be necessary to await the introduction of an amending Medical Act, since it would hardly be practicable to obtain a special Act of Parliament. *De minimis non curat lex.*

A New Use for Old Railway Carriages.

Old railway carriages, like mankind, have their day and cease to be. It is somewhat pathetic to see these once fast-moving structures stranded in a country garden or serving as a shed by some desolate roadside. It would appear, however, that they may renew their dignity by hygienic adaptation. At the dinner of the Incorporated Society of Medical Officers of Health, Sir Wm. Church, President of the Royal College of Physicians, pointed out that at little cost old passenger coaches might be readily converted into admirable bungalows for consumptive patients. We believe that in certain places this has actually been done. When palatial structures are being reared for the housing of the tuberculous at enormous expense, and necessarily entailing great expenditure in satisfactory upkeep, it is well that people should be alive to the advantages of adopting simple means for securing satisfactory ends. This new use for railway derelicts is certainly deserving of attention.

Coffee as an Antiseptic.

As long ago as the beginning of the eighteenth century the virtue of coffee in time of plague was noted, and the opinion expressed that had it been known in England in 1665, it would have been found "of excellent use." A hundred years later attention was drawn to the deodorising power of roast coffee, and its use was recommended to counteract bad smells of various sorts. In recent years, however, various scientific investigations have been made to define the degree of its bactericidal powers, and to discover which of the constituents of coffee possesses them. Luderitz, (*a*) in 1889, showed that anthrax bacilli were killed by three hours' exposure to a 10 per cent. infusion of coffee, and cholera bacilli by four hours' exposure. Quite recently (*b*) Drs. Crane and Friedlander, of Cincinnati, have tried the preservative effects of ground coffee on various quickly decomposing substances. When mixed with egg yolk and white in the proportion of one to two, absolutely no putrefaction took place, although the substance was freely exposed to laboratory air throughout a hot summer. Chopped beef mixed with coffee also remained many months without the slightest sign of decomposition. It is not easy to decide to what constituent these properties of coffee are due, since green coffee is in no way antiseptic, nor has caffein any antiseptic qualities. The most likely hypothesis is that during the process of roasting coffee tannic acid gives rise to certain bodies resembling the phenols, but this is not yet established.

Granular Kidney in Childhood.

The rarity of chronic interstitial nephritis below the age of twenty is a clinical fact which is very soon learnt by the student of medicine. Nevertheless, cases of this disease have been known to occur in children of quite tender years, though, from the obscurity of many of the symptoms and the insidiousness of its onset, they frequently pass unrecognised. Dr. James Sawyer, in a valuable communication to the *Birmingham Medical Review*, has collected together twenty-four instances of this affection as found among children. The clinical histories of the cases appear to prove that the contracted kidney is not a late stage or sequence of the large white kidney; moreover, the specific fevers which play such an important part in the causation of tubal nephritis do not seem specially connected with this form of the disease. Male infants are often more affected than females. The question of the influence of syphilis is very fully discussed, and, having due regard to the clinical facts and post-mortem appearances, the opinion is given that the disease, whether congenital or acquired, is probably the chief factor in the causation of chronic interstitial

(*a*) *Zeitschrift f. Hygiene*, vii., 1889, p. 241.
(*b*) *American Medicine*, September 5th, 1903.

nephritis in childhood. The morbid anatomy is practically identical with that of the adult form of the affection. The symptoms are those of increased arterial tension with cardiac hypertrophy, excessive thirst, and continued loss of weight. The onset is often indefinite, but convulsions, "night-terrors," vomiting, or urinary symptoms should lead to the suspicion of granular kidney, and a careful examination of the urine and of the heart at once undertaken. The presence of albuminuric retinitis, although a late manifestation, is regarded as a certain indication of the disease; it was, however, only recorded in three of the cases. The prognosis is very grave, and the treatment must be conducted on similar lines to that carried out in the adult variety of the malady.

The Late Miss Hickman.

AFTER several weeks of agonizing suspense the mystery of Miss Hickman's disappearance from the Royal Free Hospital has been solved, at any rate, in so far as her actual fate is concerned. The discovery of her body, the identity of the remains having apparently been clearly established, in a copse in Richmond Park, puts a term to idle conjecture which will now be reserved for the reasons and details of the unfortunate lady's fate. The sympathy of the profession and of the public will go forth to the parents bereaved of a distinguished daughter by such a terrible catastrophe. Professor Pepper has been instructed by the Home Office to examine the remains in order, if possible, to elucidate the cause of death, but the advanced state of decomposition will render the task one of unusual difficulty.

The Removal of King's College Hospital.

AT a meeting held last week in the large theatre of King's College, the question of removing the hospital to a site in South London was carried by a large majority, after a somewhat prolonged discussion. Of the wisdom of this decision little doubt can be entertained, and it marks, let us hope, the commencement of an era of redistribution of medical charities. The present arrangement is productive of immense inconvenience to countless thousands of the suffering poor, and entails huge waste of funds.

THE sudden death is announced of Mr. Lewis A. Tallerman, whose name is well known in connection with the local application of heat in the treatment of certain diseases of joints, &c.

THE opening lecture in connection with the Winter Post-Graduate Course of the Mount Vernon Hospital for Consumption was delivered by Professor Thomas Oliver of Newcastle-on-Tyne, on Thursday, October 15th, the subject being "Occupation as a cause of Lung Disease."

DR. HAROLD SCURFIELD has been appointed Medical Officer of Health for Sheffield.

MR. JOHNSTON MONTGOMERY, of Belfast, has been elected President of the Pharmaceutical Society of Ireland, and Mr. W. F. Wells Vice-President.

DR. G. B. MASON, Medical Officer of the Leeward Islands, left England on Wednesday last for the Colony.

DR. C. J. THOMAS has been appointed full time assistant medical officer to the London School Board at a salary of £400, rising to a possible £600.

DR. T. L. ANDERSON has been deputed by the Government of Western Australia to proceed to India, to investigate and report on the plague operations in force in that country.

A PUBLIC meeting of the Senate of the Royal University of Ireland will be held on Friday, October 23rd, at 3 p.m., for the purpose of conferring honorary degrees on T.R.H. the Duke and Duchess of Connaught.

THE medals and prizes awarded at the termination of the previous sessions in the Schools of Surgery of the Royal College of Surgeons in Ireland, will be presented by Sir Lambert Ormsby, President of the College on Monday, November 2nd.

Special Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

[FROM OUR SPECIAL CORRESPONDENTS.]

SCOTLAND.

EDINBURGH UNIVERSITY EQUIPMENT.—During the past summer a number of improvements in the pathological chemical, and anatomical departments of the university have been made, which will go far to keep it abreast with the times as a teaching institution. The chemical laboratories were originally designed for forty students (in addition to those attending the regular practical class of the medical curriculum), but from various causes the number desirous of attending, whether to learn chemistry as applied to assaying, brewing, or simply to acquire that practical knowledge of chemistry now demanded of teachers in public schools, has increased so greatly that the laboratory has had to be extended so as to admit of its taking nearly a hundred students. Sundry minor improvements have also been effected as to lighting, and a high pressure water supply has been laid on in the laboratories. In the pathological department a large new bacteriological class room has been opened, which will accommodate fifty students. Space has been got for it (as was done in the new chemical laboratory) by lowering the roof of an already existent class-room and utilising attics. There is a complete installation of Nernst electric lights at the tables, and each student has a separate Bunsen. In the new equipment of the laboratory forty new microscopes, all provided with immersion lenses, have been required; there are also incubators, &c., and an electric centrifuge. The old bacteriology room has been converted into a research laboratory. The histological class-room has had Nernst lamps substituted for gas, and arrangements have been made for the extensive employment of photo-micrographs and the projection lantern in teaching instead of the old-fashioned diagrams. The chief improvements in the anatomical department consist in the introduction of the electric light, and improvements in the ventilation and warming of the dissecting-room. In this department, too, diagrams will be largely superseded by photographs, and a complete plant similar to that in the pathological department has been laid down. A scheme of library extension is now going on, the problem being to house the present books, and those which are constantly being added, in space which is now full to overflowing. The problem is being solved by the substitution of improved library standards and shelves made of steel, for the present cumbrous wooden erections. Only one room so far has been completed, and in a space 23 ft. by 22 ft. by 20 ft. high, shelving

which will contain 45,000 volumes has been erected. The work is being done by the Art Metal Construction Company of New York. In reconstructing the basement of this part of the university a large, commodious cloak room for women students, communicating with their reading room has been made.

Re-opening of the Scottish Medical Schools.—Though some of the practical classes have been in working order since October 1st, the lectures did not begin till the 13th. As a rule the form of a special introductory address was dispensed with, and the work of the winter begun without preface. The new professor of anatomy at Edinburgh delivered his inaugural address in the Macewen Hall to a large body of students and a considerable sprinkling of the general public. The principal part of Professor Cunningham's remarks was devoted to the history of anatomical teaching in Edinburgh from its foundation in 1697, when, through the efforts of the College of Surgeons and Town Council, an anatomical theatre was built. In 1705, Mr. Elliot was appointed public prosector, and received also a small salary from the Curators of the University, thus becoming first professor of anatomy. The first real teacher, however, was Monro *primus* (1720), and around his chair other departments of medical study grouped themselves to form the beginnings of the medical school. Describing the influences at work in the seventeenth century, the speaker pointed out that Marlborough's campaigns caused an unusual demand for competent surgeons for the army and navy, and a practical training in anatomy was for these a matter of supreme importance. That no doubt had its influence in Edinburgh, but other circumstances weighed more, and among these was the intercourse between Scotland and the famous Dutch schools, where Bœrhaave reigned supreme. Having glanced at the holders of the chair from the three Monros down to Goodser and Sir William Turney, the lecturer concluded by a consideration of some general points in connection with anatomy.

The winter session of St. Andrew's University was opened by Principal Donaldson's address, which chiefly dealt with the operations of the Carnegie Trust, a benefaction of which it was absurd to say that it would undermine the independence of the students.

At the University of Aberdeen, Professor Terry gave an inaugural address on his appointment as Professor of History, in the course of which he pleaded for the foundation of a central school of historical method and research, by which the efforts of these historical miners, the Carnegie Research Fellows and scholars, might be directed and stimulated.

Scottish Society of the Sons and Daughters of Medical Men.—A circular has just been issued to medical men in Scotland requesting their assistance in the foundation of a benevolent society under the above title. The names on the list of the Provisional Committee consist of both lay and medical men, and are such as to ensure that the society will start under the most favourable auspices, and wise guidance. The object of the circular is to get all the names of sons, daughters, and grandchildren of medical men in Scotland, when the Committee propose to approach these and induce them to become members. The object of the society is entirely benevolent, in the way of affording pecuniary and other assistance to the widows and children of medical men. The life subscription is £1 1s., or any greater sum. If only a quarter of the descendants of Scottish medical men would become members of this society, the aim of the committee—to rival the prosperity of the societies of the sons and daughters of the ministers of the Church of Scotland—would readily be attained. Mr. F. Y. Henderson, 166, Buchanan Street, Glasgow, is interim secretary and treasurer of the society.

Annual Dinner of the Southern Medical Society, Glasgow.—This dinner was held in the Grand Hotel, Charing Cross, on the evening of the 15th inst., when over sixty gentlemen sat down to what proved to be a capital dinner. The president of the society, Mr. Thomas Richmond, L.R.C.P.E., occupied the chair, Mr. A. R. Maylord and Dr. Thos. Forrest were croupiers. A telegram from the hon. president, Sir J. Halliday Croom, Edinburgh, was received, regretting his absence through illness. Letters of apology for absence were also read from Sir Samuel Chisholm, Bart., and Councillor Kirkpatrick. The usual loyal toasts having been proposed, and enthusiastically responded to, the toast of "Our Society" was proposed by the chairman, who was reminiscent of the early days of the society's existence when its members were few, and how it had gone on growing and prospering till it had attained to a membership of 228 at the present time. The other toasts included "The Imperial Forces," by Mr. A. E. Mayland, and replied to by Brigade-Surgeon Lieut.-Colonel Corrie. "The Glasgow Medical School," proposed by Dr. James Erskine, and replied to by Mr. H. E. Clark and Dr. Renton. "Our Guests," proposed by Dr. Edington, and replied to by Professor Murdoch Cameron and Mr. John Henderson. "The Chairman," proposed by Dr. C. E. Robertson and briefly replied to by the Chairman. The enjoyment of the evening was enhanced very materially by the playing of an orchestra and songs contributed by Professor Cameron, Drs. T. K. Monro, and Wauchope, Mr. Ingram, Mr. Marshall, and the Chairman.

BELFAST.

Armagh Asylum.—At the monthly meeting of the Board of this asylum, it was reported by the Inspector of Asylums that the population of the asylum at the date of his visit was 501, only four more than at his previous visit, but unfortunately the numbers were only kept down from want of room, all but the most urgent cases being refused admission. The estimated accommodation of the asylum was for 434 (214 males and 220 females), while at his visit there were 246 males and 264 females. The percentage of deaths during the year was 7'5., viz., 10'7 among the males and 4'4 among the females. The average cost of maintenance during the year was £21 4s. 6d. Handlooms, as a means of occupation for the inmates, were about to be introduced, having already been successfully introduced in six other county asylums.

Belfast Students at the Royal University.—The results of the degree examinations at the Royal University, which were published last week, have given rise to very considerable dissatisfaction here. Of the forty-seven students who presented themselves at the final examination, only twenty-three passed, and of these only nine were Belfast men, a decidedly smaller number than usual. It appears to be the surgical examiners who have specially offended on this occasion.

Correspondence.

QUACKERY AND THE LAW.

To the Editor of The Medical Press and Circular.

Sir,—To the medical man of the world, and having his eyes fairly well open to what is going on around him in the domain of fraudulent quackery, the exposure of the internal economy of an "electrical belt establishment" made at Bow Street Police Court on Tuesday, October 13th, can cause neither surprise nor astonishment. Perhaps some aspects of the case may call forth your editorial comment. I would like to direct attention to a few particular points. In the first place, it is to be remarked that the prosecution was initiated and carried through by the Medical Defence Union. The Union is an association of members of the profession, having no obligation to act as guardians of the public against quackery. The motives of its action in the case in question I, for one, am at a loss to account for. The offender has been fined a comparatively paltry sum, and has been clearly shown that he need only exercise a little more care in the future in order to carry out his plans with complete impunity. A little more care in the wording of his advertisements and a little more discretion in verbal description of his qualifications, and the penal clauses of the Medical Act need have no terrors whatever for him; whilst the public may be kept fully informed of the distinguished professional qualifications of the

gentleman ready to purvey the marvellous electrical apparatus described in court. The Medical Defence Union went out of its way to prosecute in this case; and if no private association of the kind takes upon itself such an invidious duty, proceedings to enforce the Medical Acts are impossible. The General Medical Council has no power to interfere; no public prosecutor is charged with the duty. The penal clauses of the Medical Act are consequently almost entirely dead letters. Then, again, the man was not charged with any offence relative to the actual trade he was carrying on. In this he is not amenable to the law as it at present stands, nor need he, with small care, make himself amenable; his sole offence legally was the assumption of forfeited titles. Lastly, the case serves to enforce the suggestion lately put forth in your correspondence columns, namely, that there ought to be appointed a Royal Commission to inquire into the whole subject of unqualified medical practice and quackery, including the manufacture and sale of quack medicines. Such an inquiry would prove and make plain that legislation directed against fraudulent quackery of every kind, although it might do something to the advantage of the medical profession, would do a thousand times more for the stupid, ignorant, or too confiding masses whose weaknesses and suffering render them an easy prey to cynical knavery. It will be necessary to bring these facts home to the minds of our legislators before the smallest chance for acceptance of any new project of medical law can be created. At present, proposed medical legislation of the kind is looked upon as a trades' union move for selfish ends by the doctors. Everyone who knows anything about the history of medical legislation must recognise that without the education in the question which Members of Parliament almost entirely lack, no House of Commons will listen with patience to a Medical Act Amendment Bill; and I venture to prophesy that if the Bill of the British Medical Association now in process of preparation be presented without this preliminary action I suggest, it will have not the smallest chance of acceptance albeit backed, as it may be, by the united voice of 20,000 qualified medical practitioners. I am, Sir, yours truly, H. S.

SPECIALISM.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—It seemed to me, when reading the report of the address by Sir Selby Church at the opening of the Post-Graduate College, the remarks made by him on the subject of specialism were not such as one might have expected. It has always appeared to me important to recognise the necessity for specialism in certain kinds of professional work, and those kinds are where technical skill and special training in such are required. Now technical skill implies the use of the hand above all things, where practice, particularly where delicate manipulation, comes in, and is absolutely necessary. We recognise specialism in the diagnosis and treatment of disorders of the eye, the ear, the throat, and some other organs. When we come to the treatment of diseases such as fevers, tuberculosis, cancer, and others which are not limited in their influence upon one organ, and where technical skill is not so important as a knowledge of the nature of the malady we are dealing with, specialism is not possible, or at least not of much advantage. It has always appeared to me very doubtful whether specialism in lunacy is of any good. I would rather have the opinion of a good practitioner in a lunacy case than that of a specialist. Specialism we find was generally indulged in, and cultivated, in the histories of ancient peoples, such as the Egyptians and the Greeks, at times when they were beginning to degenerate and retrograde. Specialism was a bad sign, and always will be of the social condition of a people when it becomes fashionable and is encouraged too much.

Sir Selby Church is evidently not in favour of too much specialism, but what is proper specialism and what is not he does not seem to have considered and understood. I am, Sir, yours truly,

NON-SPECIALIST.

Obituary.

GEORGE LAWSON, F.R.C.S.Eng.

WE regret to record the death of the veteran ophthalmic surgeon, Mr. George Lawson, who died at his house in Harley Street, on Monday of last week, at the age of 71. Mr. Lawson was educated at King's College Hospital, and became a member of the Royal College of Surgeons in 1852. In the following year he was appointed assistant-surgeon to the Rifle Brigade, which distinguisned regiment he accompanied to the Crimea, and was on duty with it at the battles of the Alma and of Inkerman, and during the earlier part of the siege of Sevastopol. The fatigue and exposure which he underwent brought on a very serious illness, attended by paralysis of his lower limbs, from which he ultimately recovered, but with a damaged heart and circulation. Mr. Lawson had filled the usual student appointments at his hospital; and, after leaving the Service, he passed the examination for the Fellowship of the Royal College of Surgeons in 1857, and became attached to the Royal London Ophthalmic Hospital, Moorfields, and to the Great Northern Hospital, and was also for a short time teacher of anatomy at the Grosvenor Place School of Medicine. Beginning practice in Park Street, he soon afterwards removed to Harley Street, and was appointed assistant-surgeon to the Middlesex Hospital, of which he ultimately became senior surgeon. He was elected a member of the Council of the Royal College of Surgeons in 1884, and was at one time Examiner in Surgery to the Royal College of Physicians. As a pupil of Bowman and an officer of Moorfields Hospital, he was naturally led to devote much of his attention to affections of the eye, and published in 1867 a valuable work on "Injuries of the Eye, Orbit, and Eyelids," and later a "Manual of Diseases and Injuries of the Eye," which went through five editions. On the death of Mr. White Cooper in 1886, Mr. Lawson was appointed surgeon oculist to the Queen, and enjoyed the confidence of her Majesty and of many of the members of the Royal Family. He was a man not only of singularly winning and gracious manners, but also of charming disposition and great amiability, and his death will be deplored by a large circle of friends to whom he had become greatly endeared. He leaves a widow and six sons, one of whom has long been associated with him in practice.

SIR GEORGE DUFFEY, M.D.

WE deeply regret to have to record the death of Sir George Duffey, M.D., at his residence in Fitzwilliam Place, Dublin, after a prolonged illness. Sir George Duffey was one of the best known of the Ex-Presidents of the Royal College of Physicians, which office he had held in the year 1896 and 1897. Up till a comparatively recent date he held the post of Visiting Physician to the Royal City of Dublin Hospital, and in our present issue we chronicle the fact that during the past week the Governors of the Hospital had conferred upon him the post of Consulting Physician. The late Sir George Duffey had a varied career, and an acquaintance with more sides of medical life than is permitted to most men. In 1864 he took his M.B. degree in the University of Dublin, of which he was a distinguished graduate, having taken a medical scholarship and a senior medical exhibition. Soon after obtaining his M.B. and M.Ch., he entered the Army Medical Service, becoming attached to the 24th Regiment. During his stay in Malta with his regiment, he made his valuable contribution on Mediterranean fever, to medicine, and pointed out the advisability of army medical officers studying the local diseases of the stations at which they are on duty. This contribution was the forerunner of many excellent papers, all of which are of a practical character. We may but enumerate a few of the many: "Cystic Degeneration of the Kidneys, causing Dystocia"; "Rheumatic Orchitis as a Sequel to Fever"; "On the connection of acute Diabetes with Disease of the Pancreas"; "Hydatid Cyst of the Pleura"; and "Laryngeal Necrosis in Enteric Fever." We select these from among his many papers, all of which are

valuable, because they show the author's keen power of observation and his wonderful patience in working from effect to cause. As a physician, he possessed the same quality of medical mind that made Addison and Anstie great. No personal trouble was too great, no tax on time or patience too heavy, where a patient's life was at stake. And in all the hours and days of attendance no word escaped his lips towards his patient but those of kindness and hope. In the presence of sickness all the best qualities of the man were shown—thoughtful, courteous, kind, every patient loved and trusted him. In 1871 he resigned his commission and settled in Dublin. About this time he turned his attention to journalism for a short time, and founded and managed the *Irish Hospitals Gazette*, a small journal which was afterwards merged in the Dublin *Journal of Medical Science*. In 1876 he was appointed physician to Mercer's Hospital, and lecturer on Materia Medica in the Carmichael School of Medicine. He maintained his connection with Mercer's Hospital until, in 1882, he was appointed physician to the City of Dublin Hospital, and his lectureship, until, on the amalgamation of the Carmichael and the Ledwich Schools with the school of the Royal College of Surgeons, he was appointed to the professorship of Materia Medica and Pharmacy. During a particularly active life Sir George Duffey held many other posts of which the following were the most important :—Examiner in Materia Medica in the Queen's University before its dissolution ; Extern Examiner in the Institutes of Medicine in the University of Dublin ; Inspector of Examinations for the General Medical Council, and Visitor for his Majesty's Privy Council in Ireland ; Examinations of the Pharmaceutical Society of Ireland.

Sir George Duffey's connection with the Royal College of Physicians was long, intimate, and characterised by the most friendly relations with his *confrères*. In 1873, just thirty years ago, he was elected a Fellow of the College, and in 1896 he was chosen to be President for the first time. He was re-elected in the following year, and on the occasion of the Diamond Jubilee of her late Majesty, Queen Victoria, received the honour of knighthood.

Sir George Duffey's death at the comparatively early age of sixty is a loss to many beyond his own immediate family circle. He will be long remembered as a warm-hearted and sympathetic medical man, as a powerful and constant supporter of the dignity of his profession, and of the college in whose councils he for so many years assisted, and as a most faithful friend.

Medical News.

The Meath Hospital Dublin.

On Monday, October 12th, the opening meeting in connection with the Winter Session of the medical school attached to the Meath Hospital and County Dublin Infirmary was held in the hospital, and attracted a very large attendance. The chair having been taken by Sir Francis Cruise, M.D., F.R.C.P.I., Sir Philip Smyly, Surgeon-in-Ordinary to the King in Ireland, delivered the inaugural address. Since the last time he had opened the session there had been many changes. One of the most serious was the death of Sir William Stokes, a true friend, a true gentleman, and a distinguished surgeon, who gave up his life in the service of his Queen and country, but not until he had made a great reputation for himself, and perpetuated the reputation of his father, William Stokes, who, with Graves, made the Meath Hospital famous all over Europe. To the earnest and active co-operation of Sir W. Stokes was due in no small measure the new operating theatre in the hospital, where there was every contrivance to enable surgeons to practise aseptic surgery. Having briefly referred to the esteem and respect in which the late Mr. Patterson, a member of the surgical staff, was held, and having pointed out the brilliant work of Dr. Freyer, an Irish surgeon now practising in London, and a member of the Irish Graduates' Association, to which every Irish medical man should belong, the speaker referred to the two great subjects which were interesting both to the profession and the public—tuberculosis and cancer. At the close of the address Dr. Little proposed a vote of thanks to the lecturer, who deserved warm commendation for the excellent quality of his address. Surgeon Chance seconded the motion, which was unanimously adopted and acknowledged. The President of the Royal College of Surgeons having taken the second chair, Sir J. W. Moore proposed a cordial vote of thanks to Sir Francis Cruise for presiding. Dr. Wm. Taylor seconded the motion, which was passed by acclamation. Sir Francis Cruise having suitably responded, the proceedings terminated.

Society for Relief of Widows and Orphans of Medical Men.

A quarterly court of the directors of the Society was held on Wednesday last, the President, Mr. Christopher Heath, F.R.C.S., in the Chair. Three new members were elected, the death of a member was reported, and the resignation of a member accepted. The death of a widow, aged 87, who had been receiving £50 per annum since May, 1890, was announced. Applications for assistance were read from three orphans of a member who died in 1899, and grants at the rate of £12 per annum made them. Applications for renewal of grants were read from fifty-three widows, sixteen orphans, and four recipients from the Copeland Fund, and £1,321 was voted to be distributed among them at the next Court, subject to the report of the visitors. It was resolved to make the usual present at Christmas to the widows and orphans on the funds, viz., £10 to each widow, £3 to each orphan, and £5 each to the four orphans on Copeland Fund, in all £589. The expenses of the quarter were £65 14s. 6d.

Royal City of Dublin Hospital.

The Board of this hospital have appointed Sir George F. Duffey, M.D., Consulting Physician (since deceased), and Mr. Henry Fitzgibbon, F.R.C.S., Consulting Surgeon to the hospital.

Gordon Defence Fund.

A meeting of the Committee of the above took place at 92, Merrion Square, Dublin, on Friday last, October 16th, Sir Lambert H. Ormsby, President of the Royal College of Surgeons, in the Chair. Dr. Andrew Horne, hon. treasurer of the Fund, reported that a sum of £96 7s. 1d. had been subscribed and deducting expenses it was arranged that a cheque for £91 7s. 4d. be handed to Dr. Alexander Gordon, Rathmines, to assist him to defray the law expenses connected with the notorious case of blackmailing of which he was the victim. As all members of the profession are liable to be assailed by these unfounded charges it is gratifying to learn that the profession in Dublin have so promptly responded to the appeal sent out by the presidents of the two Royal colleges, and which was originally started by the editor of the Medical Press and Circular in these columns. Dr. R. S. Wayland, F.R.C.S.I., kindly acted as hon. secretary and gave much assistance in bringing this Fund to such a satisfactory termination.

Conjoint Examinations in Ireland.

The following candidates have passed the First Professional Examination by the Royal College of Physicians and the Royal College of Surgeons :—W. H. Bomford, H. C. Burbidge, T. C. Casey, A. Cullen, M. B. Dooley, C. J. B. Dunlop, J. J. Dwyer, Thos. Fehily, F. V. Hauratty, P. Harrington, D. F. Harty, S. F. Hayes, W. E. W. Hitchins, C. Macaulay, W. R. O'Farrell, W. H. O. Riordan, D. O'Sullivan, Thos. Walsh (Carrick-on-Suir).

London School of Tropical Medicine.

The entry of students at the London School of Tropical Medicine (Mr. Chamberlain's scheme for improving the health of the Tropics) is the largest on record. About thirty past graduates have already joined for the autumn session, nearly half being sent from the Colonial Office, Foreign Office, and Indian Medical Service.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," 'Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

POST-GRADUATE (Leeds).—Although Woking, presumably mainly owing to the excellent train service provided by the London and South Western Railway, is fast becoming a large and important provincial centre, we understand that it is already amply supplied with medical men. Still, possibly it would be worth our correspondent's while to visit the locality and personally to make inquiries on the spot.

RESPICE FINEM.—In our opinion our correspondent would be well advised to allow the matter to rest where it is.

PROVINCIAL SURGEON.—Despite the fact that there are now two actual vacancies on the surgical staff of St. Bartholomew's Hospital, and that another will occur next year, owing to the termination of office of Mr. Langton, it is unlikely that the authorities will look elsewhere than in their own school for candidates to fill the posts.

SPES.—A letter addressed to the medical officer of health for the district will, no doubt, elicit the information our correspondent requires.

ALPHA.—The late Mr. W. J. Walsham was not a member of the Council of the Royal College of Surgeons. He competed, unsuccessfully, about two years ago.

TU QUOQUE.—Our correspondent will note that we deal with the matter editorially in the current issue.

MEMO.—The terms of the agreement are very clear, and however hardly they may press upon you, we believe they coold be enforced. The matter is one in which you might advantageously consult a solicitor or one of the medical agents.

DR. R. (Sheffield).—A patient has a legal right to demand the details of an account, indeed it is only by courtesy that the custom obtains of sending in a mere statement of indebtedness. Any hesitation in acceding to such a request on the part of a practitioner might be misunderstood and should be avoided.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, OCTOBER 21ST.

ROYAL MICROSCOPICAL SOCIETY (20 Hanover Square, W.).—8 p.m. Mr. C. D. Soar: Exhibition of Drawings and Slides of British Hydrachnidæ. Paper—Mr. F. W. Millett: Report on the Recent Foraminifera of the Malay Archipelago. Part XV.

MEDICAL SOCIETY (University College, London). — 8.30 p.m. Address—Mr. J. Hutchinson: Logic and Leprosy.

POST-GRADUATE COLLEGE (West London Hospital, Hammersmith Road, W.).—5 p.m. Mr. R. W. Lloyd—The Administration of Anæsthetics. (First Lecture.)

THURSDAY, OCTOBER 22ND.

POST-GRADUATE COLLEGE (West London Hospital, Hammersmith Road, W.).—5 p.m. Mr. Keetley—Hernia. (Second Lecture.)

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7 Fitzroy Square, W.).—5 p.m. Dr. Bernard O'Connor—Practical Diagnosis and Treatment.

FRIDAY, OCTOBER 23RD.

CLINICAL SOCIETY OF LONDON (20, Hanover Square, W.).—8 p.m. Exhibition of Clinical Cases followed by Discussion. Patients will be in attendance from 8 p.m. to 9 p.m.

POST-GRADUATE COLLEGE (West London Hospital, Hammersmith Road, W.).—5 p.m. Dr. Abraham—Skin Cases.

Appointments.

BOYCOTT, A. E., M.B., M.Ch.Oxon., Gordon Lecturer in Experimental Pathology to Guy's Hospital Medical School.

EDWARDS, ROBERT THOS., M.R.C.S., L.R.C.P., Resident Medical Officer to the Aberystwyth Infirmary and the Cardiganshire General Hospital.

MOULD, G. W, M.R.C.S., L.S.A., Consulting Medical Officer and Superintendent of the Welsh houses connected with the Royal Asylum, Cheadle.

MOULD, PHILIP G., M.R.C.S., L.R.C.P.Lond., Second Assistant Medical Officer, Royal Asylum, Cheadle.

SANKEY, R. H., M.A.Oxon., M.R.C.S., L.R.C.P.Lond., House Physician to the Radcliffe Infirmary, Oxford.

SCOWCROFT, WALTER, M.R.C.S., L.R.C.P.Irel., Resident Superintendent of the Royal Asylum, Cheadle.

SCURFIELD, HAROLD, M.D.Edin., Medical Officer of Health for the City of Sheffield.

STIFF, H. H., M.B., B.C.Cantab., Certifying Surgeon under the Factory and Workshops Act for the Bury St. Edmunds District of the County of Suffolk.

SUTCLIFFE, JOHN, M.R.C.S., L.R.C.P.Edin., Senior Assistant Medical Officer, Royal Asylum, Cheadle.

WATERHOUSE, A. T., M.B., B.Ch.Oxon, L.R.C.P.Lond., M.R.C.S., House Surgeon to the Radcliffe Infirmary, Oxford.

Vacancies.

Birkenhead Union.—Resident Assistant Medical Officer. Salary £120 per annum, with board, washing, and apartments. Applications to John Carter, Clerk's Offices, 45 Hamilton Square, Birkenhead.

Brighton Sussex County Hospital.—House Surgeon. Salary £140 per annum, with board, and residence in the hospital. Applications to the Secretary.

British Home and Hospital for Incurables, Streatham, S.W.—Medical Officer. Salary £120 per annum. Applications to the Secretary.

Chelsea Infirmary, Cale Street, S.W.—First Assistant Medical Officer. Salary £120 per annum, with board, furnished apartments, coal, gas, and washing. Applications to the Clerk to the Guardians, 250 King's Road, Chelsea.

City Asylum, Gosforth, Newcastle-upon-Tyne. — Assistant Medical Officer. Salary £140 per annum, with furnished apartments, board, and laundry. Applications to the Superintendent.

Darlington Hospital and Dispensary.—House Surgeon. Salary £120 per annum, with board and lodging in the Institution. Applications to the Secretaries, 13 Danesbury Terrace, Darlington.

Gilson Scholarship in Pathology, Society of Apothecaries of London. —This Scholarship of the value of £90, tenable for one year, will be open for competition in the month of January, 1904. Persons wishing to compete for it must either hold the Diploma of the Society or obtain it within six months after gaining the Scholarship, and their age must not exceed thirty-five. Further particulars can be obtained from the Secretary to the Examiners, Society of Apothecaries, Blackfriars, E.C. Applications to the Secretary.

Glasgow District Asylum, Woodilee, Lenzie. — Junior Assistant Medical Officer. Salary £125 per annum, with board, lodging, washing, &c. Applications to Dr. Marr, Medical Superintendent.

Nottingham Children's Hospital.—House Surgeon. Salary £100 per annum, with board and residence. Applications to Mr. A. F. Kirby, St. Peter's Church Walk, Nottingham.

Nottingham General Hospital.—Assistant House Surgeon. Salary £100 per annum, with board, lodging, and washing in the Hospital Applications to the Secretary.

Royal South Hants and Southampton Hospital.—House Surgeon. Salary £100 per annum, with rooms, board, and washing. Applications to T. A. Fisher Hall, Secretary.

The Royal Asylum, Cheadle, Cheshire.—Third Assistant Medical Officer. Salary £150 per annum, with furnished apartments, board, attendance, &c. Applications to W. Scowcroft, Medical Superintendent.

The Throat Hospital, Golden Square, W.—Resident House Surgeon. Salary £50 per annum, with board, residence, and laundry. Applications to W. Holt, Secretary.

Wolverhampton and Staffordshire General Hospital—House Physician. Salary £100 per annum, with board, lodging, and washing. Applications to E. Forster, House Governor and Secretary.

Births.

CARRUTHERS.—On Oct. 12th, at 12 Rose Terrace, Perth, N.B., the wife of D. A. Carruthers, M.B., C.M., D.P.H., of a daughter.

FITZPATRICK.—On Oct. 14th, at Clitheroe, Ashburton, Devon, the wife of Walter Fitzpatrick, L.R.C.P. and S.Ed., of a son.

HEELAS.—On Oct. 13th, the wife of Walter W. Heelas, M.R.C.S., L.R.C.P.Lond., of 8 Tettenhall Road, Wolverhampton, of a son.

KINSEY-TAYLOR.—On Oct. 14th, at 26 Lancaster Gate, Hyde Park, the wife of Alfred E. Kinsey-Taylor, M.B, B.S.Lond., F.R.C.S.Eng., of a daughter.

ROSE.—On Oct. 14th, at High Beach Road, Loughton, Essex, the wife of Percy Rose, L.R.C.P.Lond., of a son.

Marriages.

EDMUNDS—BUTCHER.—On Oct. 13th, at St. Mary and All Saints', Chesterfield, Flavell Edmunds, M.R.C.S.E. and L.R.C.P.E., second son of the late Wilfred Edmunds, of Chesterfield, to Amy Katherine, only daughter of the late F. Butcher, and of Mrs. Turner, Rose Hill, Chesterfield.

MCNEIGHT—HALAHAN.—On Oct. 14th, at the Parish Church, St. Michael and All Angels', Northchapel Sussex, William Robert Percival McNeight, M.A., M.D., T.C.D., eldest son of William J. McNeight, Esq., of Howth, co. Dublin, to Kathleen Mary, eldest daughter of the late Colonel and Mrs. Halahan, of Sydenhurst, Chiddingfold, Surrey.

PETCH—CROWDER.—On Oct. 14th, at Muswell Hill Baptist Chapel, T. Hayes Petch, only son of the late Thomas H. Petch, M.D., of Lutterworth, to Ada Beatrice, youngest daughter of the late Robert Reynoldson Crowder, of Warrington, and Mrs. Crowder, of Muswell Hill, N.

Deaths.

EATON.—On Oct. 10th, at Leighton Lodge, Edwardes Square, Kensington, Eleanor Chamberlain, second daughter of the late William Eaton, M.D., of Grantham and Stamford, aged 73 years.

FRYER.—On Oct. 12th, at the residence of his brother, Henley-on-Thames, Ernest Henry Fryer, M.R.C.S., L.R.C.P., seventh son of the late William Goodwin Fryer, of Browick Hall, Wymondham, in his 32nd year.

LYELL—On Oct. 14th, at Ormlie, Bridge of Weir, Renfrewshire, Nellie, wife of W. D. Lyell, Sheriff Substitute of the County, and youngest daughter of J. E. Moreton, F.R.C.S., Earlscroft, Kelsal, nr. Chester.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVII. WEDNESDAY, OCTOBER 28, 1903. No. 18.

Foreign Clinical Lectures.

THE ORIGIN OF MALIGNANT NEOPLASMS.

By DR. F. DE QUERVAIN,

Surgeon to the Chaux-de-Fonds Hospital and Lecturer on Surgery to the Faculty of Medicine of Berne.

[*Specially translated for* THE MEDICAL PRESS AND CIRCULAR.]

BEFORE entering upon this discussion we must come to a definite understanding whether the emancipation of cells, which is characteristic of malignancy, is due to a fundamental alteration in their biological properties, or whether, on the contrary, malignancy is secondary to this original and accidental isolation, and is produced, so to speak, from a group of cells. In other words, do the cells escape control because they have become malignant, or do they become malignant on account of their accidental separation from the original tissue?

The majority of pathologists incline to the opinion that the characteristic features of malignancy are due to a change in the biological properties of the cells, and that the emancipation of these cells from their point of origin and their subsequent intrusion into the neighbouring tissues is a result of this change.

Thiersch was the first to attack this theory by stating that this emancipation was facilitated, in cutaneous cancer, at any rate, by a senile loss of resistance on the part of the subjacent tissues. Weigert still further defined the situation by urging that cellular proliferation is always due to diminished resistance on the part of the surrounding tissues.

Cohnheim rejected the hypothesis of the primitive alteration, and attributed the development of these malignant neoplasms to congenital isolation of a group of cells. Ribbert, however, maintains that the development of a malignant neoplasm is preceded by an inflammatory reaction in the adjacent tissues, that the separation of a group of cells from their site of origin is the result thereof, and that this isolation, considered by Cohnheim to be congenital, and by Ribbert to be acquired, is in reality the primary cause of malignant degeneration. All neoplasms can be explained by its mechanism. Ribbert's theory, that combines both Cohnheim's and Weigert's, is that he attributes the fundamental cause to cellular isolation, and the cause of the malignant proliferation to a lessening of the normal resistance of the adjacent tissues.

This hypothesis, however, does not explain the genesis of cancer. It alters our preconceived idea, in that he attributes the principal *rôle* to the connective tissue instead of to the epithelial cells. If, therefore, the isolation of the cells constitutes the chief etiological factor in malignant degeneration, it leads us to suppose that in these natural conditions the cells are endowed with destructive powers in respect of the surrounding tissues and the capacity for unlimited proliferation, and that these qualities remain latent until the cells accidentally become isolated, when they manifest themselves and transform inoffensive epithelial cells into cancer cells.

Experiments were made to prove this theory by Ribbert, Lubarsch, Lengemann, who attempted to produce a malignant growth in an animal either by implanting fragments of epithelial tissue in other organs, or by injecting epithelial cells into the blood stream, but the results were negative in every instance. Fütterer made a large number of injections of cells into the circulation of dogs, monkeys, rabbits, &c., and although the animals were kept under observation for a period of six months, none of them showed any proliferation of cells implanted or injected. Lack, however, succeeded in producing an epithelial tumour in a rabbit, which did not manifest itself until a year after the introduction of ovarian juice into the abdominal cavity. As this is the only positive instance, we are inclined to look upon it as a mere coincidence.

It will be seen that Ribbert's theory has not received any support, either from experimental or clinical observation, for cancer would certainly be much commoner than it is at present if its causation depended on the accidental displacement of a group of cells, either by inflammation or by operation. It would seem, moreover, that cutaneous cancer is ill-adapted for such researches, as there is great difficulty in distinguishing normal from neoplastic cells, and whereas changes in the cubical cells of the alimentary canal would be more readily noticed. Hauser directed his attention to polypi of the large intestine, in which carcinomatous degeneration is fairly frequent, and he arrived at the conclusion that there was a primary degeneration of the epithelial cells, which was the first manifestation of malignant transformation, and preceded the infiltration of the subjacent tissue. This is in opposition to the result obtained by Ribbert.

We may safely admit, with these results before us, that there is unquestionably a primary alteration of the cells, which ultimately becomes neoplastic.

These interpretations carry us into the domain of philosophic speculation, a domain particularly rich in hypotheses, and these theories, which are essentially pathogenic and not etiological, do not throw any light on the real cause of malignant degeneration.

Several of them have one point in common, and most authorities agree with Cohnheim in recognising the analogy of malignant neoplastic cells to embryonic cells. According to Cohnheim, malignant tumours are due to a late development of these embryonic cells which have remained isolated, either as heterotopy or, at any rate, in respect of their organic relations. Bard classes neoplasms as embryonic, intermediate, and adult, and differs from Cohnheim in holding that all the cells of the organism are capable of giving rise to tumours, and he therefore admits that the adult cells take on an embryonic form. Von Hansemann adopts this view, and explains it by an asymmetrical karyokinesis. He considers the movement of the cells to be retrograde, but Bencke thinks it to be due to an ultra-differentiation of the cell—*i.e.*, a cataplastic process, while Fabre-Domergue attributes it to a disturbance of the karyokinetic process, and Bastian to a

heterogeneous process by which the cells come to resemble protozoa, in the sense of becoming independent organisms. All these theories are, however, merely paraphrases of one main fact, namely, the primary alteration of the characters of the cell, and as to how this is caused we are still entirely in the dark. Hauser's theory does not enlighten us when he describes the neoplastic cells as a "foreign cellular race" resembling the normal organism both morphologically and biologically. Marchand simply calls it a "degeneration," which may be a congenital anomaly either local or constitutional, due to an exciting cause, such as irritation, either mechanical or chemical, or simply to traumatism. Again, it may be an exogenous parasite, although this seems the least probable.

The structural resemblance of these malignant neoplasms to embryonic tissue depends more on their external anatomical characters than on their biological origin.

We will now consider the question of growth of malignant tumours, especially of carcinoma, and try to ascertain whether the growth of these malignant neoplasms is due to a proliferation of the constituent elements of the growth, *plus* a progressive transformation of the infiltrated tissues, or simply a proliferation of the elements peculiar to the tumour. Let us take, for example, carcinoma of the skin. This, according to many, spreads by proliferation of the cells which have become cancerous and by a degeneration of the healthy epithelium at the periphery of the tumour. The cancer would thus spread by a multicentric process, as Petersen calls it. If this be the case we must confine our attention to the periphery of the tumours in studying the histogenesis of cancer.

The theory supported by Hauser and Fabre-Domergue is strongly opposed by Thiersch, Bard and Ribbert, who assert that the growth of a cancer starts at one place at a definite time, and is due entirely to a proliferation of the cells which have become malignant, so that histological study of the edge of the tumour would afford no help. This categorical assertion is contradicted by the cases of multiple independent cancers, which are sometimes seen in the same organism, and of which we had an example in the case of a woman who had two independent cancerous growths, one of the scalp and another involving the temporal region of the opposite side, and who had been operated upon for cancer of the vulva several years previously. This tends to show that the same morbid process may repeat itself at different points in the same individual, and that it occurs especially at the periphery of the original tumour.

Petersen, by means of numerous sections, has shown that sometimes the cancer grows from one centre, and at others from several centres, the spread in the latter case being due to a repetition of the cancerous degeneration of the epithelial cells at the periphery of the tumour. As to glandular cancer, Bormann and Petersen have demonstrated by sections that the increase in the size of the tumour in these cases depends on proliferation of the elements of the tumour itself, which is a point of view adopted by most pathologists of the present day. We have arrived at the same conclusion from sections of cancer of the stomach, so that we may confidently assert that the growth of the tumour is due to a multiplication of the elements of the tumour, though sometimes extension may take place from the development of fresh neoplastic centres at the periphery of the growth.

This question is not devoid of practical interest, for if the growth of the tumour takes place in this way, it is one of the principal arguments against the parasitic theory of the growth of cancer.

The partisans of the parasitic origin of cancer in 1898 were divisible into three classes, according to the nature of the hypothetical parasite to which they attributed the etiology of malignant tumours.

Some incriminate bacteria, and others sporozoa. The sporozoic theory was introduced in 1890 after the discovery of the pseudo-coccidia by Darier, Wickham, Albarran, &c., in Paget's disease. In 1893 Kahane attributed it to a fungus belonging to the group of blastomycetes. Sanfelice and Roncali arrived at analogous results a short time after, and with regard to the first group Doyen discovered a micro-organism, a kind of streptococcus, in malignant tumours, but not limited to these, since he succeeded in finding it in innocent growths. He called it the "Micrococcus neoformans," but did not explain the etiological rôle it fulfilled, nor has he vouchsafed any information since.

In the second or sporozoic group much has been written, and the most important contribution is that of Plimmer. In 1,130 cases, out of a total of 1,278, he found a parasite resembling a protozoa, and although the majority of his experiments on animals have given negative results, this has not been uniformly the case. In a series of inoculation experiments on guinea-pigs, and into the cornea of the rabbit, he was able to produce an endothelial neoplasm containing the parasites in question. Experiments are still being made by the author to elucidate its etiological nature. Gaylord noticed these typical elements described by Plimmer in numerous cases of cancer of the breast, ovaries, uterine glands, stomach, gall-bladder, liver and kidneys. On the other hand, they were conspicuous by their absence in cancers originating from the stratified epithelium of the skin and mucous membranes, and also in sarcomatous growths. In these latter he noticed a definite element, which he called the "pseudo-corpuscle" of Plimmer, which is identical with those fuchsia-stained cells described by Russell.

Feinberg, in some researches carried on under Von Leyden's direction, noticed the cells described by Plimmer in about twenty cases of cancer, but he was unable to make cultivations of them. His proof of their parasitic nature depends on the existence of a double membrane, of a central corpuscle surrounded by a colourless zone, and a zone of protoplasm in contact with the double membrane. The two latter elements are stained by protoplasmic reagents, whilst the central nucleus is only affected by those reagents which stain cellular nuclei. Feinberg maintains that their characteristics are sufficient to distinguish these elements from all products of cellular degeneration and to prove their parasitic character. He also calls attention to the absence in these elements of chromosomes and of a chromatic reticulum, the absence of which is seen also in the cellular nuclei of the lower organisms. He calls the parasite the "Histosporidium carcinomatosum," and is prepared to explain the histological properties of cancer by studying the biology of sporozoic parasites. Sjöbring's parasite belongs to the foraminifera and not to the coccidia. It resembles the elements just described, and in addition he has contributed much information as to their phases of development. Sjöbring has met with the parasite in all cancerous tumours, and succeeded in making a culture thereof, by means of which he was able artificially to produce carcinomatous tumours in mice. Further research by Israel and Lubarsch failed, however, to confirm the results obtained by him.

Two years ago Schüller discovered the parasite of carcinoma and sarcoma, which differed a good deal from all the others, and could be distinguished by its brownish-yellow colour and marked refractivity. At a certain phase of its development, it looked like a capsule containing a large number of granules, which he considered to be the true parasites. The granules were each capable of becoming a distinct capsule, a kind of sporocyst, and of multiplying by direct division. Schüller has not definitely settled the nature of the parasite, but he is inclined to look upon it as a protozoon rather than a vegetable organism, and he suggests that its presence in the contents of the abdomen and intestine should be used as an aid to diagnosis.

Bra described a parasite of vegetable origin belonging to the group of ascomycetes, which was frequently met with in carcinomatous and sarcomatous tumours, as well as in the blood of persons suffering from malignant disease. It was capable of producing in animals sometimes an acute, sometimes a chronic, inflammation, whilst in other cases it gave rise to tumours which had the appearance of fibrosarcoma or carcinoma.

Leopold classes the parasite among the blastomycetes. Behla believes the parasite of cancer is the chytridiacæ, a fungus of very primitive structure, and allied to the myxomycetes. He explains the occurrence of cancer by the special biological properties of these vegetable parasites. The prophylaxis consists in avoiding water from streams or reservoirs, and the consumption of fruit and raw vegetables. He recommends extreme cleanliness in all who have to labour on the soil.

From this enumeration it will be seen that there is a total want of unanimity among various authorities as to the nature of the parasite, but all these apparently different elements are really Von Leyden's parasite, which he calls "pigeon's eyes," which have been called by some protozoa (sporozoa or foraminifera), and by others fungi (blastomycetes or ascomycetes).

Another theory recently put forward is that of Kelling, which differs absolutely from all the others. Kelling conceives that cancer cells may very well be the cells of the lower animals (insects, slugs, worms) which have accidentally gained admission into the bodies of a vertebrate, and have there multiplied. He describes a case in which he injected into a dog cells from a slug, which seven days later gave rise to an adenosarcoma. It is unnecessary to add that this theory does not fit in with any of the facts of pathological anatomy.

Many objections have been urged against the parasitic origin of cancer. In cancer formed from squamous epithelium one meets with so many differently shaped cells in every case that the parasitic origin seems untenable owing to the absence of any well-defined type of cell. In glandular cancer, on the other hand, we so constantly see the "pigeon's eyes" that their uniformity of structure in the different cases is difficult to explain by a mere process of degeneration. The elements known as "pigeon's eyes" look like round or oblong vesicles, with a well-defined edge, and containing in the centre a corpuscle. They are found in the protoplasm of the cell, and displace the nucleus towards the periphery of the cell. Several of these vesicles may be present in one cell, but it is rare to see a large number. Other vesicles may be found containing several central corpuscles. As to reaction of these elements in regard to the different stains, it has been noticed that when this vesicle is stained with protoplasmic colouring reagents, the central body is always more deeply stained than the peripheral membrane. Both cancer of the breast and of the rectum show these elements. Most authorities consider these elements *in toto* to be parasites, whilst Savtchenko and Podvyssotsky consider the central corpuscle to be the parasite and the surrounding vacuole the result of degeneration caused thereby.

Virchow, in 1851, described some products of cellular degeneration which he called "physaliphore cell," evidently similar to what is now looked upon as a parasite.

Borrel, basing his observations on normal epithelial cells, explains the formation of these elements by a degeneration of the centrosomes, which are corpuscles situated close to the nucleus in the archoplasmic sphere. These centrosomes, by a process of degeneration, surround themselves by a vacuole, and the vacuole containing the centrosome constitutes the element known as "pigeon's eye."

Nösske, under Marchand's guidance, has shown that the so-called parasites of glandular cancer are only vacuoles containing a coagulable substance, the concentration of which gives rise to the central corpuscle. This vacuolation takes place principally in the cells of glandular cancer, sometimes also, but rarely, in innocent tumours and inflammatory processes. Nösske lays special stress on the inconstancy of the shape of these so-called parasites, which, in his view, militates strongly against their parasitic origin.

Lubarsch inclines to the view that these "pigeon's eyes" are formed partly by the degeneration of leucocytes, or red corpuscles which have gained admission into the cell protoplasm, partly by the hypothesis of Borrel, and partly by that of Nösske.

As to Schuller's parasite, the brown capsules are described by Völcker as being wood cells introduced into the specimens by means of reagents, corks, &c.; and according to Doflein, zoology does not recognise any of the parasites described as belonging to the group of protozoa.

We have already mentioned that many authorities, the latest of whom is Wlaeff, think they have been able to produce a malignant neoplasm by inoculation of a culture of saccharomyces obtained from a tumour, but Curtis and Sternberg and others have demonstrated that the tumours so formed consist of granulation tissue, consecutive to chronic inflammation.

Nichols, from numerous experiments with the blastomycetes of Sanfelice and Plimmer, arrived at the conclusion that they are not identical with the cellular inclusions of cancer, and that they really have nothing to do with the origin of human cancer, and that the cancer obtained by Sjöbring in the mouse, according to Jürgens, is only the normal mammary gland structure of the animal.

Borrel has been looking for the pathogenic agent or its analogues among the micro-organisms which up to the present are invisible and pass through filters. With this object in view he has been studying a group of affections called by him "infectious epithelioses," which includes cow-pox, vaccinia, small-pox, aphthous fever, bovine plague, and molluscum contagiosum. All these diseases, he points out, affect epithelial tissue and are due to a virus that passes through a filter, and from analogy he concludes that cancer has a similar origin. He recognises, however, that the pulmonary metastases in cow-pox differ from those of cancer. In the former they are due to a proliferation of the already existing cells, while in the latter they are due to the deposit of cancerous cells in the lungs from the primary tumour.

This difference deters the author from attributing too great a similarity to the infectious epithelioses and carcinomata. The pulmonary lesion in cow-pox is inflammatory, producing well-marked epithelial proliferation, and the infectiousness of cancer is far from proved.

We must distinguish the difference between infectiousness and the inoculability of cancer. Infectiousness is the transmission of cancer by the intermediary of the pathogenic agent, excluding, of course, the cancer cell. Hanan, Moran, Jensen, and Borrel have been able to inoculate two animals of the same species with a malignant tumour, but in these experiments it was by inoculation, not infection, as also is shown by a case of Gaylord, where he was able to convey cancer to a guinea-pig by the introduction into its abdominal cavity of ascitic fluid obtained from a human subject suffering from cancer.

All these experiments show that the existence of a parasite of cancer is not yet proved, and that clinical and experimental researches up to the present have only succeeded in establishing the inoculability of cancer by "a cellular graft," and not by a virus, outside living cancer cells.

The partisans of the parasitic theory of cancer insist on the resemblance between malignant tumours and certain tumours of plants, which were formerly known as cancer, for example, cancer of trees, the tumour of vegetables, and the excrescences of cabbages. These lesions in plants are due to well-known parasites; that of the cabbage is the *Plasmodiophoro brassicæ*, but a botanist, Von Tubeuf, points out that their origin varies, and that they are not always parasitic, and that there is no analogy between the two things. The cell attacked by the above parasite does not proliferate, but increases in size from multiplication of the parasite within it, and the cellular proliferation that takes place late in the process is in reality a process of repair and inflammatory in origin.

Pfeiffer has studied the neoplasms produced by protozoa in animals which present a close resemblance with true malignant tumours, but Lubarsch maintains that these growths are due to a process of repair and are in no sense analogous to cancer or are due, as coccidium infection of the rabbit, to epithelial proliferation caused by mechanical dilatation of the

bile-ducts. Tyzzer, after much research, arrived at the conclusion that this also is an inflammatory and not a malignant process.

Czerny asserts an analogy between malignant neoplasms and certain chronic affections. The site affected in both cases is the same, namely, those parts exposed to mechanical irritation, such as the lips, pylorus, rectum, and for cancer of the skin, exposed parts, such as the face and hands. Lubarsch shows that it is not so much the mechanical irritation as the physiological function that predisposes to the development of these new growths. In support of this he instances the frequency of cancer of the breast in women and its comparative rarity in men.

The real analogy between these infections and malignant neoplasms lies in their dissemination in the body by the lymphatic vessels and lymphatic glands, and the formation of metastases by their invasion of the vessels; but this similarity is not sufficient to enable us to assign to malignant tumours a parasitic origin.

Let us for a moment compare cancer to tuberculosis or actinomycosis. In the first place, we have to decide whether all tumours, innocent or malignant, are due to a parasite. This could not be contended, even by the most fervent supporters of the parasitic theory, because many of these innocent tumours, such as cutaneous fibroma, angioma, lymphangioma, and enchondroma, and some lipomas, are congenital and ought to be classed as malformations.

The parasitic theory applies, therefore, only to malignant growths, but here the difficulty begins, because it is often far from easy to distinguish malignant from innocent tumours. The two distinguishing characters of malignancy, *viz.*, unlimited destructive proliferation and the formation of secondary growths, do not always coexist, but form varying combinations. Sometimes we meet with a chondroma which has all the local characters of an innocent tumour, yet gives rise to secondary deposits, while, on the other hand, we meet with cases of carcinoma or sarcoma in which there is no metastasis. It is evident, therefore, that innocent tumours are closely allied to malignant growth by an uninterrupted chain of intermediate phases, and that a tumour that has presented all the signs of innocence for a considerable time may, as the result of traumatism, rapidly develop a malignant character. These transitions do not take place only in acquired benign tumours, but to an even greater extent in congenital benign tumours. This is seen, for example, in congenital tumours of the parotid gland, in fibro-neuromas, and in ovarian dermoids. The supporters of the parasitic theory date the development of malignancy from the moment the tumours or tissue is invaded by the hypothetical parasite. This explanation is not even plausible, in view of the fact that neoplasms due to a congenital inclusion present from the start signs of malignancy, as, for instance, in congenital tumours of the kidney. In such a case it would be necessary to assume that the parasite was the cause of the heterotopy, or that it had found its way into the cell during intra-uterine life. Even if we accept the parasitic origin as proved, we must hesitate to state at what moment the parasite begins to play its *rôle*.

The mode of growth of a malignant tumour by proliferation of its elements and not by infection of the surrounding tissues is scarcely consistent with the presence of a parasite. Not only should we have to admit the existence of special parasites for every kind of cell, but we should be constrained to admit that these parasites are in many cases incapable of transforming the healthy homologous cells of the surrounding tissue into neoplastic cells. Such a parasite would be widely different from any we have met with up to the present.

Feinberg tries to explain away this difficulty by assuming the existence of a kind of adaptability between the parasite and the cancer cell, so that the parasite has become incapable of penetrating into the epithelial cells of another organ, and he sees in the growth of cancer by proliferation of its elements a proof of the parasitic origin of the disease. This seems perfectly clear when we are dealing with epithelial cells of a different kind (metastasis of cancer in another epithelial organ), but it seems less applicable when it concerns the cells of the same organ. In my opinion the proliferation of the elements of cancer does not prove the parasitic origin of carcinoma.

Hauser, who admits the continuous repetition of the process of carcinomatous degeneration at the periphery of the neoplasm, and the slow transformation of normal into cancerous cells, is less hostile to the parasitic theory than many pathologists.

If carcinoma is produced by an epithelial parasite, sarcoma should be due to a parasite of the connective tissue or rather—for one must remember the many different varieties of sarcoma—by a multitude of different parasites, each of which has its predilection for one or other kind of connective tissue.

If we take for granted that the neoplastic cells spread the tumour, and that each cell transported into a suitable *milieu* is capable of producing a secondary growth, we find ourselves in a dilemma.

1. Either each neoplastic cell which is able to spread the tumour contains a parasite, or a parasite is found in each group of cells which has produced a secondary growth. This hypothesis, which seems very plausible, reduces to naught all the discoveries of parasites that have been made, for protozoa and blastomycetes are large enough to be seen under a microscope, and they are absent in many growths, and in the cases where they are present they exist in comparatively small numbers. To prevent the hypothesis from falling through, we should be obliged to have recourse to the invisible parasites described (?) by Borrel.

2. Or the presence of the parasite is not indispensable in all neoplastic products, the parasite being able in the primary growth to cause the epithelial cells in carcinoma (and the connective tissue in sarcoma) to proliferate indefinitely, thus conferring upon them the character of malignant cells, conferring upon them the power of causing secondary growths apart from the parasite. This somewhat resembles Dor's theory, according to whom the transformation of the normal into the malignant cell is to be attributed to a cellular fecundation brought about by an unknown parasite. In adopting this hypothesis we reduce materially the etiological importance of the parasite, for then we might attribute a similar *rôle* to mechanical or chemical irritation, so we should be brought back to the irritation theory, which is admitted by many of the adversaries of the parasitic theory.

These few observations suffice to show that the theory of the parasitic origin of cancer, instead of explaining away all difficulties, gives rise to many new problems which are as difficult to solve as the development of a malignant tumour without the intervention of a micro-organism.

The search must be continued, but by means of experiments from animal to animal, and not from man to animal. This should be easy enough because cancer is common in dogs and mice. First of all one ought to find out whether cancer is transmissible by the cancerous juice, rigorously excluding in these experiments the transplantation of cancer cells. If one could thus discover the vehicle of the virus, it would make it less difficult to determine its nature.

SOME OBSERVATIONS UPON INFANTILE SPASTIC PARALYSIS AND ITS TREATMENT.

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FOR the purposes of this paper I group cases into those of—(1) Infantile hemiplegia; (2) cerebral diplegia, and (3) spastic paraplegia. Of 850 cases I have been able to collect from various sources 510 were hemiplegic; 30 monoplegic; 142 paraplegic; 157 diplegic. This vast disproportion between the hemi-

plegic and the other groups is not borne out in my own experience, which favours the preponderance of the diplegic type.

Most generally the hemiplegia is an acquired, not a congenital, affection. It usually appears before the fourth year. The onset is very often heralded by convulsions, and in quite a number of cases there are acute febrile symptoms which are an interesting contrast to the onset of adult hemiplegia.

From the first the reflexes are exaggerated, and the arm and limb are powerless. Deformities soon follow. The foot is arched and adducted; the knee is bent; the hip is internally rotated, somewhat adducted, and the femur is bent on the trunk. This arm is huddled to the body, the elbow flexed to a right angle, the wrist is dropped, the hand pronated and deviating towards the ulnar side, and the fingers generally grasp the thumb, which lies very forcibly adducted. As in the case of adults, rigidity of the affected muscles comes on in the generality of cases. This rigidity becomes more marked if the limb be moved either passively or by the child, and disappears under an anæsthetic. The aphasia so often present is motor in character, and may accompany either right or left hemiplegia. Then follows an inequality of growth. This is more marked in the arm than in the leg, a fact probably accounted for by the difference in nutrition due to the more frequent exercise of the leg. I have seen the affected arm three inches or more shortened; it is rare to find the leg over an inch shorter than its fellow.

Of chief interest to us from the point of view of treatment are the following facts:—(*a*) The upper limb is more severely affected than the lower. (*b*) The lesion of the upper limb is more permanent. (*c*) The power of dorsal flexion of the hand with simultaneous extension of the fingers is lost. (*d*) That movements are performed without precision, spasmodically and slowly. (*e*) That the power of adduction of the thumb is often lost.

The disabilities of the lower limb are generally—(*a*) Contraction of the knee. (*b*) Extension of foot. (*c*) Internal rotation of the femur with adduction. (*d*) General rigidity.

The cerebral diplegic group is by far the most serious, as we have here to deal with both arms and feet. Unless the hands can be used the surgeon is sorely handicapped in any effort he may make to improve the condition of the limb. Clinically, we may divide the group into—(*a*) Cases with, and cases without, severe mental complication. (*b*) Complete and partial disability of hands. (*c*) Complete or partial disability of limbs. (*d*) Cases complicated by athetotic movements.

In a number of cases the spasm is confined to the limbs, and this is the group to which we give the name of Little's disease or spastic paraplegia. Of the vast majority of cases even in this last group a varying degree of mental derangement will be noted, and in many athetotic movements are present. A typical case of spastic paraplegia brought to the surgeon at the age, say, of twelve months is characteristic; usually no contractions have occurred at the hip or knee; the child's legs are rigid; the toes are pointed; there is usually no internal rotation, and adduction is not sufficiently severe to cause a crossing of the limbs. The reflexes are exaggerated, the patellar reflex not usually causing a knee-jerk, but a leg-jerk. If the little patient be held by its arms there is no endeavour to separate the limbs, and should the toes be brought to the ground, and an effort made by the child to walk, both limbs act synchronously and in parallel lines. When passive separation of the limbs is made, although it is easily effected, one can see and feel the antagonistic efforts of the powerful adductors. If at a later stage the patient is able to walk, several changes will be noted. The adduction will be more marked; the scissors walk will have developed, and a characteristic dragging of one knee round the other will be noted, which becomes more pronounced when any attempt at running is made. The body pressure is mainly transmitted to the ball of the toe. These contractures, however, at this stage are generally spasmodic, and there is no appreciable shortening in muscle length. The shortening occurs at a still later stage, and is known as contracture.

In quite a number of cases the patients are in a hopeless position as far as walking is concerned. Any effort they make to move only serves to throw the muscles into violent contractions, and the legs into extreme adduction. The most severe type of contractions in the legs may be associated with but very slight mental defects, and unaccompanied by diplegia.

Before discussing treatment, I will briefly touch upon the pathology of spasmodic paralysis, if only to suggest how futile are operative procedures directed to the primary lesion. The pathological conditions in hemiplegia, paraplegia, and diplegia are the same in kind. The symptoms are due to the retardation of growth, resulting generally from embolism or thrombosis, together with changes in the spinal cord. In later cases one finds wasting and sclerosis of the motor tracts, with often a loss of substance in the form of cavities or cysts known as porencephalus. These cysts occur on the surface of the brain, and sometimes dip fairly deeply into it. They seem to be a late result in a growing brain, and to have produced an extensive scar substitute for cerebral tissue. Should the porencephalus or sclerosis be unilateral, hemiplegia results. If the scar is bilateral, diplegia or spastic paralysis results. The lesions, therefore, are a late product of a hæmorrhage, an embolism or a localised encephalitis.

The treatment of spastic paralysis has been too long in the hands of the physician for much real progress to have been made. Indeed, from medicine in this affection we have nothing to expect, apart from very indirect results, and we have only to scan the text-books on neurology to realise the note of pessimism which is sounded. I believe, however, that a large proportion of children suffering from severe spastic paralysis may be transformed into useful members of the community, improved both in body and mind, by surgical efforts, enabled to work with comparatively little deformity, generally only requiring the aid to be derived from one or two sticks.

The class of case which we can place outside remedial art is the idiot, the microcephalic, and that violent irritable type of diplegic so often seen, subject to fits and active athetotic movements, who has generally lost all control over his secretions. The treatment of any condition short of this may be undertaken with varying success, subject to conditions which obtain in any surgical case requiring prolonged attention. For instance, active treatment may be required for two years. It would, therefore, be unwise to admit a case into hospital for two months, and then send it to a miserable home where neglect would be the inevitable sequence. Such a case, however, after hospital treatment, secure in the care of anxious, intelligent parents, no matter how poor, would prove a credit to all concerned. These are important matters which the surgeon must consider before he undertakes his work. Another class which gives the greater anxiety and trouble is that where the affection of the hands is of such a kind as to promise but slight hope of their assistance to the limbs during walking. Before despairing, however, I think it is well to give such hands the opportunity of a careful trial, both as a mental discipline and because success sometimes exceeds expectation.

I would divide the treatment of all cases of spastic paralysis into operative and post-operative, for although mechanism is involved in nearly every case there is only an insignificant minority which we are called upon to treat without invoking operative aid.

Infantile hemiplegia is palsy which affects the arm much more than it does the leg. This is almost invariably the case, and in this particular it differs from diplegia, where, when the four limbs are attacked, the hands are less severely affected than the limbs. Indeed, in hemiplegia the paralysis of the hand is sometimes absolute, and in addition we have a complication in the shape of rigidity. The behaviour of the lower limb differs also from that of the spastic paraplegia, in

that the adductor spasm is proportionately not so marked.

The treatment of the hand and arm in infantile hemiplegia is distinctly less promising than in the diplegic case, but there are clinical signs to which I would draw your attention which help us to prognose success or failure. If the paralysis is complete, or, in other words, if the little patient is never known to relax his spasm, treatment is futile. If he only moves the fingers of his affected hand in conjunction with the fingers of the opposite side, the results will in all probability be discouraging. In all cases where the parents are able to say in the spirit of true observers that the patient is able to do more with the hand now than a little while ago, the success of treatment is assured. Similarly, where any degree of voluntary relaxation of spasm exists apart from an associated movement on the opposite side, treatment is emphatically indicated.

Noting that the dominant deformity in both hand and elbow is pronation and carpal flexion, treatment should consist in fixing the elbow supine and hyper-extending the wrist. The hyper-extension of the wrist should be combined with that of the fingers, and a special arrangement adapted to keep the thumb at right angles to the palm. The spasm in these cases is often so pronounced that the extension of the wrist and fingers must be brought about very gradually. If elbow movement is accompanied by contracture of biceps and brachialis anticus supination may be combined with extension. If this be not the case the flexed position of the elbow will suffice. If instead of being firmly pronated the elbow lies semi-proned, it is not necessary to treat it, and all one's energies should be directed to the hands.

It is difficult to give a reason as to how improvement comes about, but it may be taken as an axiom that prolonged fixation of spastic muscles in a position opposed to their contraction lessens the severity of the spasm. This is true wherever spasm may be found, and its influence may be tested even in spasmodic torticollis, intractable as we know that affection to be. It would appear as if the group of muscles at last got tired of trying to pull. If the case be mild, this treatment may be discarded in about twelve months, if during the whole of the period the extension has been kept up without intermission. The test for relaxation must be the power of voluntary movement, however slow it may be. It will be noted that generally at this stage the patient, in endeavouring to extend his wrist, will first of all close his fingers and will only open them on completion of extension. The process is reversed when the wrist is flexed. In order to meet this difficulty the splint employed to extend both wrist and fingers is modified so as to extend the wrist alone and allow freedom to the fingers. At this stage or earlier the surgeon may decide whether in a given case success may be predicted, and if he is in doubt, operation should unhesitatingly be performed. Operation will consist of tenotomy or tendon transplantation; myotomy need only be mentioned to be avoided. An incision is made over the tendon of the flexor carpi ulnaris just above the annular ligament, another is made over the flexor carpi radialis, and both tendons are divided low down and taken—(*a*) the flexor ulnaris to be inserted into the extensor ulnaris, and (*b*) the radial flexor into the radial extensor. I performed the operation some time ago upon two spastic children, and in both instances voluntary movements were steadily performed, and one, a girl of seven, was able to write quite a respectable hand. At the present time one of the worst cases of athetosis in connection with cerebral diplegia is an inmate of the Liverpool County Hospital for Chronic Diseases of Children. When he entered the hospital nearly two years ago both limbs were firmly adducted, contracture had occurred which had so affected the feet that plantar flexion had occurred with almost evulsion of each astragalus and cuboid, the skin of each dorsum being reddened by pressure from within. The hands were firmly flexed, and but little voluntary movement existed. Athetotic movements more resembling chorea with occasional jerks which almost lifted the patient from his bed complicated the treatment. So far as the hands were concerned, hyper-extension such as I have described was practised, and, later, division of the flexors of the wrist. The little patient has steadily progressed. He can voluntarily move the limbs in all directions; with aid he can take a few strides. In order to overcome the spasmodic pronation of the forearm, Mr. Tubby has changed the point of insertion from the front to the back of the radius of the pronator radii teres, thus transforming the muscle into a supinator. So far this operation has been performed seven times by him, and I intend practising it on a series of cases.

Tenotomy alone has proved somewhat disappointing, though one has had an occasional successful case. The operation should be confined to the division of the flexor carpi radialis and ulnaris. It is, in my opinion, better to elongate the other flexors of the hand by a long median incision such as one would employ in lengthening the tendo Achillis. Tendon transplantation, however, is a better operation, less complicated and more trustworthy. The surgeon's art, however, does not end with the operation, and hyper-extension of the wrist, leaving the fingers free, should be practised for a further few weeks. In order to prevent adhesions after the operation, the wrist should be freed, but very gently withal, moved in about a fortnight's time. Whether an operation has been performed or not, the final stages of treatment are identical. They should consist in getting both guardian and patient strive every nerve to urge and practise movement from simple to complex. The surgeon must inspire confidence and instil enthusiasm. This cannot be done by a long face which crushes hope, nor by doleful references to a still more doleful pathology. In most cities neurology seems to make the physician a fatalist and one who clothes himself with gloom and pessimism. Of all departments in medicine this is surely the one where the brighter side of things should be kept in the foreground. Failure depends on men as well as measures, and a thoughtless impatient word of discouragement may paralyse all effort.

The nature of the movements to be practised must be left to the ingenuity of the surgeon. The principles which should govern him may, however, be here indicated—(*a*) The movements should be practised slowly and without excitement. (*b*) They should be made interesting to the child. (*c*) Those opposed to the direction of deformity should predominate. (*d*) Those presenting the greatest difficulty should be chiefly practised.

Just a word before we deal with paraplegia, regarding tenotomy of the spastic muscle. Empiricism has taught us that for some reason or another, tenotomy lessens both in frequency and intensity the spasmodic element in paraplegia. I do not merely mean to say that division of the tendo Achillis controls spasm in the calm muscles, although, of course, it does, but rather that spasm in which those muscles are not directly concerned is also influenced. This is beyond all question, and must have been noted by everybody who has had the opportunity of observing, and the fact has now reached the robust stage when physiological explanations are vouchsafed.

Whitman urges that by elongation of the tendon the response to the exaggerated motor impulses is lessened, and an opportunity for more effective control is afforded.

Discussing the question with Mr. Tubby, he propounded the theory that once the immediate pathological effect of the central nervous lesion has subsided, the spinal cord remains in a state of undue reflex excitability. A tightly contracted muscle and tendon tend to augment this condition, and so induce in themselves further contractions. In other words, there is a vicious circle of reflex action which can be interrupted by section of the tendon, and diminution of the tension of the affected muscle and tendon.

Lorenz attributes the good effect to the shortening of the bellies of the tenotomised muscles, so that their range of action is diminished. Both these theories

refer, of course, to spasm in which the divided muscle is concerned, and do not explain the diminution in spasm experienced elsewhere. We must further remember that the opponents of contracted muscles are always elongated and weak, and that the rest afforded them by tenotomies, by relieving them of strain, helps to restore muscular equilibrium.

The practical deduction from these observations is, that no opportunity should be lost of performing a tenotomy. Even in mild cases, where a spastic tendon is to be felt let us ruthlessly divide it.

If the surgeon has decided that a case of spastic paraplegia is suitable for treatment, a splint should be prepared so designed as to keep the limbs in pronounced abduction. The area over the hamstrings, the adductors at the groin, and the tendo Achillis should be suitably prepared for operation. The adductors should be first attacked. An incision an inch and a half long should be made to the inside of the adductor longus. The muscle should be seized by a Spencer-Wells or a small Doyen forceps and about three-quarters of an inch of it removed. The limb is then abducted and portions of the adductor brevis and gracilis are exsected in similar fashion. The horizontal portion of the adductor magnus, and if necessary the pectineus, is divided, and also any tissue, muscular or fibrous, obstructive to an absolutely free abduction of the femur. Experience has shown me that although the chief offenders are the adductors longus and brevis, nevertheless the deeper muscles often require division. To anyone who has practised the operation, the futility of attempts to divide the muscles effectively subcutaneously will be apparent. Division is followed with but little hæmorrhage, and the wounds are closed without drainage. Having exsected the pieces of the adductors each tendo Achillis is divided subcutaneously and rectangular splints are applied to the foot. The limbs are then well abducted and the surgeon notes whether there is any obstacle to easy extension of the knees. If there should be (it is not often the case) an open incision must be made on each side of the popliteal space and the tense hamstrings are in turn divided. If these incisions are long enough the fascial contraction can be attacked on either side, for it is here that opposition is found. I would discourage the use of a transverse incision, as when adopted it often seriously hampers the surgeon's efforts to fully extend the knee by reason of the strain cast upon the sutures.

We have now presumably got our patient stretched comfortably upon an abduction frame, and we must keep him there for three months. The wounds heal very rapidly, and suppuration has occurred in the abductor cavity on three occasions only, despite the insanitary position of the wounds and the number of operations performed; for instance, in 1890, I operated on twenty-seven patients, and this may be taken as a fair index of my yearly return.

At the end of three months, the splint is taken off during the day, and movements are sedulously practised. For some weeks stiffness exists, and often the movements are at first painful, but after a time, always shortened by vigorous exercise, the pain disappears, and the effort must be made to walk.

The splints are of a simple kind, designed to keep the knee from bending. The boots should be made of felt with substantial soles. The nurse should be instructed to keep both boots and splints upon the patient day and night, and for the first two weeks, frequently during the day, abduction, adduction, flexion and extension of the hip should be practised. This should be done with and without resistance. At night-time the feet should be attached to the side of the bed in order to maintain abduction. After the first few days of this later stage of treatment, the splints should be removed twice a day and the muscles well massaged, and both active and passive movements of ankles, toes, knees and hips encouraged. Any movement executed in jerky style should be practised until perfected.

The little patient may now try to walk. It will be noted that one of the difficulties of an untreated spastic when he tries to walk is the narrowing of the pedestal upon which the trunk rests, by reason of adducted limbs. Operation has now overcome this, and with the adducted limbs the body is poised upon a pedestal that is widened. During early training the nurse must see that while walking the limbs are not approximate, and that from the first, swinging of the limbs must be prohibited. Crutches should not be allowed until the patient has been taught to stand unsupported. I need not enter into any more detail regarding this most important stage of treatment, but would add that it affords an inexhaustible field for ingenuity, and that upon the intelligence and industry of the nurse very much depends.

Diplegic hands are treated on the same principles as I have enunciated in regard to infantile hemiplegia, and they must be taught to hold sticks and crutches with a firm unyielding grip. I cannot now deal with individual cases, but I may say I have operated upon cases from twelve months to twenty years of age. A large number of these were so bad that they had never attempted to place one foot before the other. Some were structurally flexed (contractured) at ankle, knee and hip. A most helpless youth of twenty, one limb across the other, was able in six months to stand erect and walk with sticks, and twelve months later was able to move his limbs north, south, east and west with hardly an appreciable jerk. Success in an ancient case where so much has to be unlearnt, and where the mechanical stage offers such difficulty, proves the accuracy and efficacy of the principles I have endeavoured to expound. It is logical to infer that if old neglected cases are amenable to surgical education that our prognosis should be very hopeful in the young.

With regard to the degree of benefit to be derived from treatment, the parents should be given to understand that under favourable conditions of nursing and tuition the child, aided by the hand or by sticks, will be able to walk distances in from twelve months to two years, and that with perfectly straight limbs and heels on terra firma. A large proportion of cases will later on manage aided by one stick. Even in the least successful cases, parents, mostly having despaired, are full of gratitude. The mental condition of the children obviously improves when their physical defects are remedied, and they are enabled to mix with their little friends. Complete recovery in spastic paraplegia is, of course, impossible.

It will be gathered from my remarks that the treatment of spastic paralysis should resolve itself into a system. That system involves operative, mechanical and educational stages. The treatment cannot be separated into parts. If the surgeon is not satisfied that the case is to be under his control for twelve months he will consult his reputation best by leaving it alone. Operations not followed up by careful and prolonged after care give rise to disappointment and discredit. Merely dividing tendons to be followed by massage and electricity is futile and dispiriting.

At the new County Hospital for Children at Heswall, we hope to have a ward for these spastic cases where we can keep them as long as needed. The nurses will be specially trained, and no opportunities will be lost from ignorance or neglect. The three months' time limit which general hospitals impose materially blights the prospects of paralytic subjects. They are neglected at home and wander from one institution to another, often the victims of conflicting theory and diverse practice. The successful hospital management of infantile paralysis is not complete without an organised system of education be inaugurated. This, in the case of spastics, must often be of the visual as opposed to the abstract type. Apart from its direct influence in improving the mind we find it to have a sedative influence on the irritable. I have often thought that if there were scholastic institutes for the care of the paralytic children of the well-to-do an undesirable gap would be filled. With cheerful surroundings these little ones would enjoy in happy combination a development of mind and body under the scientific auspices of specially trained instructors. Such ad-

vantages would render material aid to many helpless little cripples.

SOME OBSERVATIONS ON THE BLOOD IN PHTHISIS PULMONALIS.

By HOWARD G. PESEL, M.D.Edin.,

Late Junior Resident Medical Officer, Mount Vernon Hospital for Consumption, Hampstead.

MUCH has been written on this subject by authorities of eminence, and it is curious how widely their opinions differ. Some find the hæmoglobin reduced, and others a surprisingly high rate of hæmoglobin with an appearance of pallor. Some discover a leucocytosis and others a diminished number of white cells. The increase in white cells is in one place stated to be polymorphonuclear and in another to be mononuclear. At least two recent papers state that the coarsely granular eosinophile cells increase as the patient improves. Cabot and Ewing hold that leucocytosis is the result of complications such as severe hæmoptysis, septic cavities or a pneumonic condition. The former notes that many immature red cells are thrown into the circulation as in chlorosis, but in fewer numbers.

Neusser and Holmes regard basophilia as of good prognostic importance. Myelocytes have frequently been noted in small numbers.

Undoubtedly the condition of the blood is largely a question of the stage the disease is at when the examination is made. Variations in clinically similar cases are wide—so wide, indeed, that statements must leave considerable margin.

The following is a summary of the examination of the blood in seventy-five cases of phthisis pulmonalis. In all the leucocytes were counted, and in the majority a count was made of leucocytes (quantitative and differential), hæmoglobin and red corpuscles. Repeated subsequent examination was made in many cases. In arranging the cases examined it was found convenient to classify them according to the stage or complication of each. With very few exceptions the cases were being treated by "open-air" methods, with abundant nitrogenous feeding. The hospital where the observations were made is situated over 300 feet above the sea level. Even in the cases of those patients who were unable to undergo the full rigour of the treatment the "open air" factor was not absent, as they were treated in wards considerably more airy than those of general hospitals in which, we may conclude, all but the more recent published observations have been made. As regards drugs, such remedies as guaiacol, creosotal, &c., were used when the expectoration was very copious and purulent.

It has long been recognised that in many cases of phthisis the opportunities for septic infection are numerous. Thus in the bacteriological examination of fifty phthisical sputa, in addition to tubercle bacilli thirty-five showed cocci, and all except one of these cases had one or more of the following complications—cavities, phthisis laryngea, or pharyngitis. Fifteen showed no cocci; of these seven had none of the above complications. It is not claimed that in every case the organisms found came from the bronchi or even larynx, but it shows that the opportunties of mixed infection are plentiful. In all tubercle bacilli were found, which argues in favour of the source being pulmonary. In all the cases but one of phthisis pulmonalis complicated by phthisis laryngea the leucocytes were increased in number, and more markedly so where ulceration of the larynx had taken place or where the laryngeal ulceration had had no local treatment at all. In the cases where the leucocytosis was smaller the laryngeal lesions comprised no ulceration, and one may infer that the breeding ground for septic organisms was less suitable than where ulceration had taken place.

Average of leucocytes in the non-ulcerative cases—16,180.

In the ulcerated cases—22,862.

One would expect to find the polymorphonuclear leucocytes increased in cases of septic infection, and so we find in the non-ulcerative cases 49·6 per cent. of these, and in the ulcerative 68·2 per cent. Two cases in this series were subjected to a subsequent blood examination, and though both improved, one showed a further increase and the other a decrease in leucocytosis. This point will be referred to later. Of cases complicated by chronic bronchial catarrh no special mention need be made. In the group of "early afebrile" cases, fourteen in number, there was a large increase of leucocytes in only four cases. One would not expect to find much mixed infection in such cases.

In the "early febrile" series two cases showed a temperature of over 102° F., and in these the leucocytic reaction was marked and the percentage of polymorphonuclear white corpuscles was higher than in others of the series, suggesting a septic infection. Comparing this series with the "early afebrile" class it is interesting to observe that, as one would expect, the average leucocytosis in the febrile class is higher than in the afebrile. Thus—febrile cases, 19,326; afebrile cases, 15,232.

"Advanced afebrile" cases.—Here there was at first no high leucocytosis, which is rather surprising, as with the large area of tuberculous and septic involvement one would expect a considerable reaction. The explanation probably lies in the supposition that the tissues have become accustomed to the presence of septic organisms, and have ceased to react.

In the "advanced febrile" cases also the increase in leucocytes is surprisingly low—no doubt for the same reasons.

"More advanced cases with cavitation in many" were classified together—a large class which comes between the "early" and "advanced" cases. This series does not call for special mention here.

For the sake of comparison with the blood of normal individuals it must be mentioned that the average number of white corpuscles per cubic millimetre in four normal cases examined by the same method and living under the same conditions was 10,158. Special note was taken of the amount and type of the expectoration in each case, but little assistance was gained by this, as the variations in apparently similar cases were great.

General Conclusions.

1. In the majority of cases of phthisis pulmonalis of all stages the rate of hæmoglobin is surprisingly high. Of those examined 85·7 per cent. had 70 per cent. or more of hæmoglobin. In a few cases of both early and advanced disease it was found to be lowered. The proportion with under 70 per cent. of hæmoglobin in this collection of cases was 14·3 per cent. If the rate is low at first it will increase as the patient improves under treatment.

The anæmia of consumptives is frequently more apparent than real.

2. The red corpuscles are generally present in normal or nearly normal amount and sometimes in abnormally high amount. Thus the cases in this series with red corpuscles numbering 5,000,000 or more make 61·5 per cent., while those with red cells below 5,000,000 number 38·5 per cent. of the whole. It is to be noticed that, as Cabot has pointed out, these numbers are attained by the production of many immature and ill-formed corpuscles. In the cases where the red corpuscles are found to be low at first, as the patient improves the number of red cells gradually rises. Definite poikilocytotic forms were not found.

3. In the majority of cases of phthisis a variable increase in leucocytes is present at some stage of their history. This leucocytosis is apparently of two kinds. (*a*) A polymorphonuclear increase where the entrance of septic organisms has called forth resistance by the leucocytes; (*b*) a basophile increase accompanying improvement under treatment with plentiful nitrogenous diet and hygienic surroundings.

Both forms are desirable. The first, because it shows that the system is resisting the mixed infection. The second, because it indicates that the blood and the body generally are responding to treatment. The first form is usually the higher in numbers. It seems, further, that these two forms of leucocytosis may coexist, or one follow the other; that is, the basophile follow the polymorphonuclear form. It was noticed that in certain cases the polymorphs decreased in favour of the basophiles. Here, probably, the above-mentioned change from one form of leucocytosis to the other was taking place.

4. Some authorities have found that on improvement the leucocytes increased and others again found that they diminished. That both phenomena occur, and that there is a special significance in each, the writer believes. On looking into each group of cases we find that when the leucocytes increased after a period of treatment the initial count, in the majority, was not high. On the other hand, in the cases where the leucocytes diminished the first count was fairly high in every case.

This suggests that the leucocytes increase when their aid is needed, and diminish gradually when their protective work is done. No doubt the change from a polymorph increase, which is fairly high, to a basophile, which is lower, will account in part for the fall in some cases.

Of the cases examined immediately on admission 30·8 per cent. showed increase in basophile cells. Of those examined after varying periods of treatment 40 per cent. showed some degree of basophilia. Some cases also showed a degree of basophile increase not sufficiently marked to be classified with this 40 per cent. In this category must be placed cases with large initial polymorph increase which diminished as the patients improved.

Of the cases showing a basophile reaction after treatment and under sufficiently long observation for a conclusion to be drawn 81·2 per cent. made good progress and 18·8 per cent. were doubtfully improved. One is therefore inclined to regard the basophile reaction as a useful indicator of progress.

5. In a small number of the cases examined (9·4 per cent.) myelocytes were found in inconsiderable numbers.

6. In certain cases the coarsely granular eosinophiles were noticed to increase with improvement.

7. It must be remembered that concentration of the blood from an exhausting disease must in many cases make the number of corpuscles and hæmoglobin appear falsely high.

The variations in each class of cases are so wide that only general conclusions can be drawn. The trend of some recent writers has been towards attaching importance to the increase of basophile cells in considering prognosis. This leads one to recall the theories of those who regarded the gouty state—where basophile cells are plentiful, as inimical to phthisis. There is little doubt that the basophilia of consumptives under treatment is the result of heavy nitrogenous feeding. This is no doubt the cause in gouty conditions too. It is possible, therefore, that the connection between uric acid diathesis and a resistance to tuberculosis is that of a common cause.

Therapeutic Notes.

By GEORGE FOY, M.D., F.R.C.S.,
Surgeon to the Whitworth Hospital, Drumcondra, Dublin.

ANÆSTHOL.

This new anæsthetic agent is a chemical combination of 17 per cent. of ethyl chloride, 35·89 per cent. of chloroform, and 47·10 per cent. of ether. It is a clear, transparent fluid of a specific gravity of 1·045, agreeable in odour, and with a boiling point of 104° F. Meyer, who introduced the drug, and has used it extensively, recommends that it be administered by an Esmarch mask, which is covered with a doubly folded piece of sterilised gauze and a piece of oiled silk, the latter having an opening of the size of half a crown in the centre. The drug should be given as chloroform, drop by drop. Its administration is, if given slowly, unattended with struggling. As the patient wakens very quickly from its influence it must be continued throughout the narcosis; because of the low boiling point very little of the anæsthetic is stored in the body, the patient exhaling almost as much with each expiration as has been previously been inspired. In this consists its safety: the patient quickly recovers from its effects, indeed, he has never been deeply narcotised, for his reflexes have not been abolished. But such an anæsthetic can never be used for other than minor operations, teeth drawing, opening abscesses and so forth. It will probably displace nitrous oxide gas and ethyl chloride, but it cannot replace chloroform or ether; nevertheless, its introduction is a decided gain to surgery.

CREOSOFORM.

The above is the name under which a combination of creosote and formic aldehyde is introduced into the market. It contains 96 per cent. of creosote. It occurs as a yellowish green powder, without taste or smell, and is insoluble in water and glycerine, but soluble in alcohol and alkaline solutions. Two to four grammes a day may be taken without any unpleasant effects resulting. It is said to possess all the physiological and therapeutic effects of creosote without any of its caustic properties, and that when prescribed with powdered sugar and a flavouring oleo-saccharate children take it readily.

THE INFLUENCE OF THE DIPHTHERITIC AND TETANIC TOXINS ON THE BLOOD.

In a paper read at the recent International Medical Congress at Madrid, by Dr. Henry

Kucharzewski, of Warsaw, the author, after describing in some detail the many experiments made on rabbits and other vertebrates, announced that he had arrived at the following conclusions:

1. Diphtheritic toxin when subcutaneously injected in large or full doses lessens the number of the red blood corpuscles and the amount of hæmoglobin. In large doses the specific gravity of the blood is diminished. In lethal doses the toxin always produces progressive hyperleucocytosis, which continues until death. When small doses are administered, if the animal survives, the curve of the hyperleucocytosis falls. During the period of hyperleucocytosis there is a marked augmentation of polynuclear cells (pseudo-eosinophiles), which appear quickly after the injection and increase up to the death of the animal. The number of lymph-cells markedly diminish and the eosinophiles gradually become less and less until they finally disappear. In cases which do not end fatally the eosinophiles increase as the animal recovers. If the toxin is heated to a temperature of 158° F., and injected subcutaneously, no effect, toxic or otherwise, is produced on the blood.

2. Tetanic toxin when subcutaneously injected produces a fall in the number of the red blood corpuscles and in the amount of hæmoglobin proportionate to the dose of toxin used. Large doses lessen the specific gravity of the blood. Intoxication by large doses produced marked hyperleucocytoses; after small doses this effect is not noticed. In the first moments after injection a condition of hypoleucocytosis is found. After the injection of a large dose this hypoleucocytosis is converted into a condition of hyperleucocytosis, although after a small dose the number of the leucocytes do not sensibly augment and soon attain their normal amount. Polynuclear cells increase markedly, but lymph cells sensibly diminish in number after a large dose. The number of eosinophiles also decrease under the intoxication produced by a full dose. Toxin which has been treated to a temperature of 158° F. produces no effect on the blood. The examination of the blood is thus shown to have a distinctive value as an aid to diagnosis and prognosis. We find a rapid increase in the number of the neutrophiles at the beginning of the intoxication, a diminution or even a disappearance of the eosinophiles in mortal cases, and an equally marked increase in their numbers in benign cases.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

CLINICAL EVENING.

MEETING HELD FRIDAY, OCTOBER 23RD, 1903.

DR. FREDERICK TAYLOR, President, in the Chair.

A CASE OF DERCUM'S DISEASE (ADIPOSIS DOLOROSA) IN A MAN.

DR. LEONARD WILLIAMS showed the patient, who up to two years ago had always enjoyed good health. At that time, owing to lack of employment, he became barman at a beer and wine shop. His present trouble began soon after this change of work, and has developed gradually since. There were bilateral, more or less symmetrical swellings distributed over the trunk and upper arms, the face, forearms, legs, hands, and feet being free. Some of these swellings are typical lipomata, others give the sensation of a varicocele, while the larger ones suggest the feeling of a mamma. Their development was accompanied by pain, which gradually subsided as they reached their present condition. Pain is, however, very easily elicited by rough handling, and paroxysms of pain occur, not infrequently without any obvious cause. There is a great tendency to hæmorrhages over these swellings, especially after any exercise of the underlying muscles. The patient has become progressively asthenic since he came under observation two months ago. There is only one other recorded case of this disease in a male.

MR. A. BOWLBY thought the case was one of diffuse lipoma, and he pointed out that in these cases there was frequently a history of alcohol. This seemed to apply in the case before them. He commented on the absence of pain usually present in cases of Dercum's disease.

DR. FRENCH inquired as to the mental condition of the patient.

DR. HILL, in reply, said there was also a history of alcohol in the recorded cases of Dercum's disease. He explained that pain was a prominent symptom in the present case before the tumours appeared. In cases of Dercum's disease there was a general tendency to hæmorrhage as in this case. The general muscular power was below par.

A CASE OF ECTOPIA VESICÆ AFTER OPERATION.

MR. THOS. H. KELLOCK showed a boy, now æt. who was the subject of complete ectopia ves There is nothing noteworthy in the family history he has enjoyed fairly good health. The operation performed in two parts. On the first occasion June, 1903, the penis, which was, as usual, in a condition of entire epispadias, was dissected from its anterior attachments, drawn through an opening made through the scrotum, behind what represented the symphysis pubis, and fixed in that position by sutures. At the second operation in August, 1903, the whole of the visible portion of the bladder was dissected up, turned down, and drawn under the arch of skin in front of the symphysis by sutures passed through its margins, left long, and attached to the skin of the thighs; a few sutures were passed through the back of the bladder thus turned down to fix it to the back of the bridge of skin. It was intended to graft the raw surface left where the bladder had been, but this healed over so rapidly that it was not required. A small leak occurred at the side of the inverted bladder which was healed by a slight plastic operation, and it has now practically closed. All the urine now passes along the penis into the perinæum, where it is hoped it will be possible to collect it in an apparatus without much inconvenience to the patient.

A CASE OF TUMOUR AT THE BASE OF THE SKULL.

MR. KELLOCK also showed a patient, æt. 2½, no history of syphilis. When three months old the mother noticed that the right eye was getting larger and the side of the head projecting, and this condition has increased slowly to the present time, without apparently causing any pain or inconvenience. Shortly before admission the child had a fall and was unconscious for some time. He is quite intelligent, shows some signs of rickets, the anterior fontanelle is not quite closed. The right eye is prominent, and the globe seems to be enlarged and a little lower than the left. There is considerable bulging in the right temporal region, the swelling is bony; the head measures twenty-one inches in circumference, and there is a little bulging in the corresponding position on the left side. The upper jaw is apparently a little further forwards on this side, and the interval between the central incisors is to the left of that in the lower jaw. There is a difference between the ears on the two sides, that on the left being more pendulous. On examining the back of the pharynx there is a distinct prominence—apparently the normal tissues pushed inwards—on the right side. There are no paralytic symptoms in the face or rest of the body; the knee-jerks are normal. Scattered over the front and back of the trunk are numerous oval-shaped spots of light brown colour; these are said to have been present since birth. Examination of the abdomen reveals nothing abnormal in the region of the left kidney; the right is covered by the liver, which is

pushed downwards by the shape of the chest. *Report on the condition of the eyes by Mr. Lister.*—"Right globe proptosed with slight displacement downwards, slight ptosis. Movements of globe free in all directions. Right cornea distinctly larger than left. Tension +. Pupil dilated, inactive to light. Anterior chamber deep. Media normal. Fundus well marked; cupping of disc. Left fundus, no cupping of disc, no sign of neuritis."

CASE OF VASCULAR NASO-PHARYNGEAL FIBROMA OF EXTENSIVE ORIGIN—OPERATION.

Dr. Herbert Tilley showed a lad, æt. 14, who complained in November, 1901, of complete nasal obstruction, associated with blood-stained discharge from left nostril of five months' duration. Examination showed a large, sloughy, easily-bleeding mass completely filling left nasal fossa from the anterior to the posterior nares. *First operation* (*November 20th*).—Ollier's method. Only half the growth could be got away; very free hæmorrhage. *Second operation* (*December 7th*).—Preliminary laryngotomy; division of soft and removal of left side of hard palate. All visible growth thoroughly removed. *March 15th*, 1902.—Extensive recurrence. Similar operation to No. 2. *July 31st*, 1902.—Extensive recurrence. Preliminary laryngotomy. Soft parts of face and nose turned upwards; large opening made in left canine fossa; ascending process (lower half) of superior maxillary removed. Growth seen to arise from external surface of antrum and ethmoidal region. Completely removed. Since this last operation there has been no recurrence, patient has grown four inches, and early this year the soft palate has been sutured.

TWO CASES OF OSTEITIS DEFORMANS.

Dr. Herbert French showed a man, æt. 54, a painter. There was marked thickening of both tibiæ and fibulæ, with increase of curvature. Thickening of right patella, right femur, right clavicle. Kyphosis in dorsal region, lordosis in lumbar. No affection of cranium. Right leg half an inch shorter than left; walks bow-legged, and is obliged to use a stick. The condition began three years ago, and has slowly progressed. He first noticed it after an acute attack of gout.

He also showed a woman, æt. 53, a widow. Both tibiæ were thickened and bowed forwards, especially the left. Right femur swollen and bent with convexity outwards, the maximum bend being five inches above the patella. Kyphosis in dorsal region, lordosis in lumbar. No affection of cranium. Right leg one inch shorter than left; walks with a limp, but can do so without a stick. The condition began ten years ago, and has been slowly progressive. She first noticed it coincidently with the menopause.

Mr. Bowlby remarked that Sir James Paget had described cases affecting one bone only, doubts having been expressed as to whether these should be included in osteitis deformans. He thought that one of the author's cases which started as disease of the femur only formed an important connecting link between the two groups of cases.

Mr. Barnard related similar cases and inquired as to the frequency of spontaneous fracture.

Dr. French mentioned a case which started in one-half of the skull only, and referred to cases of spontaneous fracture in osteitis deformans which united without any trouble. He pointed out that the disease was unknown in Germany, where, on the other hand, osteo-malacia was fairly common.

A CREOSOTE INHALER REMOVED FROM THE ŒSOPHAGUS BY GASTROTOMY, WITH SKIAGRAM SHOWING THE INHALER *in situ*.

Mr. Herbert J. Paterson showed a specimen, interesting as showing the feats which can be performed in the way of swallowing by persons other than professional sword-swallowers. This cylindrical metal case, measuring four and a half inches long, and almost three-quarters of an inch in diameter, was swallowed by a gentleman suffering from phthisis. Inside the metal case was a glass inhaler containing a drachm of creosote. The accompanying skiagraph showed the metal case lying to the left of the spine, and with its long axis almost parallel to the vertebral column. Its presence could not be detected by abdominal palpation even under the anæsthetic. He opened the stomach and removed the case. It was impacted in the œsophagus, with about one inch of its lower end projecting into the cardiac end of the stomach. The patient made an uninterrupted recovery.

CASE OF A CHILD WITH APPARENTLY COMPLETE ABSENCE OF SEXUAL ORGANS.

Mr. Edgar Beaumont showed a lad born August 14th, 1902, whose condition, with the exception of the abnormal formation that lends the chief interest to the case, was quite normal. The child is very intelligent—indeed, exceptionally so, and of prepossessing appearance. The parents are both healthy, and there has never been any other trace of deformity in the family. The child has cut eight teeth normally. The only special feature noticed in the child, since its birth, is that at times when micturating the urine dribbles away for a few moments and then passes freely, to perhaps revert again to the dribbling; but this is only occasional, and at other times the urine is passed freely and without effort.

Mr. Kellock pointed out the importance in these cases of the question of sex, and remarked on its greater frequency in males.

A CASE OF SARCOMA OF THE LEFT SUPRARENAL GLAND WITH SECONDARY DEPOSITS IN THE CRANIAL BONES.

Mr. Harold L. Barnard showed a male child, æt. 2½, who fell upon his head six weeks ago. His cheeks and eyes began to swell next day. A week later he became listless, peevish, without appetite, and he vomited twice the same week. Since his admission to the hospital three weeks ago the swelling has increased with great rapidity. The entire head is now enlarged, and the clouded eyes are being forced out of their sockets. Soft masses project from the forehead; the temples and the cheeks are smooth and white with pressure. The blood-count shows that there is moderate anæmia. The leucocytes are not increased above 8,000, and the differential count reveals only a slight increase of lymphocytes. In the left hypochondrium is a tumour which is probably a suprarenal one. It lies deeply and is irregular. There is gut in front of it, and it has no sharp edge or notch. The specimen, which was obtained from an almost identical case, shows a soft hæmorrhagic sarcoma separating the pericranium and dura from the membrane bones of the skull. The suprarenal was the only other growth in the body.

Mr. Bowlby expressed the thought that the cases might serve as the basis of a further communication.

Mr. Barnard compared the condition with that of chloroma, which always affected other bones than the skull bones, especially the sternum and vertebræ, whereas these cases were limited to bones developed in membrane.

A PEDICLE TRIDENT FOR MULTIPLE LIGATURE OF PEDICLES AND OMENTUM.

Mr. Harold L. Barnard showed an instrument devised to avoid the dangers and difficulties encountered in multiple ligature of pedicles and omentum. These dangers are—(1) omission of part of the tissue, (2) confusion in tying the wrong ends, (3) uncertainty as to whether the ligatures are locked, (4) division of the tissue too near the ligature, (5) tedious loss of time. The trident is used thus:—The tissues are crushed in a kidney clamp and cut off flush. The trident is then passed below the clamp, transfixing tissue in three places. A yard and a half of catgut threaded on a needle is then passed through the eyes of the prongs. The trident is then withdrawn and the four ligatures are secured with Spencer-Wells' forceps before the trident is cut clear. The ligatures are then tied, either locked or unlocked as may be desired. Catgut may be safely used instead of silk, and the drawbacks of the latter avoided.

HARVEIAN SOCIETY OF LONDON.

MEETING HELD TUESDAY, OCTOBER 13TH, 1903.

DR. W. WINSLOW HALL, President, in the Chair.

CLINICAL EVENING.

DR. HERBERT TILLEY showed a man, æt. 49, upon whom he had operated five and a half years ago for squamous-celled epithelioma of the right vocal cord. The only symptom for the relief of which the patient applied to the hospital was "hoarseness" of two months' duration. Laryngoscopic examination revealed a well-defined pale nodule occupying the anterior two-thirds of the right vocal cord. It was the size of a small horse-bean, and surrounded by a slight zone of congestion. The vocal cord upon which it grew was motionless in phonation. This fact, coupled with the appearance of the growth, determined the diagnosis of epithelioma. There were no enlarged glands in the neck. The operation consisted of a preliminary tracheotomy, followed by insertion of Hahn's tampon cannula in order to prevent the blood passing into the lungs during the operation. The thyroid cartilage was divided in the middle line, and the halves held apart while the diseased cord with the ventricular band was completely dissected out. Finally, the halves of the thyroid cartilage were brought into accurate apposition by a cat-gut stitch, the external wound was sutured for three-quarters of its length, and the cannula removed from the trachea. The patient made a rapid recovery. The points of interest in the case were (1) hoarseness was the only symptom of such a grave disease; (2) the excellent voice which the patient now possesses; the place of the original vocal cord has been taken by a cicatricial band forming a sort of fixed false cord. Dr. Tilley laid stress on the importance of an early diagnosis in these cases.

Mr. ATWOOD THORNE would have liked to hear more of the microscopical results.

Dr. TILLEY replied that the sections of the growth exhibited at the Laryngological Society showed it to be a squamous epithelioma with cell nests.

Dr. WILFRED HARRIS showed a man, æt. 40, who three years ago fell a distance of about four feet on to his left shoulder, causing immediate paralysis of his arm. This was followed by a wasting of the deltoid, infraspinatus, biceps, brachialis anticus, and supinator longus, and by anæsthesia of the thumb and index finger. No improvement occurred after treatment by galvanism. An operation by Mr. Warrendon in June last, on the upper roots of the brachial plexus, showed that they were buried in scar tissue. This was cleared away and stimulation of the roots by faradism showed the fifth root to be quite destroyed, while the sixth root gave good reactions. The fifth nerve was then cut across, and sutured into a nick made in the sixth root. Immediate improvement resulted in the anæsthesia of the thumb and finger. The galvanic reactions of the affected muscles have also since improved.

Mr. P. L. DANIEL suggested transplantation of muscles as a more rapid method of recovering power in the limb.

The PRESIDENT asked if the man was likely to recover complete power in the limb.

Dr. HARRIS replied that muscular power might begin to return after six months. As regards transplantation, the deltoid was the most important muscle affected, and could not possibly be benefited by such an operation.

Mr. LAMING EVANS showed a case of spina bifida in a child, æt. 3, involving the third, fourth, and fifth lumbar vertebræ and the whole of the sacrum. The swelling measured 12½ ins. round the base, and was of soft consistence except at its upper part, where a movable hard mass was felt. A skiagram showed that this corresponded with the situation of the third lumbar vertebra, and Mr. Evans suggested that this was the spinous process and laminæ of that vertebra, which had failed to unite with the pedicles. The skin over the swelling was normal, and a well-marked umbilication was present in the upper part. Control over the bladder was absent. Associated with the trouble was a talipes equino-varus, involving both feet, of congenital origin. The electrical reactions of the muscles of the legs were normal. The skin of the feet was atrophic. Mr. Evans considered the case to be one of meningomyelocele, and recommended no operative interference, except for the correction of the deformity of the feet.

Mr. JAFFREY said that operation in such a case was useless; the swelling should be protected by a properly fitting pad.

Mr. P. L. DANIEL suggested arthrodesis on the ankle- and knee-joints, so as to fix the joints and enable the child to walk.

Mr. EVANS replied that, as there was good muscular power in all the muscles of the leg, and as the child had already walked upon her feet in the deformed position, arthrodesis did not seem called for. The child would be able to walk well with a plantigrade foot after the equino-varus deformity had been corrected.

Mr. LAMING EVANS also showed a woman, æt. 21, with double pescavus and other deformities of the feet, which had existed as long as she could remember. No history of an infantile paralysis could be obtained. There was marked atrophy of the muscles of the right calf. All the muscles of the legs responded to faradic stimulation. The knee-jerk was slightly increased on both sides. Situated over the eleventh and twelfth dorsal spines was a swelling 1½ in. in diameter, over which the skin was freely movable, tender to the touch, and not attached to the underlying tissues by any definite pedicle. Hypertrichosis was absent. Mr. Evans suggested the possibility of the swelling being connected with the meninges, and that the condition of the feet was dependent upon some spinal cord mischief of congenital origin.

Mr. JAFFREY said that the swelling in the back might be a spina bifida, a bursa, or fat. If Mr. Evans wished to determine which it was, he must operate.

Mr. SYDNEY SCOTT suggested that the swelling might be an old sebaceous cyst. He also thought that the deformity of the feet might be due to misshapen shoes.

Mr. P. L. DANIEL showed a man suffering from tabes dorsalis, with a perforating ulcer at the base of the second and third toes, causing absorption of the third phalanx. He called attention to the fact that cases of untreated mild syphilis, and cases of "soft sore," are frequently followed by tabes and ulcer many years after infection. He thought that "soft sores" with tendency to spread, to infect by contact, and to produce enlargement of the glands of considerable acuteness are all probably truly syphilitic, and should be so treated. Malignant change in perforating ulcer is rare; and this fact is not in accord with the idea that nerve control is a great factor in cancer distribution or causation. The loss of nerve control in perforating ulcer in association with the chronic nature of the wound should lead to frequent malignant change on the "nervous theory."

Mr. F. JAFFREY suggested treatment by oxygen, obtained by applying peroxide of hydrogen for half an hour daily. At other times the ulcer should be protected with boracic lint.

Dr. WILFRED HARRIS considered these ulcers to be not merely due to pressure, but of trophic origin.

Mr. LAMING EVANS suggested removal of the ulcer and necrosed bone, as thereby relapse is more likely to be avoided. He considered that the trophic element entered largely into the causation of these ulcers.

Mr. DANIEL, in reply, said that he had no belief in trophic action. For instance, in removal of the Gasserian ganglion, the sloughing which follows is always due to sepsis and trauma of the cornea. As regards treatment he proposed to remove the third toe and the diseased tissue.

Mr. FRANCIS JAFFREY showed for Mr. Crisp English an old man with an enormous ventral hernia, apparently containing a large proportion of the abdominal contents. In the absence of Mr. Crisp English, no notes on the case were forthcoming.

MR. J. C. HORSLEY, R.A., the father of Sir Victor Horsley, died at his home in Kensington, on October 18th, at the ripe age of eighty-six.

THE SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN.

Meeting held Friday, October 16th, 1903.

Mr. Clinton Dent in the Chair.

Mr. R. Clement Lucas related the particulars of a case of

STRANGULATED HERNIA

in an infant, æt. 28 days, on whom he had successfully operated. Two days before admission the child had been seized with a sudden screaming fit, and the right side of the scrotum was then for the first time noticed to be enlarged. Persistent vomiting and constipation soon followed. At the operation the hernial sac was found to be dark blue in colour, and to contain a considerable quantity of blood-stained serous fluid, while a small knuckle of purple intestine was strangulated by the neck of the sac. He summed up the symptoms peculiar to this affection in infants as follows:—(1) The onset of the strangulation is marked by violent and persistent screaming; (2) a tendency to suppression of urine as well as constipation is present; (3) rapid effusion of serous fluid takes place into the sac, and often into the general peritoneal cavity subsequently; and (4) rapid collapse occurs.

Dr. Skelding (Bedford) referred to a somewhat similar case in an infant seven weeks old on whom he had recently operated. In operating he now started his incision from opposite the external ring, and carried it outwards and upwards towards the crest of the ileum. The advantages were (1) easier manipulation without drawing up the testis, (2) less friction on the wound by the truss, and (3) the dressings were less liable to become soiled.

Mr. Thomson Walker agreed that a diagnosis of hydrocele might be made in such cases, owing to the amount of fluid in the sac, as Mr. Lucas had pointed out. He related a case in which the opposite mistake was made. A child developed a scrotal swelling, accompanied by vomiting, pain, and constipation, and a diagnosis of strangulated hernia had been made.. He could not agree with this diagnosis and gave it as his opinion that the case was one of acute hydrocele of the tunica vaginalis, which proved to be correct.

Mr. Jackson Clarke mentioned the case of a newly-born infant, deeply jaundiced, who had two large scrotal herniæ, and vomited frequently. One of the herniæ was easily reduced, but the other was not, and Mr. Clarke performed herniotomy and returned the bowel to the abdomen. The vomiting continued, and the child died, and on examination the condition was found to be an interruption in the small intestine at the site of Meckel's diverticulum.

Mr. T. H. Chaldecott read a paper on the employment of

ETHYL CHLORIDE AS A GENERAL ANÆSTHETIC.

He described the method of administration, preferably by Ormsby's ether inhaler (1) in single dose cases, where, after anæsthesia is induced, the mask is removed and the operation is performed without any further administration; (2) in more prolonged cases, where the administration is continued during the operation; and (3) in cases in which anæsthesia is induced by ethyl chloride and continued by ether and chloroform. He claimed for ethyl chloride that it was the best known anæsthetic for short operations upon the mouth, throat, and nose, and that it was very useful, especially in the case of children, as a preliminary to ether or chloroform. At the same time it was a powerful anæsthetic, and the patient should be carefully prepared beforehand, as in the case of other anæsthetics.

Mr. Atwood Thorne said he had found ethyl chloride very convenient, but not always without drawbacks. In two cases the patients had been insufficiently anæsthetised, and in another case severe vomiting had followed, although this possibly was not due to the anæsthetic.

Mr. Sydney Stephenson said he had had considerable experience of ethyl chloride in ophthalmic outpatient work, and was more than satisfied with it. He had never witnessed any untoward symptoms, and vomiting, he thought, was generally due to an overdose of the anæsthetic.

Dr. Porter Parkinson read

A NOTE ON PARALYTIC CHOREA.

The patient, a boy, æt. 10, suffered from hemichorea with almost complete paralysis of the affected side, while the involuntary movements were not well marked. He had evidence of mitral disease. The diagnosis lay between hemiplegia with athetosis and hemichorea, and the facts that the knee-jerks were normal and equal on the two sides, and the plantar reflex was flexor in type, seemed to support a diagnosis of chorea. This was confirmed by an increase in the activity of the choreic movements and the gradual but complete recovery of the patient.

Dr. Purves Stewart referred to the three elements in chorea—namely, involuntary irregular movements, muscular weakness, and ataxy on voluntary movement. Sometimes the muscular weakness swamped the movements, and the result was the so-called "paralytic chorea." He discussed the immunity of infants from chorea, and ascribed it to the fact that they had not learned the pantomimic gestures expressive of emotion.

Mr. J. Jackson Clarke read a paper on the

ASSOCIATION OF CERTAIN DEFORMITIES WITH AFFECTIONS OF THE THROAT.

He had come to the conclusion that hyperplasia of the adenoid tissue in the nasopharynx and throughout the body was as characteristic of rickets as the hyperplasia of the epiphyses. Goutiness in children was associated with skeletal changes and throat affections. After the surgical treatment of such affections he thought that medical measures were also required to complete the cure.

Dr. Percy Lewis was glad to hear the expression of views which he had held for many years. He could not agree that adenoid hypertrophy was always due to rickets, and thought that faulty nasal respiration from neglected catarrh was the cause in many cases.

Dr. C. W. Chapman expressed his regret at hearing uric acid brought in as the cause of still further troubles.

Dr. Macalister (Liverpool) recorded a case of

SEVERE GASTRO INTESTINAL CATARRH

in a child, æt. 4. The illness had apparently been provoked on two successive years by the changed feeding of the cows from which the milk was obtained, the time of onset being on both occasions when the cows were turned out to pasture. A remarkable feature of the case was the enormous distension of the abdomen, which diminished greatly during the night but recurred after the first meal in the morning. Gradual improvement followed the exclusion of milk from the diet, with the employment of suitable drugs.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—XVII.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

THE WOODILEE SANATORIUM OF THE GLASGOW DISTRICT ASYLUM.

During recent years, attention has been prominently directed to the prevalence of pulmonary tuberculosis in public asylums, and several important papers and reports have dealt with the question. (a)

Investigation seems to have clearly indicated that phthisis is prevalent in institutions conducted for the care of patients the subject of mental derangement to an extent which calls for urgent measures of reform. There is reason to believe that a very large number of

(a) "The Frequency, Causation, Prevention and Treatment of Phthisis Pulmonalis in Asylums for the Insane." By F. G. Crookshank, M.D.; *Journal of Mental Science*, October, 1899. "The Necessity for Isolating the Phthisical Insane." By Eric France. "Report of the Tuberculosis Committee of the Medico-Psychological Association of Great Britain and Ireland." 1902.

cases of phthisis have acquired the disease after their admission to the asylum. The special causes for this frequency of consumption in asylums seems to arise from overcrowding, with insufficient day, and especially night, cubic space allowance per patient; inadequate amount of time spent in the open air; defects in ventilation and mismanagement in heating arrangements; uncleanly habits of the patients; faulty dietary; neglect of suitable exercise; and lack of strict education in hygienic procedures.

The report issued by the Tuberculosis Committee of the Medico-Psychological Association of Great Britain and Ireland contains various recommendations made with a view to the prevention of consumption in asylums, among them being—the thorough investigation of all cases with the object of securing an early diagnosis of phthisis; isolation of tuberculous cases; limitation of the size of asylums; the arrest of overcrowding; increase in the cubic capacity of space allowance, both for day and night accommodation; the restriction of the number of the beds in dormitories; improvement in the means for providing free natural ventilation; increased care to prevent promiscuous spitting; a more careful supervision of dietary; the construction of special hospitals and sanatoria with adequate and suitable surroundings for the segregation of consumptives and their treatment in accordance with hygienic principles; and failing the establishment of special sanatoria, the provision of temporary isolation hospitals or special wards and airing courts set apart for this purpose.

SANATORIUM—SOUTH.

We believe it is not generally known that the Glasgow Lunacy District Board, acting under the guidance of the able medical superintendent of Woodilee Asylum, Dr. Hamilton C. Marr, has won the distinction of occupying the pioneer's position among British institutions for the care of the insane in providing a fully equipped sanatorium for their tuberculous cases, where treatment in accordance with the best modern methods is being very successfully carried out. We have therefore paid a special visit of inspection to the Consumption Sanatorium at Woodilee. Although perhaps somewhat outside the scope of these articles, we consider the movement initiated by the Glasgow authorities so epoch-making that we have no hesitation in including a short description of their newly-established Sanatorium for Insane Consumptives.

It is said that the mortality from pulmonary tuberculosis in asylums is ten times that occurring in the general population. The experience of Woodilee Asylum goes far to confirm such an opinion. Out of seventy-two cases in which a post-mortem examination was made there was evidence of active tuberculosis in fourteen, or 20 per cent. Dr. Marr states that in the asylum previous to the erection of the sanatorium the crowded condition of the warm day-rooms and large dormitories placed patients under conditions most advantageous for the spread of the disease. The fact that nonphthisical patients had to associate with phthisical ones who, moreover, took no precaution to prevent dissemination of sputum, was accountable for the extraordinary prevalence of consumption.

The new sanatorium is a model of excellence. It has been built by Messrs. Spiers and Co., of Glasgow, and is constructed of their special patent building blocks. The buildings are of wood and iron, constructive materials which, on account of their comparative cheapness and the prevalent idea that structures intended for consumptives should not be of too permanent a character, seem to be well selected. After carefully considering the construction of the sanatorium, we are of opinion that the risks from fire need not be considered as serious, although we fear, after recent experiences, the English Commissioners might hesitate to pass plans for a building such as that at Woodilee. The sanatorium consists of three separate blocks connected by open corridors with a central administrative department. The ward system has been adopted, as, indeed, was essential, considering the class of cases to be treated. Provision has been made for sixty-two cases. No ward contains more than twelve beds, and each ward is well exposed to cross ventilation. The windows have open fanlights at the top and also open out into verandahs which run round the sides of each block. The beds can thus be easily wheeled from the wards on to the verandahs. All the wards are on the ground-floor. As already indicated, the structure of the building is of corrugated iron and wood, but having a brick foundation. The heating is by water under low pressure.

Great care appears to be exercised in the admission of patients to the sanatorium. No case is passed unless presenting distinct evidences of active tuberculous disease. The patients are kept as far as possible in the open air, and even in the most inclement weather the windows are not closed. The cubic space allowance in the wards is 1,500 feet for each person. We were much impressed by the strict discipline maintained. A comparatively large nursing staff is, of course, necessary, but a casual visitor would find but few evidences that the sufferers were also the subjects of mental derangement. Dr. Marr has adapted the Australian hammock bed for use in the open air, and we were struck with the peculiar advantages offered by it for the treatment of individual cases.

VERANDAH—SPECIAL BED.

The whole of the sanatorium has been most judiciously furnished, and allows of the ready maintenance of perfect cleanliness, and at the same time the safety and comfort of the patients are secured. Many of the contrivances are distinctly ingenious, as, for instance, the provision whereby medicine cupboards close automatically.

Treatment is conducted in accordance with the best modern methods. Much care is given to the dietary. There is also a well-equipped electrical room where high frequency currents and X-rays can be employed. Hydrotherapeutic measures can also be used. Careful records are kept of every case, and the whole management indicates constant oversight directed by a strict scientific spirit.

Dr. Marr informed us that the sanatorium has already fully justified its establishment. Many noteworthy results have been obtained. It is interesting also to find that patients who would exercise no precautions

in spitting while in the asylum when removed to the sanatorium have been successfully brought to use their spittoons both in the wards and in the grounds.

The sanatorium is quite distinct from the asylum proper, although, of course, built upon the same estate, and there is abundant open ground in the immediate neighbourhood where suitable cases may enjoy appropriate exercise.

As further evidence of the enlightened and truly progressive spirit manifest at Woodilee, we should like just to mention that a most admirable reception house has recently been built. It consists of two roomy wards and six bedrooms, and can accommodate twenty patients, ten of each sex. Its arrangements are devoid of all asylum features. It is staffed by female nurses, and is under the charge of a trained hospital nurse. Every case on admission is studied in this reception house. As the Commissioner in Lunacy has wisely stated, "The comfort, rest, skilful treatment and good nursing which newly-admitted patients receive in this house are most favourable to the early recovery of the curable, and to the well-being of those who are incurable."

We have nothing but praise for the Woodilee Sanatorium. It is an experiment which has fully justified itself by its success. We commend Dr. Hamilton Marr's reports on its management to all practical alienists, and we think that all asylum committees would do well to make themselves acquainted with the very excellent measures which have been so admirably carried out by the Glasgow Board for preventing and arresting pulmonary consumption in the insane.

Woodilee Asylum is a little over a mile from Lenzie station, which can be easily reached by a short railway journey from Glasgow.

We understand that another sanatorium has been provided at the other asylum under the Glasgow Lunacy District Board at Gartloch, with Dr. W. A. Parker as medical superintendent, but this we have not as yet inspected.

France.

[FROM OUR OWN CORRESPONDENT.]

Paris, October 25th, 1903.

Congres Francais de Chirurgie.

The Annual Surgical Congress was held this week in Paris. The first subject treated was exclusion of the intestine. M. Hartmann said that the term exclusion of the intestine was differently understood. By some it was applied only to operations where a portion of the canal was completely isolated by two sections; others, on the contrary, included under the term all interventions by which a more or less large portion of the intestine was detached from its ordinary circuit. He himself adopted the first idea, that of complete removal of a portion of the intestine.

Exclusion of the intestine can be either unilateral or bilateral. In the former the intestine is cut across above the portion desired to be excluded and the upper end anastomosed to a segment below the excluded portion, while the lower end of the section is closed, or, on the contrary, left open so as to form a fistula.

In bilateral exclusion, two sections of the intestine, one above. the other below the portion to be excluded, and the central end are anastomosed with the peripheric end. The mortality of exclusion was 13 per cent. As to the indication of the operation it would be found in tumours, inflammatory strictures, and lesions of the intestine complicated with fistula. As regards cancer, it was proved that life was not more prolonged by exclusion than by entero-anastomosis, which was generally sufficient to ease the pain. With this reserve, exclusion of the intestine constituted a real progress, and it afforded a remedy to a series of cases hitherto inaccessible to surgical treatment.

M. Roux, of Lausanne, said he practised eighteen times exclusion for cancer; three of the patients died, while the lives of two were prolonged two years. In eleven cases of resection of the appendix *à froid* he executed exclusion to prevent possible complications, and each time with success. For many other affections he practised also the operation of exclusion, and out of a total of forty-eight patients he only lost six.

M. Tedenat (Montpelier) said that for his part he resected in three cases of hypertrophic tuberculosis of the cæcum, and all recovered. But it was certain that where adherences were considerable the operation was frequently impossible, and in such cases exclusion constituted a precious resource. In a case of that kind he performed unilateral exclusion, anastomosing the ileum and the sigmoid flexure with excellent results.

M. Montprofit had recourse with success in four cases of inoperable cancer of the cæcum to a double implantation of the ileum in cutting it at a certain distance from the cæcum, then anastomosing it above the tumour with the upper end of the small intestine, and subsequently uniting the distal end of the sigmoid flexure. In this way a cutaneous fistula was avoided, and the total evacuation of the fæcal matter into the intestine ensured.

Jacksonian Epilepsy.

M. Delbet (Paris) said he was called to a patient who was in a semi-comatose condition from repeated attacks of Jacksonian epilepsy, which had commenced nineteen years before, and had increased to as many as 200 seizures a day. He performed trepanning, and the patient recovered. In referring to the *modus operandi*, the speaker said he had collected a series of 130 cases of trepanning for Jacksonian epilepsy, and after a careful analysis he had come to the following conclusions:—If there existed a marked depression of the cranium the trepan should be applied to that spot. The incision of the dura mater was not indispensable, but it was preferable, however, to incise it in order to be able to observe the condition of the brain. Where no depression existed the skull should be opened according to the method of Doyen (a large strip of the bone), so that the membranes and the brain be sufficiently exposed.

Germany.

[FROM OUR OWN CORRESPONDENT.]

Berlin, October 24th, 1903.

Germs in Accidental Wounds under Dry Aseptic and Moist Antiseptic Treatment.

Dr. Carl Goutemann has an article on the subject in the *Archiv. f. kl. Chir.*, 70, 2, in which a comparison has been made between the two different methods of treatment of accidental wounds. The conclusions arrived at after comparative investigation are as follows:—

1. No antibacterial effect can be proved to follow the application of most antiseptic dressings to wounds.

2. The germ contents of non-purulent accidental wounds are more increased by moist antiseptic dressings than by dry ones.

3. In accidental wounds preference is to be given to iodoform gauze, as it exercises a decisive effect on the micro-organisms by its property of taking up the wound secretion and arresting hæmorrhage.

4. Moist dressings further the development of eczema and abscess of hair follicles by maceration.

5. Moist dressings are by no means an effective preventive of suppuration in such wounds.

6. In suppurating wounds dry dressings effect a quicker diminution of germs than moist ones.

7. In phlegmonous inflammations dry dressings favour the diminution of the germ contents (aseptic gauze and iodoform gauze).

8. Many accidental wounds heal without clinical signs of inflammation in spite of the presence of large quantities of germs.

The *Deutsch. med. Zeit.*, 7.6.03. has a reference to a paper on "Urämia," by Dr. A. Bickel, of Göttingen. The most recent methods of investigation (determination of the freezing-point of the urine and its electrical conductibility) are touched upon, and the author goes on at once to the results hitherto obtained. These investigations, in the author's opinion, are the first that have given really useful results, and even a cure free from objection, in regard to our knowledge of uræmia. Nephritic urine is characterised by a low degree of concentration; the urines of both acute and chronic nephritis are alike in this. According to Lindemann a freezing-point of even —1° C. is characteristic of this urine, whilst for normal urine the freezing-point is —1° to —2° C. The lowering of the molecular concentration of the urine does not necessarily run parallel with a heightened molecular concentration of the blood, as might perhaps be expected. The blood may in nephritis keep its normal concentration a long time, but it is often found concentrated, and, as Karanyi has shown, it often displays a highly abnormal concentration. The freezing-point of normal human blood is, as is known, about —0·56° C. Koranyi found —0·54° to —1·04° C. in cases of nephritis. If these were expressed in percentages of a solution of salt, —0·56° C. would correspond with a 0·93 per cent., 0·54 with 0·91 per cent., and —1·04 with a 1·73 per cent. solution. Lindemann has pointed out that this increase in the molecular concentration of the blood comes to pass especially when uræmic conditions arise. He goes so far that he declares the heightened osmotic pressure to be the general expression of the uræmic disturbances, and assumes that the major part of the symptoms exhibited may be satisfactorily explained by it. But this is not sufficient alone, a knowledge of the kind of concentration is necessary to explain the symptoms on the part of the nerves. It is not the concentration itself that sets up the symptoms, but the bodies causing the heightened concentration that are responsible. The author's experiments on animals have led him to believe that these bodies are not so much bases, acids, or salts, as other molecules, especially organic bodies, products of destructive tissue change.

He also discusses the subject of venesection in uræmia. The earlier belief that the favourable effect of venesection in uræmia was due to a change in the physico-chemical relations has been shown to be incorrect. It has been shown that neither venesection alone, nor even in combination with saline infusion, changes the concentration of uræmic blood, but that its viscosity is changed. By venesection and saline infusion the friction of the blood on the walls of the blood-vessels is diminished, and this is equivalent to diminished labour for the heart—a point of importance in very serious cases. Again, in uræmic conditions, when the circulation is imperfect, there is a tendency to stasis in large quantities of blood corpuscles, and the venesection and saline infusion set them in circulation again. Perhaps this stasis of the erythrocytes goes hand in hand with the falling blood pressure, which, when excessive, is a bad prognostic sign and points to cardiac paralysis.

THE Corporation of London have adopted a series of regulations for the better sanitary control of the milk supply of the City.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, October 24th, 1903.

PELLAGRA.

LOMBROSO, who has spent twenty-nine years in the special investigation of this disease, has again given a review of the etiology, pathogenesis, symptomatology, and therapy of the disease. He is more convinced than ever that the proximate cause of the disease is the use of bad or diseased maize, although he must confess that it would be dangerous to dogmatise even in this age of progression. This disease is confined to Lombardy or Piedmont, in Italy, and the south or south-east of France, at the present time, but, strange to say, we find it first described in Spanish medical literature about the beginning of the last century (1830) under the title of "mal de la Rosa"—"Lebra o rosa delle Asturie" of Italy. Now the names that have been applied to the disease since that time give a very fair history of its origin, and more briefly than all the treatises written on the subject. Commencing with "mal rosa," we next find it described as due to the sun, or "mal de sole," followed by "mal del padrone," "cuttivo male," "callore del fegato," "mal della vipera," "mal della spienza," "elephantiasis Italica," "mal de la miseria," "scorbutuo Alpinus," "mallatia dell insolata di primavera," "lepra Italica," "risipola Lombarda," till, finally, we have arrived at "raphania mäisitica."

The earliest hint we have of the disease is in 1735, under the name of "mal de la rosa," in the neighbourhood of Asturia, in the district of Oviedo, where it seems to have raged for many years as endemic, and in later years to have been traced as the source of the malady, as we find the name applied to it more than a hundred years after this time. Whatever be the cause, we may safely assume that the disease spread over a great part of Spain before it reached Italy. It is asked if no bad maize existed in Italy, while the disease raged for a hundred years in Spain before it reached Italy? This is surely a pertinent question to disprove the cereal as the true cause. Again, how is it that the disease was not uniformly distributed in Italy after its invasion. We find statistics given in 1879 that are worth quoting here:—

Provinces.	In total population per 1,000.	In districts of attack per 1,000.
Lombardy	11·2 ..	31·7
Venice	10·5 ..	30·52
Piedmont	0·6 ..	1·47
Liguria	0·14 ..	0·47
Emilia	8·53 ..	23·6
Tuscany	2·17 ..	6·33
Umbria	1·44 ..	3·47
Rome	0·09 ..	0·25

Lombardy, Venice and Emilia are the provinces that suffered most heavily from the disease, and, strange to say, it still lingers in those districts. In the same report it is averred that Brescia had 80·03 per 1,000 affected.

Another strange freak of the disease is its attack on Italy after leaving Spain, before it invaded France in 1829, as the first appeareance of the disease is described by Hameau as having invaded Teste-de-Bache.

If it is due to the cultivation of maize, and that these are the dates of origin, something may be advanced for the theory; but here again we are confronted with the difficulty that in larger growing districts of maize no pellagra exists! It is evident that other factors such as telluric, climatic and social conditions must

be taken into account when discussing the etiology of the disease, and that maize alone is not the real cause. To sustain the argument of maize being the cause, Lombroso points to the long use of lead, mercury and alcohol as injurious agents that can be borne for a very long time without any seeming injury, hence eating the same bread and drinking the same water will not affect all alike.

The disease by some has been ascribed to heredity just in the same way as Kussmaul holds that the children of the operatives engaged in mirror manufacture have mercurial children. There are many cases on record where no maize has been used, yet the patient suffers from the disease. Lombroso brings forward the symptoms as proof that diarrœa, paresis, and desquamation of the skin similarly occur in paralysis, uræmia and alcoholism. His experiments with diseased maize are also unfortunate, owing to the concentration of other salts in the experiment; besides, the maize used contained Oidium lactis, Penicillium glaucum, Mesentericum vulgare, which contain toxins, and for which he makes no allowance.

The Operating Theatres.

ST. THOMAS'S HOSPITAL.

Irreducible Hernia with Hydrocele of the Sac.—Mr. Battle operated on a young man, æt. 20, who presented a rather unusual condition on the right side of the scrotum; he had been sent into the hospital for radical cure of a hernia; he had noticed a swelling on the right side of his scrotum for a period of three weeks only, and he could not account for it. It was much the same size on admission as it had been when first noticed, and he did not know whether it had commenced above or below. The right side of the scrotum presented an enlargement the size of a duck's egg; this was pear-shaped in outline, the upper part causing a swelling in the inguinal canal; the lower part was rounded, and the testicle did not cause any projection on its surface; the lower part of the swelling was fluctuating and translucent, whilst the upper part was quite solid to the feel. There was no impulse on coughing. The diagnosis which was made was one of irreducible omental hernia with an accumulation of fluid in the congenital sac. At the operation it was found that this diagnosis was correct, for the neck of a congenital hernia sac was completely blocked by adherent omentum, and a large quantity of fluid of a yellowish-brown colour escaped from the lower part of the sac. The operation performed was that by Bassini's method, and after the covering of the canal had been divided, another incision was made in the neck of the sac, which opened the peritoneum above the adherent omentum; this was then ligatured in sections and returned into the abdomen, after which the upper part of the sac with the adherent portion of omentum was removed, the opening in it closed with continuous purse-string sutures, the ends of which were tied together. The conjoint tendon and Poupart's ligament were sutured behind the cord with silk, after which the remainder of the operation was completed after Bassini's method. No sutures were put into the lower part of the sac to form a new tunica vaginalis, as this is no longer considered necessary. Mr. Battle said that the diagnosis rested in the first place between (1) hernia simply irreducible and containing omentum and intestine; (2) funicular hydrocele; and (3) irreducible hernia with hydrocele of the sac. The history, he thought, was no help in the diagnosis, for it was evident that the patient was very unobservant, as it was very unlikely that such a condition could have developed in so short a time. When careful examination had shown that the softer part of the swelling was translucent and fluctuating, it did not require the proof of dulness on percussion to show that a considerable amount of fluid was present, and although the funicular hydrocele sometimes extends up to the internal ring, causing the swelling along the inguinal canal, and has dulness on percussion, fluctuation can be obtained from one end to the other; here the fluctuation stopped towards the upper part of the scrotum and was replaced by solid structure. The additional question which presented tself, he pointed out, was whether this was a case of ihydrocele of the tunica vaginalis and a hernia, but the fluid came directly up to the omentum and caused a bulging at its upper end, which was supposed to correspond to the width of the neck of the sac, widened by the presence of the omentum. A congenital hernia showing itself at the age of this patient usually, he remarked, announces itself in a very violent and painful manner, the patient being extremely ill and strangulation one of the earliest symptoms. Union took place by first intention, and the patient's recovery was uninterrupted.

TOTTENHAM HOSPITAL.

Abdominal Myomectomy and Hysterotomy.—Dr. Arthur Giles operated on a married woman, æt. 49, who had been admitted on account of constant hæmorrhage, which had been going on for some months. On examination under an anæsthetic a fibro-myoma was found occupying the anterior wall of the uterus. The question of dealing with the case through the cervical canal was considered, but the operator came to the conclusion that the myoma could not be satisfactorily removed in that way. The abdomen was therefore opened. When the uterus was brought into view it was found to be the seat of a solitary myoma about the size of a hen's egg, occupying the anterior wall. A vertical incision was made over the tumour, which was shelled out without any difficulty. The bed of the tumour was next incised in order to open up the uterine cavity. The mucosa was found greatly thickened, and was removed by curetting carried out through the abdominal wound. A pair of forceps was passed down through the internal os into the vagina to dilate the cervical canal. The uterine wound was then closed by a series of mattress sutures followed by a continuous suture of fine silk to bring the edges together. The uterus was attached to the anterior abdominal wall by means of two silkworm-gut sutures, and the abdominal wound closed by the usual three-layer method. Dr. Giles said that this might be regarded as a typically conservative operation, since only the diseased structures were removed, and the otherwise healthy organs left behind. Formerly, he remarked, he would have approached such a case through the vagina, and after dilating the cervical canal an attempt would have been made to enucleate the myoma by cutting through the uterine mucosa; only those who had attempted this proceeding could realise how unsatisfactory it was; it was generally accompanied by a considerable amount of bleeding; there was a definite risk of perforating the uterus if the outer surface of the tumour lay close under the serous coat of that organ; and with a tumour the size of the present one either it would have to be removed piecemeal or the cervix would have to be divided up to the internal os; further, it had happened to him to find a myoma so firmly imbedded that it could not be dragged out without unjustifiable force, so that he had had to be content with freely opening up the capsule and waiting for the uterus to expel the myoma later on. The present operation, he said, was in every way a contrast; there was practically no bleeding, the

uterine wall was cleanly opened and properly closed after the removal of the tumour, and the uterus was in no way injured, apart from the single incision. In this way, after enucleating the tumour, it appeared to him that it had not projected sufficiently into the uterine cavity to be alone responsible for the hæmorrhage; it was for this reason that he had deliberately opened up, examined, and curetted the interior of the uterus. Formerly, he pointed out, the opening of the cavity of the uterus during the abdominal enucleation of a fibroid was regarded as a dangerous proceeding; he had on more than one occasion expressed his conviction that the danger was reduced to a minimum as long as free drainage through the vagina was possible, and it was for this reason that he had passed the forceps down into the vagina to dilate the cervical canal. The fixing of the uterus to the abdominal wall had, he said, a double advantage; it checked oozing from the cut surface of the uterus, and in the event of any trouble arising subsequently the uterine wound was in such a position that it could be reached readily, and without reopening the peritoneal cavity. As regards the cases that could be suitably dealt with through the vagina he now, he remarked, limited this route to cases of distinctly intra-uterine or polypoid myomata of small size. With a large intra-uterine myoma he preferred to open the uterus through the abdomen and remove the growth from the uterine cavity.

A fortnight after the operation the patient was convalescent, having had no bad symptom of any kind.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 28, 1903.

AMATEUR POLICE METHODS.

THE circumstances of a recent tragedy have brought into striking relief the amateur and bungling methods of the police engaged in the affair. For the last two months the public interest has been riveted on the mysterious disappearance of a young lady doctor from a London hospital. With the facts of the case we are not here concerned, for the present, at any rate, but certain proceedings on the part of the police are so reckless in their defiance of ordinary medico-legal rules as to demand a somewhat full discussion in the interests of the general community. As most of our readers are probably aware, the body of the missing lady was found in a wood in Richmond Park, in the neighbourhood of London. The discovery was made accidentally by some boys who were trespassing in the wood, which is carefully preserved for game, in search of chestnuts. When the police were informed of the matter they went to the spot, a dense overgrown copse, and proceeded to cut a path through the tangled undergrowth for the removal of the remains, which they ultimately effected at midnight, so it is reported, with the aid of bull's-eye lanterns and a single carriage lamp. That is the circumstantial account given in several leading journals, and its correctness does not appear to have been officially disputed. At the time of the removal of the body from the copse there seems to have been no suspicion that the remains were those of the missing lady doctor. This is the more remarkable inasmuch as a London journal, by independent inquiries, traced the lady in question to the neighbourhood of Richmond. So careless or sceptical, however, were the police as to the value of this clue that the adjoining public park was searched only in a perfunctory manner. A really close and systematic search would almost infallibly have discovered the body some weeks ago, when the cause of death could have been traced with far greater certainty than is now possible. So little impression does the journalistic clue appear to have made upon the authorities that it did not even occur to the local police that the remains might be that of the missing lady. In any case, however, the discovery of a dead body in a public park would demand the exercise of a due amount of precaution in view of the possibility of criminal complications. As it was, the police found a corpse in an advanced stage of decomposition lying in a wood with the head at some distance from the body. They apparently made no attempt to examine the immediate surroundings for footprints, weapons, and other circumstantial evidence, but trampled under foot and destroyed what might have been invaluable evidence. There was no immediate hurry for removal, as the body was already decomposed, and the examination of surroundings could have been conducted in a leisurely and systematic fashion in the broad light of day. As a matter of fact, some hours later a further visit to the spot furnished evidence of identification of the body. Since that time an empty medicine bottle has been found in the plantation, and near its boundary fence a surgical scalpel. The discovery of these things is significant, but we are not here concerned, as already mentioned, with the way in which the unfortunate lady came to her end. Our point is that the police, in not preserving intact and most carefully examining the surroundings of the body, have displayed an incompetence that is well-nigh incredible in this age of advanced science. Every medical man is taught that on being summoned to a dead body, after first ascertaining that life is extinct, his first duty is to note the position of the body, with every possible detail directly or indirectly connected therewith. Why should not the police be acquainted with so elementary a precaution? The duties of

the police constable are manifold and onerous, but there is no reason that he should enter upon them absolutely uninformed as to the most obvious principles that should guide him in the exercise of his calling. As a matter of fact, we are of opinion that the police force of this country should have a thorough training in medico-legal matters before being entrusted with the discharge of its onerous and responsible public duties. In offering these criticisms it should be clearly understood that we in no way fail to recognise the many claims of an admirable civil force to the admiration and gratitude of the community at large.

THE DIFFICULTIES OF REFORM.

In our last issue our readers may remember that we published an abstract of an address delivered by Mr. Tobin, Surgeon to St. Vincent's Hospital, to the students of the hospital, in which the speaker dwelt on the present condition of the Poor-law Medical Service, and concluded with the advice to the students "to let the Service at present alone." This very excellent advice doubtless appeared to many to be a set-off to a rather contrary and suddenly expressed opinion delivered by Mr. Tobin's colleague, Mr. M'Ardle, some years ago on the occasion of the annual dinner of the hospital, and to represent the true feeling of the staff of St. Vincent's Hospital. Few people, and certainly no medical man, who had the welfare of the Poor-law Medical Service at heart could dissent from Mr. Tobin's advice, advice which has been iterated and reiterated in our columns, and in those of other medical journals and the lay Press. It seems, then, to be a pity that, in the face of Mr. Tobin's speech, Mr. M'Ardle should on a more recent occasion—again that of the St. Vincent's dinner—have sought a second time to decry the efforts of Poor-law medical officers to obtain the reform of their Service. On this occasion it was the suggestion that the Poor-law Medical Service should be turned into a Civil Service that aroused his opposition. His answer to the question should this course, recommended by the Fermanagh Conference, be adopted by the Government was "the simple word "No." The English Government were not such fools as to patch up things in Ireland, and to take away from the people the only vestige of power vested in the people three years ago, and any change would, in his opinion, be bad for the profession and for the people. Mr. M'Ardle is, of course, quite justified in expressing his opinion, but when he does so in opposition to the wishes of a representative body such as the Irish Medical Association, he should, we think, only do so for most sound and substantial reasons. Two questions occur to us to which, we think, he should also have volunteered an answer. Can the present system of appointing medical officers be justified in any possible manner? Are the present conditions under which the medical officer works those to which a highly educated medical man should be compelled to submit? If Mr. M'Ardle can answer these questions in the affirmative, then, doubtless, he is justified in his opposition to the course, which, we venture to say, is the only one capable of raising the Service above the petty bickerings of religion and politics. But can he do so? Is the story told by the then Mr. Horace Plunkett during the debate in the House of Commons on the Local Government Bill, of two dispensary medical officers, both of whom had been appointed on religious principles, and both of whom died of drink, a fiction of the imagination, or is it a sad fact, the result of the present system? If it is not true, we will substitute for it one which is, of a medical officer who was appointed some two years ago, who held office for six months, during which time he was rarely if ever sober, and who finished his career by being sentenced to penal servitude for pouring vitriol in a drunken frenzy over a sleeping man. God forbid that such men should be taken as a sample of the officers of the Poor-law Service—a body of men who are famous for their devotion to duty and their self-sacrifice. The question will, however, arise and cannot be shirked: how comes it that such men as those of whom we have told were appointed? The answer is a sad one—the majority of the electors were in their favour. Is not this a condemnation of the present system of election? Are others needed? How comes it that the ranks of what ought to be a public service are closed in one part of the country to all save the students of one school, in another part of the country to all but the students of another? These questions must be faced by an advocate of the present system, and are those which, in justice to the members of the Irish Medical Association whose demands he condemns, and in justice to himself lest motives other than the desire of general professional advancement be attributed to him, Mr. M'Ardle should answer. Our columns are freely open to him.

THE PRE-EMINENCE OF SPORT.

The keenness of the instinct which leads to love of, and indulgence in, outdoor sports and pastimes is very rightly regarded as a pretty good index of the physical vigour of the individual. In the healthy young of both sexes the natural desire for romp and play soon manifests itself, which, as a result of the companionship and rivalry of school life, quickly assumes a more purposive and better organised form. No compulsion is needed in order to induce the average British boy or girl to take part in outdoor games, for, as a rule, their attraction is greater than that of the school-room. But here and there one comes across a timid child to whom the bustle and publicity of a round game is a positive source of pain, and who would be far happier spending the time in poring over a book. The greatest judiciousness must be observed in forcing these shrinking little ones to run and tear about against their will. In a few cases their unwillingness may be due to actual physical disability, when, of course,

they will require special supervision during play-time, while in others it approaches very closely a neurosis. This must be gently but firmly overcome. Happily, the number of these retiring and sport-detesting youths and maidens is far outweighed by those for whom the field and its pastimes are a source of healthful and never-ending pleasure. Those who sing the loudest about the physical degeneration of the race seem entirely to overlook the fact that our national games are played with as great a zeal by the youth of all classes now as ever they were. Indeed, it has been complained by some that too great a proportion of time is devoted to sports, especially in our public schools, to the threatened detriment of study and mental culture, and that there is a danger that the humorously satirical epithets of Kipling may be applied in all seriousness to the athletic champions of the present day. Like any form of amusement or indulgence, it is quite possible for anybody to engage in sport, whether this be football or fishing, cricket or cycling, to an exclusive and pernicious extent. Some outdoor games appear to exert a peculiar fascination upon certain natures, causing the individual to live almost entirely for that one thing, dreaming, thinking, and planning about nothing else. The desire to excel, to become a popular hero, when it has once taken possession of a youth of this description is fatal to his success at school, and should he be of an unusually unbalanced mind, his future career will be severely compromised unless moderation can be enjoined. It would, of course, be idle to suppose that, because a boy committed suicide on account of his being unable to go to a football match, this game possessed a greater demoralising influence upon schoolboys than other forms of outdoor sport. Nevertheless, this incident has given rise to a considerable discussion among teachers in Yorkshire, many of whom have admitted that football is in danger of becoming the pre-eminent topic of conversation among, and the sole aim of existence of, their pupils. We cannot believe that such an extreme and gloomy view is, or ever will be, the expression of the true life of the schoolboy of to-day who has generally more idea of getting on in the world than his teachers give him credit for. Granting that, in some instances, a little too much time is given to sport, it is surely better to run the slight risk of neglecting the pursuit of book-knowledge and to develop sound and healthy bodies, rather than foster a race of dyspeptic and enfeebled intellectual giants. It is physical staying power which tells in the long run in the battle of life.

DR. O'CONNOR delivered the first of the lectures of the winter course held in connection with the Mount Vernon Hospital at 7 Fitzroy Square, on Thursday last. The lectures and demonstrations are held every Thursday, at 5 p.m., and are open to medical practitioners and students of medicine. A list of the forthcoming lectures will be found in our advertisement coloumns.

Notes on Current Topics.

Harvey and the College.

EVERY year there is an oration at the College of Physicians delivered by one of its Fellows in memory of William Harvey. Every year an attempt is made to discover some new phase in the history of his life, his character, or his discovery which will add to his fame and identify him more closely with the College. Some orations deal with what was known and was true; others with what was simply imagined, but not proved, before Harvey wrote his "*De Motu Cordis*." In every discovery the questions of what is quite original, and what has been more or less anticipated by others, are of primary importance. It is usually difficult for these questions to be settled. Of course, a strong personal feeling enters into the Harveian Oration; and what Harvey did for his College, or the College has done for him, usually forms no small part of the orator's address. This year the lines on which Harvey worked are chiefly considered, and the observations by which Harvey was led to the conclusions he arrived at are claimed to belong to what we know as anatomy in its clear and simple meannig, *viz.*, the dissecting of the dead body. Vivisection or physiological and biological work, as we know that kind of work, was not the basis of Harvey's discovery. The problem he was dealing with was a mechanical one far more than a physiological one. It was a problem in which the physics of moving fluids, and of valves and pumps, had to be considered first and foremost, and into which the consideration of the construction of parts and their mechanical functions chiefly entered. Anyone who studies carefully the writings of Harvey will see that anatomy satisfied him in his view of the circulation. How far vivisection was resorted to as a source of evidence is another matter, and it certainly seems that it was forced upon him by the objections and requirements of incredulous or jealous opponents. Harvey's work was really a work of destruction; the clearing away of ignorance and falsehood, and the establishment of truth in their place. The discovery of a planet or a new element has none of the odious associations of such a new idea or discovery as Harvey's. It raises no kind of more or less angry and violent opposition. Anything which disturbs the *statu in quo* of the time is objectionable to so many that the disturber has an unpleasant time of it. So it was with Harvey. Why the followers of the great Oliver should have sacked his house, and treated him in the low scurrilous way they did should not be overlooked, and what may be expected from such a class may help us in the future. The *vulgus profanum* will always exist, and if it has power will always use it badly in matters that have to do with true science. It may be well for the College to hang out the banner of Harvey once a year and march along singing his praises. So far as that which Harvey left them in his will, not very much can be said, and certainly in the last year of his life there did not appear to be any extremely

warm feeling kept up between the College and Harvey. This annual laudation of John Hunter at one College and Harvey at the other has something puerile and contemptible about it, and certainly does not increase the reputation and character of those that encourage it.

Latter Day Cures.

If the passion for "seeking after a sign" was one of the distinguishing features of a certain race of individuals in ancient times, it is scarcely less characteristic of the people of the present day that they are continually "seeking after a cure." The natural desire to get well lies deeply in every breast, and forms one of the primitive instincts of man, so that, in one sense, there is nothing new in the principle itself. And yet, if we compare the relation which existed between the ancient physicians and their patients with the attitude adopted by the public of to-day towards its medical advisers, it cannot be denied that a change has, indeed, come over the spirit of the age. There is no need even to go back as far as the Middle Ages, for two or three generations will suffice to render manifest these altered conditions. The unbroken confidence and unquestioning obedience on the part of the patient are in danger of giving place to a half-amused scepticism and a relentless dissatisfaction. The value of old and trusted remedies are freely discussed and criticised in the papers and at the tea-table, more especially by those who make it a hobby to parade their pseudo-medical knowledge, and who consider themselves perfectly competent to advise everybody upon all matters connected with health. Such individuals consult one doctor after another, either for some real or imaginary indisposition, and, if the treatment prescribed does not happen to be exactly what they think right and proper, they are loud in their condemnation of Dr. A. when they next visit Dr. B. Happily, these people constitute only a small part of the physician's *clientèle*, and they are only met with in certain quarters of society. Nevertheless, the tendency of many persons to take up with special modes of treatment, sometimes of a very doubtful kind, and to undergo this or that "cure," whichever happens to be in accordance with the latest fashion, does certainly exist, and it is matter which provides food for serious reflection. The rapid and perhaps undue growth of specialism in the ranks of the profession, the facilities which are still allowed by law for quacks to carry on their trade, the increased knowledge now disseminated among the general public about medical matters, combined with the all-pervading mercenary spirit of the present day, are all, doubtless, responsible for the rise and progress of many of these so-called "cures." In the majority it will be seen that the chief basis consists of the insistence by its promoters of the principle of the preponderance of mind over matter. The patient's faith must be exercised in the highest degree, no matter what the object presented to the senses be, whether light or darkness, grapes or water. There is hardly any substance in Nature, nor any habit of life, which, if taken or refused, indulged in or renounced, has not been credited with miraculous powers of healing. In one case lean meat must be rejected, in another no coffee must be taken under any consideration, in a third the body must be anointed with oil so many times a day. But in all, a firm belief in the efficacy of the agent employed is necessary to complete the "cure." Many of them, in certain diseased states, are positively harmful, as, for instance, hunger or fasting "cures," and cases are known of mitral disease in which the "rest-cure" was undergone with disastrous results. Physical culture is a good thing, and much to be sought after, but the indiscriminate use of gymnastics, vibratory movements and massage cannot but be condemned. Fads and faddists there will always be, even in medicine, but there is such a thing as carrying a fad to a dangerous extreme and jeopardising a life which, if it were placed under rational, scientific, and orthodox treatment, might be restored to health and usefulness.

Medical Service in West Africa.

The Colonial Office have recently issued a pamphlet dealing with the Government Medical Service in West Africa, which is of interest and importance to medical men who are desirous of joining the Service. The Medical Services of the different Colonies—Gambia, Sierra Leone, Gold Coast, Lagos, and Northern and Southern Nigeria—were formerly distinct and separate from one another. This, has, however, now been altered, and, with the amalgamation of the Colonies, the medical officer receives increased pay, and the conditions under which he has to carry out his duties are materially improved. Naturally, the Government also expect that the candidates that offer themselves for the Service must be fully instructed both in general medical science and especially in diseases peculiar to the Tropics. With this end in view they are in future required to undergo a course of instruction in the School of Tropical Medicine, either in London or Liverpool. This additional course will not, however, throw an additional expense on the candidates, as the cost of living and the tuition fees are paid by Government, in addition to a daily allowance of five shillings during the time the candidate is under instruction. Private practice is permitted in the Service, and the allowance of leave is good. The climatic objections to the Service are the most important, but these are being gradually in great part removed, now that a clearer insight has been obtained into the necessities of life in the Tropics. To men who do not desire to follow private practice in this country, these Colonies offer many attractions, attractions which, to our mind, go far to make the Service superior to the dreary drudgery and the unrequited toil of the Irish Poor-law Service or English club practice.

The Virtue of Soap.

The removal of the superficial dirt for which the human skin seems to possess a special attraction is one of those important personal matters which

demands the almost constant attention of every civilised inhabitant of the globe. Exactly how this shall be accomplished is immaterial, provided that it is carried out to the individual's own satisfaction and in accordance with the laws of health. Some degree of mechanical friction of the epidermis is a necessary part of the procedure, and some varieties of dirt found in the atmosphere of cities and large towns certainly need some emollient, saponaceous substance for its detachment, and for this purpose soap is most generally used. It is convenient, efficient, and makes directly for cleanliness. Although there are a few morbid conditions of the skin in which the use of soap may be contra-indicated, yet it is a substance which can be readily medicated, and thus it becomes of great service when it is desired to apply certain remedial agents to the skin. By its alkaline properties it removes a portion of the natural secretion of the sebaceous and sweat glands, and on this account its too free use has been considered by some, in all seriousness, to deprive the skin of its oily matter, and consequently to prevent it exercising an important function. This might be conceivably the case in those in whom the natural secretions are deficient, or in certain diseases of the skin. The custom of anointing the body with oil after bathing, so much indulged in by the ancients, is very little, if at all, practised in the present day, chiefly, no doubt, because very few people could spare the necessary time for the inunction. The idea that the use of soap is responsible for disease, which was expressed recently by a Colonial correspondent to the *Times*, is hardly one which will meet with acceptance, either by medical men or by the general public.

Formic Acid and the Muscular System.

It is a somewhat curious fact that, although formic aldehyde has found a place for itself in scientific therapeutics, yet formic acid is almost unknown as a remedy. However, in the seventeenth century it appears to have possessed a considerable reputation as a cordial, a stomachic and a diuretic, for it constituted the principal ingredient of a preparation then familiar as Hoffmann's "Vinegar of Magnanimity." With a view of ascertaining the effects of its internal administration, M. Clément conducted a series of experiments upon himself the results of which he has recorded in the *Lyon Medical*. He took eight to ten drops of formic acid four times a day, diluted with Vichy water, so that a sodium formate was formed. At the end of a period of twenty-four hours he experienced a distinct feeling of muscular excitement with an increased capacity for performing violent or fatiguing movements. Such muscular efforts as walking up inclines were rendered easier of performance. In order to test this remarkable property of the drug ergographic records were taken and it was found that the instrument recorded an actual increase in the amount of muscular work done after taking the acid internally. The phenomenal capabilities of ants to perform work in proportion to their size has long been a subject both for admiration and conjecture, and it is suggested that their excretion of formic acid may be connected in some way with this property. At any rate, the sensation of muscular weakness after exertion was, according to M. Clément, removed to a great extent. One other action of the drug is noteworthy, namely, its power to reduce arterial tension in the majority of individuals. It is therefore possible that there may be some future scope for formic acid in the treatment of disease, and that it may even regain something of its former reputation.

Scientific Faddism.

THE advice recently given by Sir William Church on the dangers of "over specialism" might, we think, be extended to an even more dangerous class than the specialist who imagines his particular region the only one of importance, and acts on such principles. We refer to the man of science, who, completely captivated by one idea or truth, sees everything in support of his theory, and is blind to all else. The higher his position and the greater his reputation, the more danger is done. In the world of science we are afraid that Mr. Jonathan Hutchinson is at present a notable example of this frame of mind, as anyone reading his speeches and letters on leprosy must see and deplore. Even more "cranky," however, in his arguments is a well-known physician of Philadelphia, Dr. George M. Gould, who, having inundated the American press with his contributions on the subject of "eye-strain," has recently invaded the medical papers in these countries. Eye-strain is, we gather, the root of all evil. In exhaustive investigations into the ill-health of Darwin, Wagner, Carlyle and (a somewhat indecent proceeding, at least, in these countries, since he is still with us) Mr. Herbert Spencer, Dr. Gould proves up to the hilt by the easiest methods that a competent oculist would have made them the happiest of men. "If one looks out," he says, "over history there is seen to be no condition of human life wherein ametrophia did not play a great *rôle*." Chorea, insomnia, the new woman, the tippling husband, the criminal, the truant schoolboy are all among its results. Truly eye-strain (*vide* Dr. Gould) has a great deal to answer for.

The Evolution of the Nurse.

THE confidence which is reposed in the modern nurse by the physician, the great responsibilities which are entrusted to her, the high esteem in which she is held by patients, and the loyalty of her devotion to the duties of her calling, all make it hard to realise that she is the creation of the latter half of the nineteenth century. It is true that nurses, of a sort, have always existed wherever sick humanity needed tending, but though such women did minister to the suffering, they were, for the most part, densely ignorant and superstitious. It was not until that great and noble pioneer of nursing, Florence Nightingale, appeared that a real impetus was given to the cause and an "organised altruism" began to

flourish. Following the plan of the time-honoured introductory lecture delivered to medical students at the commencement of their career, Miss E. M. Fox, Matron of Tottenham Hospital, has, in "Our Profession," (*a*) sketched the relationship between the medical and nursing professions with such a nice exactitude that we would fain quote a few extracts therefrom. "The nurse's work supplies, as it were, the delicate embroidery, the silken though unseen lining, the patient, close-set stitches of the brilliant robes in which we love to see arrayed the best of our doctors. Hers is the profession that puts its soft hand into that of its friend and protector, medical science, and runs side by side with it, ever ready to help, never to usurp its rights and responsibilities, and becoming year by year more indispensable to our physicians and surgeons, who rely, with the sure confidence born of knowledge, upon the observant eye, the quick, capable hand and the tender sympathy of the trained nurse." There are some diseases in which the success of the treatment depends entirely upon the skill with which the case is nursed, and this applies especially to "the enteric patient who is wrestling hard for life, and whose feeble spark of vitality depends for its very continuance, perhaps, upon the measured ounce of nourishment being given exactly at the right time and in the right way." It is over such a bedside that the physician "listens to the accurately-worded report of the trained nurse, and knows he can trust to her to work intelligently and sympathetically for him in his absence." It would be well if this ideal relationship between the two sister professions, thus set forth, were borne in mind by every member of both.

The Lymph Stream in the Spinal Roots and Cord.

The etiology of many diseases accompanied by or resulting in morbid conditions of the spinal roots and cord still remains enveloped in obscurity. A contribution of some value, however, in throwing light on possible channels whereby deleterious agents may reach these elements appears in the current number of the *Review of Neurology and Psychiatry*. Dr. David Orr shows that although bacteria have little tendency to spread along the nerves, their toxins can be carried in the lymph stream and exert their influence some distance from their source of origin. In the spinal roots the flow of lymph is upwards towards the cord. Of the lymph flowing up the posterior roots, the greater part passes into the posterior columns, while a small quantity flows into the lymphatic spaces of the pia-arachnoid covering the posterior and lateral regions of the cord. Where the fibres enter the cord, at which point their sheath and neurilemma are lost, they are specially vulnerable to the influence of toxins in the lymphatic system of the roots and meninges. This applies to both sensory and motor nerves. The course of the lymph stream in the posterior columns is ascending; and the lymphatic system of the posterior columns does not communicate with that of the lateral columns. It is clear that in the unmasking of the mystery which still envelops the causation of many forms of nervous derangement greater attention will have to be devoted to a systematic study of the paths of attack, and particularly to the course of the lymphatic channels.

(*a*) *British Journal of Nursing*, October 10th, 1903.

Tabes in the Negro.

In seeking the solution of the problem of disease it is necessary to remember the far-reaching influence of race. Although of recent years much study has been devoted to certain infectious diseases prone to attack the negro we are still lacking data regarding the extent to which morbid conditions generally are influenced by racial peculiarities. This is particularly the case in regard to nervous diseases. Regarding tabes in the American negro but few trustworthy references are available, and therefore Dr. D'Orsay Hecht's recent conclusions in regard to this matter are of particular interest. It would seem that long residence with the white man has made the American negro anthropologically, physiologically, and pathologically different from his African ancestors. The constitutional variation has been wrought by acclimatisation, social environment, and, more than all else, by miscegenation. The influence of miscegenation and the advent of personal liberty are responsible for a new era of diseases. The newer diseases in the negro, of which tabes is an example, are fast becoming more commonly recognised. Tabes, it would appear, exists in the negro more commonly than has been supposed, and failure to recognise it may be due to the abeyance or total absence of the ataxic symptoms in the amaurotic type. Aryan admixture is said to be essential to the production of tabes in the negro.

The Causation of Tuberculosis in Children.

The channels of infection whereby the tubercle bacillus may obtain admission and find a lodgment within the human body are so numerous that in cases of death from infantile tuberculosis it is often a very difficult matter to state with certainty where the original trouble began or how the bacilli gained an entrance into the system. There are those who would contend that the disease, as it affects young children, is nearly always produced by the consumption of specifically infected food, usually milk, while others equally insist upon the importance of contaminated air and bad hygienic surroundings as being the main factors which give rise to the malady. Dr. Cecil Price-Jones (*a*) has conducted an inquiry into the causation of tuberculosis in children with a view to ascertaining to what extent the disease may be looked upon as being of alimentary origin. From post-mortem evidence it would appear that primary tuberculosis of the bronchial glands which is so frequently observed, especially in children who have lived in large cities, is of respiratory rather than of alimentary origin. The filtering action of the lymphatic glands

(*a*) The *Practitioner*, August, 1903

affords considerable protection to the organism against tuberculous infection, as the occurrence of intestinal infection apart from lymphatic involvement is regarded as an exceedingly rare if not an impossible event. The main points which Dr. Price-Jones brings forward for consideration are that the probability of the infection of infants with the bacillus of human rather than bovine tuberculosis is rendered more than likely when the nature of their food and the manner of administration is taken into account, and that mouth-breathing of impure air, which practice is so common among the children of the poorer classes, may be a more important source of the disease than milk-feeding.

The Ethics of Locum Tenency.

A CURIOUS action was tried at the Watford County Court last week in which a medical man claimed damages from his *locum tenens* for neglect of duties, in that he had violated medical etiquette by smoking in the streets while visiting, by refusing to see patients after eight o'clock in the evening, and by remissness in attending confinements. Obviously, the question of smoking must be left to the discretion of the *locum* or else restrictive conditions must be imposed and assented to at the time of engagement; but it is otherwise in the matter of refusing to respond to calls, however untimely, and we are rather pleased than otherwise to find that the unfaithful *locum* was fined £5 with costs. No special code of ethics is applicable to *locum tenentes*, since every conscientious man would do for his principal at least as much as he would do on his own behalf. In men of loose moral fibre the ephemeral nature of the engagement induces a regrettable spirit of carelessness and indifference against which the holiday-seeking practitioner cannot be too much on his guard.

The Wiesbaden Eye Hospital.

THE appeal published in the layPress signed by Professor Pagenstecker for funds in aid of the construction of an eye hospital at Wiesbaden is characterised by a certain assurance, and can hardly be expected to attain the object in view. Surely Germany can provide any funds for any requirements of the kind without soliciting alms from foreign countries. The number of indigent English who receive attention there must be infinitesimal, and numerous German patients are treated every year in our English hospitals without attention being specially called thereto.

A Coroner on the Medical Induction of the Morphine Habit.

AT an inquest held on a professor of languages of Shepherd's Bush, who had died from collapse subsequent on the morphia habit, the coroner animadverted on the alleged recklessness with which some medical men systematically resort to injections of morphine without due regard to the risks attending the formation of a morphia habit. We venture to question the competency of the coroner to decide in such a matter, although we fully endorse the general tenour of his observations. There are painful morbid states in which relief can only be obtained by the routine injection of morphia, and failing the possibility of cure it would be cruel to withhold this one means of affording relief. Only under very exceptional circumstances, however, is it justifiable to instruct the sufferer to make the injection himself, all medical control being thus withdrawn. As a rule, whatever may be stated to the contrary, this form of intemperance is usually indulged in on the patient's own responsibility without any medical authority.

Mr. Brodrick and the Army Medical Department.

AT the dinner of the Royal Army Medical Corps last week, Mr. Brodrick discussed the shortcomings of the department during the late war, throwing the blame for its shortcomings on the niggardly policy which had stunted its growth and prevented its adequate development. He regretted the former total absence of stimulus to individual improvement and the general indifference displayed in respect of the organisation of the medical department of the Army, but he was enabled to point to the vastly increased number of candidates for commissions as conclusive that at last the deficiencies had been made good, thanks largely to the advice and assistance of civilians. Parliament has at last been made to understand that if an elastic, competent Army Medical Staff is desired it has to be paid for, a truth it has taken many years to push home.

The Zymotic Death-Rate.

WHEN shall we see the last of this bugbear? With all the hardihood of the evergreen it withstands all the blasts of criticism and all the showers of abuse that beat on its devoted head, and it still stands to the world as the measure of the health of the district. Of course it is nothing of the kind. A rate that includes seven elements gives no information of any practical value, and if it is to survive in the reports of the medical officers of health we should at least like to put it side by side with the death-rate of each of its components, as now appears in the Registrar-General's quarterly and annual summaries. Besides, the death-rate is not of nearly such importance as the incidence-rate in judging of the prevalence of the zymotics; and any rate which is to measure the health of a district and does not include tuberculous diseases is a Hamlet without the Prince of Denmark. Unfortunately, the zymotic death-rate has got a firm hold and a long record, and it will need a good many kicks from a good many quarters before it is consigned to the oblivion out of which it should never have emerged.

IN reply to a letter addressed to him by Dr. Milroy, of Kilwinning, Ayrshire, the Home Secretary points out that all necessary information concerning miner's anæmia may be obtained from the report drawn up by Dr. Haldane on the outbreak in Cornwall.

THE new East Wing of the Mount Vernon

Hospital for Consumption, at Hampstead, was opened on Tuesday, October 27th, by the Marquis of Zetland, President of the Hospital, and now accommodation is provided for 100 cases of pulmonary tuberculosis.

Dr. V. Lowenthal, in a study of the health of European armies, shows that the German Army is the most healthy, then comes the Italian, and next the British, that of France having the greatest mortality rate. The incidence of venereal disease among British troops is very high.

A circular letter has been sent by the British Medical Association to the editors of the principal London newspapers requesting that in future the names of medical men in attendance on persons other than members of the Royal Family may not be inserted in paragraphs relating to illness.

PERSONAL.

Sir Charles B. Ball, F.R.C.S., has been appointed Honorary Consulting Surgeon to Monkstown Hospital.

Dr. John F. M'Lachan has been appointed casualty surgeon for the northern district, Glasgow, *vice* Dr. Dickson, resigned.

Sir Arthur Macan, M.B., has been elected King's Professor of Midwifery in the School of Physic, Trinity College, for a third period of seven years.

The Royal Scottish Society of Arts have awarded a Keith prize to Dr. Dawson F. D. Turner, for his work on Röntgen apparatus and other electrical appliances.

Professor Alexander Rollet, of Graz, who is chiefly known amongst physiologists for his work on blood and muscles, has recently died in his seventieth year.

An interesting portrait of Dr. Gowring-Middleton, of Liverpool, the work of Mr. Oswald Birley, is on view in the Continental Gallery Exhibition at Grafton Galleries, London.

H.R.H. The Princess of Wales has graciously consented to become patron of the British Lying-in Hospital (founded 1749), the oldest hospital of its kind in London.

Mr. Clive Riviere, M.D. (Lond.), M.R.C.P. (Lond.), has been appointed a physician to the out-patients at the City of London Hospital for Diseases of the Chest Victoria Park.

Sir J. W. Moore, M.D., has been elected representative of the Royal College of Physicians of Ireland on the General Medical Council in succession to Dr. Lombe Atthill, who has resigned that office.

Her Majesty the Queen has forwarded to the Lord Mayor a sum of £1,000 to start the appeal which is shortly to be made for funds for the enlargement and improvement of St. Bartholomew's Hospital.

Dr. Masson, of St. Helens, was the victim of a nasty carriage accident last week, his horse having bolted and come into collision wth a gas lamp. Dr. Masson sustained a fracture of the leg and severe bruising.

Dr. Sydney Young, D.Sc., F.R.S., Professor of Chemistry, University College, Bristol, has been elected to the Chair of Chemistry in the School of Physic, Trinity College, Dublin, vacant by the resignation of Professor Emerson Reynolds. Dr. Young was elected a Fellow of the Royal Society in 1893, and is the author of numerous publications on scientific subjects.

Special Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

[FROM OUR SPECIAL CORRESPONDENT.]

BELFAST.

Opening of the Winter Session at the Belfast Medical School.—The first session of the Belfast Medical School in the new Royal Victoria Hospital was inaugurated on Tuesday, October 20th, by an address to the students by the Chairman (and senior member) of the medical staff, Dr. J. Walton Browne. Dr. Browne began by referring to the altered circumstances in which they met, being at last in a hospital worthy of the commercial capital of Ireland. Naturally their minds reverted to the old hospital which they had just left, and in whose history he personally took a deep interest. From various sources he had culled some facts regarding the history of the school, which he thought might be interesting at the present time. The first mention of a hospital in Belfast was in connection with an epidemic, probably of small-pox, which raged in the North of Ireland in 1641. We are told that thousands of the stricken were crowded into the "Great Hospital of Belfast," though where that hospital was situated he did not know. In 1771 the poor-house and infirmary at the top of Donegall Street was built, and began to give medical relief to the poor in 1774. About 1798 typhus fever became very prevalent, and at a public meeting it was decided to open a fever hospital, but it was on a very small scale, as only six beds and one nurse were provided. This charity languished or flourished, according as the town was healthy or fever-stricken, till 1810, when the need of accommodation for cases of accident and disease of various sorts led to the planning of the old General Hospital, the foundation-stone of which was laid in 1815. This was the hospital they had just left. A severe epidemic of typhus in the years 1816 and 1817 hurried on the building, and patients were transferred from the old Fever Hospital to it in 1817. In the year 1820, the committee permitted each member of the staff to have one pupil to witness the practice, and in 1826 clinical teaching was formally recognised as part of the duties of members of the staff. In 1835 a medical department was inaugurated in the Belfast Royal Academical Institution, after long conferences between the managers of that school and the committee and staff of the hospital. Chairs of anatomy, theory of medicine, surgery, chemistry, materia medica and pharmacy, midwifery, and botany were founded. The first professor of anatomy was Dr. J. L. Drummond, a most devoted teacher, and adored by his pupils, to whom he lectured at any hour of the day or night that suited their convenience. The first professor of chemistry was the illustrious and world-renowned Andrews, to whose teaching many of his colleagues had listened in later years in Queen's College. The original chair of surgery was occupied by his old friend and teacher, Alexander Gordon, more familiarly known as "Alick." Who could forget him, the careful observer, and the force with which he drove into his pupils the principles of surgery? In the chair of medicine was Henry MacCormac, father of the late Sir Wm. MacCormac. He lived half a century before his day, being the pioneer of the fresh-air treatment of tuberculosis years before Koch was born or Nordrach heard of. He contended that consumption was due to breathing pre-breathed air, and advocated free ventilation in all rooms day and night. When called to see a patient in an ill-ventilated room, he invariably ran his stick through two or three panes of the window before prescribing. The various professors continued at work till 1849, when the school in the Royal Academical Institution was replaced by the medical faculty of Queen's College. In 1875 the General Hospital became by Royal Charter the Belfast Royal Hospital, and in 1899, by a further charter, the Royal Victoria Hospital, a name transferred to the new building in which they met for the first time that day. In

1875 he (Dr. Browne) joined the staff, which then consisted of four physicians and four surgeons. Special departments for ophthalmology and gynæcology were added in 1882; subsequently a dentist and a pathologist and various assistants were added; and now the staff numbered seventeen. At various times the accommodation had been increased by the addition of new wings to the hospital, the last increase, in 1863, raising the total number of beds to 150. Meantime, the medical school flourished, and in 1876 occupied the proud position of the third largest medical school in the United Kingdom. In 1896 Sir Wm. Whitla and the late Professor Cuming mooted the question of increased accommodation, and the Lord Mayor of Belfast called a town meeting, at which the scheme of building a new hospital in keeping with the increasing needs of the city was enthusiastically taken up. The outcome they all knew. Dr. Browne then proceeded to give the students some advice as to the manner in which they should pursue their studies, and also in relation to their careers after they had obtained their degrees. He referred to the many inducements now offered to young medical men in the army and navy, and then said he must bring the present unsatisfactory conditions of the Irish Poor-law Medical Service under their notice. They had only to read the papers to see how the members of the profession were being treated by those responsible for the oversight of the service. Time did not permit him to go fully into the matter, but he must strongly impress on them the desirability of leaving those appointments severely alone until the present grievances were redressed and the conditions of the service made such that an educated and self-respecting medical man could enter it with advantage. Dr. Browne then pointed out the great facilities the students of the Belfast school now enjoy for the study of the special branches of their profession. In conclusion, he warned them of the mistake they would make if they took up the profession of medicine in the hope of making a fortune; but if they were ready for work they might rely on a decent competence, and their life would be a happy one, their social position would be a good one, they would be the trusted friend and confidential adviser of many of their patients, and their name would be honoured in the land in which they dwelt.

Correspondence.

SPECIALISM.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The lecture to which reference is made to-day, October 21st, in your editorial and correspondence columns was, it must be remembered, addressed to post-graduates, qualified men with some knowledge of their professional world; hence, no doubt, it was not thought necessary by Sir W. S. Church to offer more than the *verb. sap.* to an audience for whom a hint ought to suffice. If your correspondent, "Non-Specialist," were a specialist he would probably have had a view of the seamy side of specialism—a view which unfortunately is by no means always brought clearly within the visual range of the average practitioner. Lest I should be misunderstood, let me preface my brief observations with a personal declaration. To be able to claim membership of the medical profession is to me the highest honour. The profession stands second to none; beyond any other it is composed of men leading lives of true self-sacrifice and devotion to duty. It is with this feeling and with full sense of the responsibility in making the following statement that I venture to affirm that there exists in London a considerable number of specialists who show by their methods that their object is not to obtain fair remuneration for honest services, that their aim before all things is not to do the best for the patient, but that their paramount consideration is the making of money regardless of the injury inflicted upon the victims who place themselves with confidence in their hands. That quackery outside the profession—practice by unqualified pretenders—does no harm from any point of view to the legitimate practitioner is, I believe, capable of proof. It is quackery within which does harm. Of those who fall into the hands of qualified quacks a large proportion never recognise that they have been victimised, but many do; and these and their friends are too often led to look with suspicion upon the whole body of medical men, if they do not regard them as, without exception, on a level with the individuals by whom they have been misused, and who they have been led to believe were eminent members of the profession.

I am, Sir, yours truly,

A SPECIALIST.

October 21st, 1903.

Obituary.

MR. JAMES TEEVAN, M.R.C.S.

WE regret to announce the death of this gentleman, which took place after a short illness at his residence, 9, Northumberland Road, Dublin. The deceased gentleman was one of the first students of University College, London, and as far back as 1857 he took the M.R.C.S. Eng. He practised medicine in Ballinamore, and on retiring from practice went to live in Dublin. Up to the last he took an interest in medical progress. He leaves a son, Dr. F. J. Teevan, medical officer of Rawnboy workhouse, and consulting medical officer of health to the union.

JAMES ROBERT WALLACE, M.D., F.R.C.S. E.

THE death is announced as having occurred at Calcutta on September 27th of Dr. James Robert Wallace, a prominent Eurasian and president of the Imperial Anglo-Indian Association. He was born in 1856, his father being a private in the Army, and was educated at a military orphanage. He started life in the subordinate medical service, but being possessed of talent and assiduity he found means to study medicine and finished by taking the degrees of M.D. and F.R.C.S. at Edinburgh. Thereupon he started practice in Calcutta, and soon attained a good reputation. Dr. Wallace also founded and edited the *Indian Lancet*. He was, however, best known for his advocacy of the cause of the community of which he was the acknowledged leader. Dr. Wallace came to London on several occasions, and endeavoured to persuade the military authorities to allow the admission of Eurasians to the Army under schemes he had worked out in detail. He was also the author of a proposal for the establishment of a training-ship for Anglo-Indian boys on the river Hooghly, in reference to which the Admiralty have been in correspondence with the Government of India.

MR. CHARLES STURGES-JONES, M.R.C.S., L.R.C.P.

THE death of Mr. Charles Sturges-Jones occurred at his residence in West Street, Chichester, on Wednesday of last week. Born in 1822, the deceased was almost eighty-one years of age, and no fewer than thirty-seven years of his life were spent in the cathedral city. He was the son of the late Rev. Edward Jones, Rector of Milton Keynes, Buckinghamshire. Educated at Christ's Hospital, Mr. Sturges-Jones qualified at Guy's Hospital, and went to Chichester in 1846, entering into partnership with the late Dr. Duke. The public appointments which he held from time to time included those of medical officer of health for the city from 1893 until last year; surgeon to the county police, medical officer for the Boxgrove and Singleton parishes of Westhampnett Union, and the Selsey and Wittering Coastguard, and hon. medical officer of the Chichester infirmary. He took a great personal interest in local affairs, and for ten years he represented the West Ward on the City Council, but retired in 1885. He was a generous supporter of practically all local institutions. Although he had been ailing more or less since the summer, it was not until a week ago that he was compelled to take to his bed, and the end came peacefully from no other cause than that of old age.

Medical News.

A Free Course of Post Graduate Lectures.

We are asked to announce that the course of weekly lectures now being delivered at the Mount Vernon Hospital for Consumption, Hampstead, by members of the staff, is open without fee to members of the profession and to medical students on presentation of their address cards. The next lecture of the course will be delivered to-morrow (Thursday) at 5 p.m. by Dr. J. E. Squire, on "The Diagnosis of Early Tuberculosis of the Lung," with demonstration of cases. The remaining lectures will be delivered on succeeding Thursdays by Drs. Geo. Johnston, F. Parkes Weber, T. N. Kelynack, and J. T. Lister, and Messrs. Jas. Berry and Richard Lake.

Medical Service at St. Paul's.

The annual medical service at St. Paul's Cathedral, in connection with the Guild of St. Luke, was held on St. Luke's Day, and was attended by about 1,000 medical men. Those wearing their robes, numbering between 200 and 300, assembled near the west door, and walked in procession up the nave to reserved seats under the dome. Among them were the provost of the guild (Mr. George Cowell), the vice-provost (Dr. Russell Wells), Sir Dyce Duckworth, Dr. Symes Thompson, Dr. Sanson, Dr. Caley, Dr. Sedgwick, Mrs. Scharlieb, Surgeon-General Codrington, Surgeon-Colonel Welch, &c. The master (Dr. W. Parson) and the Wardens of the Apothecaries' Company occupied seats in the choir. The musical portion of the service was rendered by members of the London Church Choir Association, under the direction of Dr. H. Walford Davies (hon. conductor to the association). An opening voluntary was played by Dr. Grabham (musical Fellow of the College of Physicians), Mr. Kiddle afterwards presiding at the organ. The prayers were read by Minor Canon Morgan-Brown, and the lessons by the Rev. W. H. H. Jervois. The sermon was preached by Prebendary Villiers (vicar of St. Paul's, Knightsbridge) from the words, "But there is a spirit in man; and the inspiration of the Almighty giveth them understanding" (Job xxxii., 8). Before the conclusion of the service a collection was taken on behalf of the Medical Mission Fund of the guild.

Harveian Society of London.

The Harveian lectures of the Society will be delivered this year on November 5th, 12th and 19th, by Dr. D. B. Lees, at the Stafford Rooms, Titchborne Street, Edgware Road. The subject selected by Dr. Lees for his lectures is "The Treatment of Some Acute Visceral Inflammations."

Royal College of Physicians of Ireland—Annual Meeting.

At the stated annual meeting of the Royal College of Physicians of Ireland, held on the morrow of St. Luke's Day, the following officers were elected for the ensuing year:—

President: Sir Arthur V. Macan, M.B. Vice-President: Henry T. Bewley, M.D. Censors: Henry T. Bewley, M.D., T. Henry Wilson, J. Byrne Coleman, C.M.G., M.D., George J. Peacocke, M.D. Additional Examiners to take the place of an absent Censor or Examiner: Medicine, Alfred R. Parsons, M.D.; Medical Jurisprudence and Hygiene, A. Nixon Montgomery; Midwifery, J. H. R. Glenn, M.D.; Examiners for the Licence to practice Midwifery: Andrew J. Horne, Henry Jellett, M.D.; Examiners for the Membership: Clinical Medicine, J. Magee Finny, M.D.; J. Byrne Coleman, C.M.G., M.D.; Practice of Medicine, Walter G. Smith, M.D., George J. Peacocke, M.D.; Pathology, H. C. Earl, M.D., A. C. O'Sullivan, M.D. Additional Examiners under the Conjoint Examination Scheme: Biology, E. MacDowel Cosgrave, M.D.; Chemistry, Prof. E. Lapper, Ninian Falkiner, M.D.; Physics, R. Travers Smith, M.D., W. A. Winter, M.D.; Pharmacy, Materia Medica, and Therapeutics, H. C. Drury, M.D., Martin Dempsey, M.D.; Physiology, Henry C. Earl, M.D.,; Pathology, Alexander C. O'Sullivan, M.D.; Medicine, Joseph Redmond, M.D., Joseph O'Carroll, M.D.; Hygiene and Forensic Medicine, W. R. Dawson, M.D. Examiners for the Conjoint Diplomas in Public Health: Hygiene, Henry T. Bewley, M.D.; Chemistry, Prof. E. Lapper; Meteorology, Sir John W. Moore. Extern Examiners in Preliminary Education: Prof. W. E. Thrift, F.T.C.D.; Mr. W. Kennedy, F.T.C.D. Representative on the General Medical Council: Sir John W. Moore, M.D. Representatives on the Committee of Management: J. Magee Finny, M.D., Walter G. Smith, M.D., and James Craig, M.D. Treasurer: Henry T. Bewley, M.D.; Registrar: James Craig, M.D.

The Registrar reported the death of Sir George F. Duffey, an ex-President of the College, and the following resolution was adopted in silence:—"Resolved: That on this, the first meeting of the College since the death of Sir George F. Duffey, we, the President and Fellows, desire to place on record our deep regret at the loss the College has sustained by the removal of one of its Fellows and past-Presidents, who was ever loyal to the College, and upheld the highest principles of our profession. Regular in his attendance, painstaking and helpful at Committees, he has left a place it will be hard to fill, while personally we feel we have lost a genial confrere and a generous friend. We desire that a copy of this resolution be forwarded to Lady Duffey with the unanimous expression of our sincere sympathy with her and her family in their bereavement."

Dr. Atthill, having tendered his resignation of the office of Representative of the College on the General Medical Council, the following resolution was adopted unanimously at a previous meeting of the College:—"Resolved: That the President and Fellows accept the resignation of their Representative on the General Medical Council with sincere regret, and take this opportunity of expressing their grateful sense of the invaluable services rendered to the College by Dr. Atthill through a long series of years, not only in the capacity of representative on the General Medical Council, but also in many other important collegiate offices."

The annual dinner of the College was held the same evening and was largely attended.

Annual Dinner of the Staff of St. Vincent's Hospital.

The annual dinner of the staff of this hospital was held on the 21st inst. at the Shelburne Hotel. Surgeon Tobin occupied the chair, and many guests were present. After dinner, several speeches were made and toasts were drunk. Mr. M'Ardle, surgeon to the hospital, in the course of a speech, said that the question had been asked as to whether the Government were to turn the Poor-law Medical Service into a Civil Service. He was of opinion that the answer to that question was the simple word "No." We doubt that Mr. M'Ardle's answer will commend itself either to the members of the Poor-law Medical Service or to those members of the general public who are familiar with the present conditions under which that Service is worked and vacancies are filled.

PASS LISTS.

Royal College of Surgeons, Edinburgh.

At a meeting of the college, held on the 21st inst. the following gentlemen having passed the necessary examinations, were admitted Fellows of the College:—Nicholas Norman Blanchard, L.R.C.S.E., Henry, Norman Barnett, L.R.C.S.E., Raphael Aaron Belilios, M.B., Ch.B., John Macaulay Bowie, M.D. M.R.C.P.E. Percy Carr-White, M.B., C.M., Major I.M.S., Reginald Laidlaw Davies, M.B. L.R.C.S.E., George Day, L.R.C.S.E., Farbrace Sidney Gramshaw, M.D. L.R.C.S.E., John Archibald Hamilton, M.B. C.M., Cap. I.M.S., Lawrence Fielder Hemmans, M.B., Ch.B., William Smith Kerr, M.B., C.M., Charles Edward Lester, L.R.C.S.E., Peter Murray, M.B., Ch.B., Robert Odell, M.R.C.S.Eng., L.R.C.P.Lond. George Henry Peake, L.R.C.S.E., Lorne Forbes Robertson, M.D., M.R.C.S.Eng., William Moore Skipworth Robinson, L.R.C.S.E., Simon Ryan, L.R.C.S.E., Alexander Stookes, M.B., L.R.C.S.E., William James Stuart, M.B., Ch.B., Walter Henry Swaffield, M.B., L.R.C.S.E., and Frederick William Kerr Tough, L.R.C.S.E.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

CONTRIBUTORS are kindly requested to send their communications if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland, to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

MR. STANLEY BARLING'S interesting case is marked for early insertion.

HOSPITAL SHOPPING DAY.

R.M.O.—Members and Fellows of the Royal College of Physicians sign an undertaking not to sue for fees, and although technically this undertaking concerns only the college and its constituent members individually, it is highly probable that the courts would direct a non-suit, indeed, it is within our recollection that this course has been followed. No such restriction applies to the Fellows of the College of Surgeons.

MR. ALEX. BUCKLER.—You are quite entitled to withhold your subscription from Hospitals, because you believe a portion of it is "used for the payment of vivisectors' salaries, or the purchase of animals for vivisection": the hospital authorities will we hope endeavour to exist in the absence of such support. You are, however, not justified in striving to induce others to withdraw their support on the strength of your ridiculous assertions. Your request for insertion of your letter in our columns, is indicative of the character of the writer.

MISS H. C. K.—We thank you for your suggestion, which, however, we are at present unable to carry into effect.

K. V. S.—The book was reviewed in our issue of September 9th.

DR. R. S. (Philadelphia).—As far as possible references to quotations are given, either in the text or as foot-notes. There are, however, limits to this, if only in regard to space; moreover, unless the quotation be embodying an original idea, such reference is unnecessary and cumbersome. In the particular instance which you mention the title was the only part of the article reproduced.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, OCTOBER 28TH.

HUNTERIAN SOCIETY (London Institution, Finsbury Circus, E.C.).—8.30 p.m. Clinical Evening.

THURSDAY, OCTOBER 29TH.

MEDICO-PSYCHOLOGICAL ASSOCIATION (South-Eastern Division) (St. Luke's Hospital, E.C.).—3 p.m. General Meeting. Dr. W. Rawes—A Short History of St. Luke's Hospital. Discussion on the Relation of Hysteria to Insanity (opened by Dr. Edridge Green).

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM (11 Chandos Street, Cavendish Square, W.).—8 p.m. Card Specimens will be shown by Mr. G. H. Goldsmith, Mr. W. A. Frost, Mr. R. W. Doyne, and Mr. S. Stephenson. 8.30 p.m. Presidential Address. Papers—Mr. E. Nettleship—Tumour of Choroid in an Eye with Old Choroiditis.—Mr. J. H. Fisher—A Case of Tumour of the Choroid associated with Iritis.—Major F. O'Kinealy—An Anomalous Case of Tobacco Amblyopia.—Mr. S. Mayou—The Pathological Anatomy of the Plaques in Ephithelial Xerosis.

CHILDHOOD SOCIETY (Library of the Sanitary Institute, 72 Margaret Street, W.).—8 p.m. Lecture—Mr. A. W. Newton—Psychology and Education.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7 Fitzroy Square, W.).—5 p.m. Dr. J. Edward Squire—The Diagnosis of Early Tuberculosis of the Lung.

HOSPITAL FOR DISEASES OF THE THROAT (Golden Square, W.).—4.30 p.m. Dr. Tilley—Diseases of the Nose.

FRIDAY, OCTOBER 30TH.

BRITISH BALNEOLOGICAL AND CLIMATOLOGICAL SOCIETY (20 Hanover Square, W.).—8.30 p.m. General Meeting. Address—The President (Dr. A. F. Street)—Some Questions in Seaside Climatology.

HOSPITAL FOR DISEASES OF THE THROAT (Golden Square, W.).—4.30 p.m. Dr. Lack—Diseases of the Larynx.

Appointments.

BLETCHLEY, G. P., M.B.Lond., Certifying Surgeon under the Factory Act for the Nailsworth District of the County of Gloucester.

BRIDGER, S., M.R.C.S., L.R.C.P.Lond., Certifying Surgeon under the Factory Act for the Southend District of the county of Essex.

CRAIG, J., M.B., M.S.Edin., Certifying Surgeon under the Factory Act for the Biddulph District of the county of Stafford.

DANIELL, G. W. BAMPFYLDE, M.R.C.S., L.R.C.P.Lond., Instructor in Anæsthetics to the Royal Infirmary, Edinburgh.

DIXON, B. GODFREY, L.R.C.P.Lond., M.R.C.S.Eng., L.S.A., Medical Officer to the Walton Workhouse, Liverpool.

EDEN, T. WATTS, M.D.Edin., Physician to the In-patients at the Chelsea Hospital for Women.

HANSON, F. C., L.M., K.Q.C.P.I. and R.C.S.I., Certifying Surgeon under the Factory Act for the Bray District of the county of Wicklow.

HEBB, R. G., M.D.Cantab., Lecturer in Pathology to the Westminster Hospital Medical School.

HEWLETT, J. E., M.B., M.S.Edin., Clinical Assistant to the Chelsea Hospital for Women.

JOHNSTON G. JAMESON, M.A., M.B., B.U.I., F.R.C.S.I., Honorary Surgeon, Masonic Orphan Boys' School, Dublin.

LLOYD, W. GIBBS, M.Sc., M.B., Ch.B.Vict., Assistant Medical Officer to the Walton Workhouse, Liverpool.

LONG, S. H., M.D.Cantab., Medical Officer of Health of Cromer.

MACKEY, CHARLES, M.B., Ch.B.Vict., Junior Resident Medical Officer, Manchester Children's Hospital, Pendlebury.

O'MAHONY, JOHN J, M.B., B.S., R.U.I., Medical Officer of the Golcar District of Schull, Bantry.

PENNY, W. R., M.R.C.S., L.R.C.P.Lond.. Certifying Surgeon under the Factory Act for the Greenodd District of the county of Lancaster.

RIVIERE, CLIVE, M.D.Lond., M.R.C.P.Lond., a Physician to the Out-Patients at the City of London Hospital for Diseases of the Chest.

ROE, WM. FRANCIS, L.R.C.P.Irel., L.R.C.S.Irel., L.M., Physician to the Holloway and North Islington Dispensary.

STARK, A. CAMPBELL, B. C., Lecturer in Biology to Westminster Hospital Medical School.

STEWART, C. P. M.B., M.R.Edin., Certifying Surgeon under the Factory Act for the Perth District of the county of Perth.

Vacancies.

Birkenhead Union.—Resident Assistant Medical Officer. Salary £120 per annum with board, washing, and apartments. Applications to John Carter, Clerk to the Guardians, 45 Hamilton Square, Birkenhead.

County Borough of Sunderland—Port of Sunderland.—Medical Officer of Health. Salary £500 per annum as Medical Officer of Health for the Borough and £20 per annum for the Port. Applications to Fras. M. Bowey, Town Clerk. Town Hall Sunderland.

Darlington Hospital and Dispensary.—House Surgeon. Salary £80 per annum, with board and lodging in the institution. Applications to the Secretaries, 13 Danesbury Terrace, Darlington.

Gravesend Hospital.—House Surgeon. Salary £100 per annum, with board and residence. Applications to F. H. Stevens, Hon. Secretary, 148 Milton Road, Gravesend.

Hackney Union.—Second Assistant Medical Officer. Salary £120 per annum, together with rations, furnished apartments, washing and attendance. Applications to Frank R. Coles, Clerk to the Guardians, Clerk's Offices, Hackney Union, Homerton, N.E.

Leeds General Infirmary.—Resident Casualty Officer. Salary £100 per annum, with board, lodging, and washing. Applications to Secretary to the Faculty, General Infirmary, Leeds.

North Cambs. Hospital, Wisbech.—Resident Medical Officer. Salary £100 per annum, with two furnished rooms, attendance, coals, gas, and washing. Applications to F. J. Gardiner, Hon. Sec., Wisbech.

North-Eastern Hospital for Children, Hackney Road, N.E.—House Physician. Salary £80 per annum, with board, residence, and laundry allowance. Applications to the Secretary.

North-Eastern Hospital for Children.—Resident Medical Officer. Salary £120 per annum, with board, residence, and washing. Applications to T. Glenton-Kerr, Secretary.

Rochdale Infirmary.—Resident Medical Officer. Salary £100 per annum, with board, residence, and washing. Applications to Hon. Sec., R. W. Shaw, Esq., Southfield, Rochdale.

Royal London Ophthalmic Hospital (Moorfields Eye Hospital), City Road.—Senior House Surgeon. Salary £100, per annum, with board and residence in the hospital. Applications to the Secretary.

Sussex County Hospital, Brighton.—House Surgeon. Salary £140 per annum. with board and residence in the hospital with washing. Applications to the Secretary.

Wolverhampton and Staffordshire General Hospital.—House Physician. Salary £100 per annum, with board, lodging, and washing. Applications to E. Forster, House Governor and Secretary.

Births.

LAST.—On Oct. 23rd, at Bletsoe House, Littlehampton, the wife of Cecil E. Last, M.R.C.S., L.R.C.P.Lond., of a son, stillborn.

O'FLAHERTY.—On Oct. 20th, at Indore, Central India, Alice (nee Probyn), the wife of Capt. Austin R O'Flaherty, R.A.M.C., of a son.

PULFORD.—On Oct. 23rd, at 30 Kemplay Road, Hampstead, N., the wife of Herbert Pulford, M.A., M.B., B.C.Cantab, of a daughter.

THORNELY.—On Oct. 22nd, at 17 Aigburth Hall Road, Liverpool, the wife of William Thornely, M.B., of Ashley Road, Epsom, of a daughter.

Marriages.

BIRKBECK—BRAITHWAITE.—On Oct. 22nd, at Leeds Parish Church, Captain John Birkbeck, eldest son of the late John Birkbeck, of Anley, Settle, to Helen Muriel, younger daughter of James Braithwaite, M.D., Leeds.

RADFORD—HALL.—On Oct. 20th, at All Saints Church, Margaret Street, W., William John Radford, L.R.C.P., M.R.C.S., East Africa Protectorate, only son of William J. Radford, of Thorn Park Avenue, Plymouth, to Beatrice Letitia May, widow of E. G. Hall, Esq., District Officer, Kenia, East Africa Protectorate, and daughter of the late J. Russell, Esq., Halliford-on-Thames.

Deaths.

SMITH.—On Oct. 22nd, at Blackheath, in her 79th year, Emma, daughter of the late James Pearson Smith, M.D., of Great Yarmouth.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVII. WEDNESDAY, NOVEMBER 4, 1903. No. 19.

Paris Clinical Lectures.

APPENDICULAR TOXIC NEPHRITIS; APPENDICULAR ALBUMINURIA.

By PROFESSOR DIEULAFOY,

Physician to the Hotel Dieu, Paris.

OUR knowledge of toxic appendicular nephritis is still far from complete, but reduced to its simplest expression it manifests itself by one constant sign: albuminuria. It is rare for the kidneys to escape damage in a severe attack of appendicitis, and since my attention was called to this manifestation of appendicular toxæmia I have discovered the existence of albumin in the urine of a large number of such patients.

Albuminuria may set in during the first three days, and it is sometimes associated with the yellow discoloration of the skin which is a characteristic symptom of appendicular toxæmia. Sometimes the urine only contains a trace of albumin, but at others we may find as much as from five to one gramme per litre. On several occasions I have been enabled to note the gradual decrease and the ultimate disappearance of the albumin after removal of the appendix. Of this complication I am able to mention several instances.

On August 14th, 1903, I was called to a case of appendicitis at the Hôtel Dieu. The patient had been treated three weeks in a medical ward before he came under my care. It was one of those too numerous cases which are left to Nature, and Nature, we know, when left to herself at such times, even when assisted by ice and opium, often leads to disaster. In this case, for instance, after an amelioration of the symptoms, the temperature suddenly rose; vomiting set in and the outlook became very grave. After examining the patient I came to the conclusion that there was peritonitis of appendicular origin, which had spread to the subphrenic region (this was afterwards confirmed at the operation). The urine examined at this time contained rather more than one gramme of albumin per litre, but there were no casts. The appendix was removed and from that time the albumin diminished. On August 24th there were 30 centigms. per litre; on the 26th, 25 centigms.; on the 28th, from 15 to 20 centigms.; and in September it had entirely disappeared, the patient being in a satisfactory condition as regards convalescence.

Some time ago I published notes of a case of gangrenous appendicitis, accompanied by albuminuria and jaundiced skin (toxic appendicitis). The patient was operated upon, and although the improvement was somewhat delayed, in a few days the albumin, pigments and jaundice diminished and disappeared.

Simple albuminuria, by which we understand albuminuria unaccompanied by casts and disappearing when the appendicular lesion has been dealt with, is the only obvious urinary symptom in slight attacks of appendicular nephritis. In a case like this the renal lesion is only transient, but nevertheless we must not attach too much importance to its apparent benignity, because this simple albuminuria, with or without jaundice, is occasionally the premonitor of serious complications which may prove fatal. To avoid repetition I will relate a few observations to which I have already referred in detail in a previous lecture.

On June 2nd, 1901, a boy was admitted into hospital suffering from toxic appendicitis of four days' duration. The liver and the kidneys were already affected by the toxins, for the urine showed a tolerably large amount of albumin and contained in addition granular casts, leucocytes and biliary pigments. The operation was performed, but too late; the vomiting became intense and the matter vomited was of a dark colour (vomito negro appendicular), and the patient ultimately succumbed from toxæmia.

At the post-mortem examination, the kidneys appeared to be normal, and showed no increase in size or weight. If we had contented ourselves with a superficial examination only, we should certainly have considered them to be healthy. On microscopic examination, however, the epithelium of the convoluted tubes showed two different kinds of lesions—in the one the changes were similar to those seen in coagulation necrosis, in the other the alteration was characterised by the granular appearance of the protoplasm of the epithelial cells. These changes indicated recent degenerative hyperacute nephritis, the cause of which is probably the elimination of a toxin by the kidneys.

At the autopsy of another case, also operated upon too late with a fatal result, the kidneys to all appearances were normal; on section, however, the cortex seemed somewhat discoloured, but the histological examination, made a few hours after death, showed the changes associated with a degenerative hyperacute nephritis. The epithelial lesions (necrosis and hyperacute degeneration) were localised in the convoluted tubes and in the large branches of Henle's tubes, which constitute the secretive apparatus of the kidneys. The liver cells showed signs of fatty degeneration.

Lorain recently published notes of a similar case. At the post-mortem examination the kidneys looked healthy, but when they were microscoped there was coagulation necrosis affecting the secretory epithelium. There was also in the case degeneration of the hepatic cells together with the deposit of pigment. Lorain concludes from these lesions, coupled with those of the other organs, that death was due more to a profound intoxication of the organisms rather than to mere infection.

Let us now consider these cases of acute toxic appendicular nephritis from an anatomical and clinical standpoint. From an anatomical point of view the kidneys are usually not obviously affected. They are not larger than normal, nor are they of a paler colour; in fact, they do not at all resemble the large white kidney. But microscopically the lesions are well marked and affect the essential anatomical elements of the organisation: in severe cases the death of the cell is brought about rapidly by the toxin generated by the appendicular lesion, and the liver cells participate in the process.

From a clinical point of view the symptoms of appendicular nephritis do not resemble those of acute nephritis. This variety of nephritis is not comparable with either scarlatinal nephritis or syphilitic nephritis, or with nephritis brought on by a chill. The well-known symptoms of acute nephritis, such as swelling of the face and eyelids, œdema, anasarca, œdema of the lungs and exudations from serous membranes, are not met with in appendicular nephritis, or at all events I have never observed them.

This nephritis often escapes observation, owing to the absence of obvious symptoms and the absence of that very important sign, the swelling of the face and eyelids. We ought, therefore, to examine the urine of every patient suffering from appendicitis as a matter of routine. Albuminuria which, in other varieties of acute nephritis, is considerable may be of moderate severity in appendicular nephritis. If, therefore, granular casts are discovered in the urine on the second or third days, the prognosis is thereby correspondingly aggravated. Albuminuria in appendicitis does not always justify us in giving an unfavourable prognosis, but it is nevertheless one of the signs of impending toxæmia, and should be regarded as a warning of danger. This danger does not depend only upon the nephritis (which in some cases may lead to anuria, with or without oliguria), but on the general intoxication of the organism, in fact, it is the result of appendicæmia.

The yellowish discoloration of the skin, the other sign of appendicular intoxication, is often associated with albuminuria; these two signs are frequently early and contemporaneous. They are not necessarily of bad augury, but still it is impossible for us to ascertain beforehand whether this appendicular intoxication will cause only a slight nephritis or hepatitis, or whether it may lead to complications of a more widespread and graver character, such as toxic gastritis, fæcal vomiting, renal and hepatic inadequacy, to nervous symptoms and to general toxæmia, and finally death.

What, then, must we rely upon to guide us in our prognosis? Practically there is next to nothing; the temperature does not assist us. We have seen cases in which death was obviously impending, although the temperature was normal. In the first case, mentioned above, the temperature oscillated between 37° and 38° C. In Mr. Lorain's patient the temperature remained at 37° C. for several days before death. Even the pulse itself is not very trustworthy from a prognostic point of view.

The course of an attack of appendicitis is treacherous, and the poison often does its lethal work without revealing its existence. We have gone beyond the old classical descriptions which represented appendicitis as a local affection, the most dangerous complication whereof was peritonitis, and the anatomical pathological classification which was relied upon in formulating the prognosis has quite fallen into abeyance.

The facts which I have mentioned teach their own lesson. They show what toxic appendicular nephritis is, they take us through the whole series of toxic complications, showing with what rapidity these toxins act, and constituting another argument, if such were needed, in favour of early surgical intervention. They serve to bring into relief the dangers of temporising and bringing into disrepute the doctrine that operative interference should be resorted to only when the attack has subsided.

The day will come when the advocates of the expectant attitude will have to give us arguments more convincing than mere speechifying. We offer them precise and irrefutable proofs: let them do the same on behalf of their views. We know the cause of death in many of these cases where the attack of appendicitis has been allowed to run its course, and we can prove that it was brought about by toxæmia. Why was the patient not operated upon before he became intoxicated and infected? We ask for an answer based on facts!

Before concluding this lecture I wish to call attention to the similarity which the appendicular liver presents with the appendicular kidney. In the appendicular liver I have described two stages: an early toxic hepatitis which does not suppurate and a later infectious hepatitis which occupies an important place in the history of the appendicular liver; the purulent infectious hepatitis can be easily explained by the transmission of the infective agents from the appendix to the liver by means of the appendicular veins and the portal vein. This does not apply to the appendicular kidney, for in this case the infective agents would have to travel in a very circuitous way to reach it. This explains the comparative infrequency of infectious nephritis with renal abscess; whilst, on the other hand, toxic nephritis in its less severe form is more common.

We have to ask ourselves finally whether this affection of the kidneys by the appendicular toxins does not enter into the etiology of chronic nephritis and of Bright's disease. I think, too, that the liver affection due to the toxins (acute or chronic appendicitis) may be a factor in the etiology of cirrhosis of intestinal origin.

A PRIVATE conference was lately held at the Bute Arms, Aberdare, for the purpose of drafting a scheme whereby the appointment of doctors shall be made by the miners themselves in lieu of the present system of paying so much per £ out of their earnings. The men employed at the Duffryn Collieries and at the Cwmaman Company's pits have already formulated a scheme, the operation of which is deferred pending the obtaining of the companies' sanction.

Original Communications.

LECTURES ON PRIMARY MALIGNANT INTRA-THORACIC TUMOURS. (a)

By T. N. KELYNACK, M.D., M.R.C.P.,
Assistant Physician, Mount Vernon Hospital for Consumption and Diseases of the Chest, Hampstead and Northwood, London.

IN entering on a study of the evidences of intra-thoracic growths it is most necessary to recognise the immense importance of thorough systematic investigation. In many cases (1) *subjective* symptoms precede the appearance of (2) definite *objective* signs. In some instances, also, manifestations of a more or less (1) *general* character occur before (2) *local* evidences are apparent. Not infrequently progress in the evolution of an intra-thoracic growth is so slow and insidious as almost to merit a legitimate use of the term *latent*, while in other cases the development may be remarkably rapid, and the growth may be so situated as very early to give rise to pressure effects, or involve important structures, the impairment or loss of function of which may give rise to serious symptoms.

In my last lecture I remarked that dependent on the site of the tumour and the manner and direction of its growth we might group the clinical manifestations into those which may be termed evidences of (1) *centripetal* and (2) those of *centrifugal* extension.

MANIFESTATIONS OF INTRA-THORACIC TUMOUR.

General Evidences.—Very great differences occur in regard to general derangement.

In some cases, particularly where growth is rapid, the whole system may suffer markedly. But in others there may be for some time but little or no apparent involvement of the general health. In some, wasting, rapid loss of weight and conspicuous anæmia occur early, but a distinct cancerous cachexia is not usually pronounced. There may be "clubbing" of the finger ends. It is said that "an acute general infiltrating cancer (of the lung) may run a course almost indistinguishable from that of acute pneumonia, commencing with rigors, herpetic eruption, high fever, with rapid consolidation of the lung and albuminuria (Wilson Fox). Certainly, pyrexia not infrequently occurs in connection with the quickly growing lymphadenomata, and night sweats are not uncommon. Wilson Fox mentions cases which run "an acute course, marked by fever, sweating, and rapid emaciation, occasionally combined with delirium or coma, and having a deceptive resemblance to tuberculous meningitis."

Some cases of growth of the lung present clinical evidences somewhat closely resembling phthisis. A sense of weakness is readily developed, and inability for exertion may be an early symptom. Insomnia is often very troublesome.

DERANGEMENT OF RESPIRATORY FUNCTION.

The most conspicuous evidences of disorder are usually best marked in connection with the respiratory apparatus. This is generally so whether the initial seat of the growth be in the mediastinum, or lung, or pleura.

(1) *Dyspnœa* is generally an early symptom, and may for long be the chief or only trouble. It varies much in type and severity, dependent chiefly on the anatomical situation and pathological characters of the growth. (*a*) It may be persistent. (*b*) Not infrequently it is distinctly paroxysmal. And even when the dyspnœa is constant there is commonly marked paroxysmal exacerbation. Attacks of so-called "spasmodic asthma" are often met in connection with mediastinal growth. (*c*) Sometimes the dyspnœa is distinctly altered by variation in posture. (*d*) Occasionally the dyspnœa is more particularly of an (a) inspiratory or (b) expiratory type. (*e*) In some instances the shortness of breath is, however, only perceptible on exertion. But in practically all cases of every type any effort increases the dyspnœa. (*f*) Exceptionally, involvement of the phrenic nerve may produce derangement in the action of the diaphragm. (*g*) *Orthopnœa* develops in a large number of cases as the disease progresses. The attitude in these cases is often very characteristic. (2) Evidences of tracheal or bronchial obstruction are often marked. A wise use of the laryngoscope may be of much service. (3) *Cough* is a common, and may be a very early, symptom. When the growth is primary in the lung but little cough may occur, but if the bronchi are involved or the growth when situated in the mediastinum produces irritation of the respiratory passages cough may be a conspicuous and persistent trouble. It varies somewhat in character—being (i.) stridulous; (ii.) spasmodic or paroxysmal; (iii.) clanging; (iv.) dry or irritable.

(4) *Hæmoptysis*, when present, is, of course, an important symptom, but, generally speaking, it cannot be considered common or particularly helpful in diagnosis. Sometimes, however, a large hæmorrhage occurs and directs attention to the local cause.

(5) *Expectoration.*—Examination of the sputa does not usually afford much assistance. The continuance of sanguineous expectoration may sometimes throw suggestive light upon the case.

(6) *Alteration of voice* is suggestive of mediastinal involvement, and may vary from a slight hoarseness to absolute aphonia. It is only by a careful examination of the case that the precise cause of the vocal deterioration may be rendered apparent. It may be due to:—(*a*) direct pressure on the trachea; (*b*) invasion of its walls or ulceration into its lumen; (*c*) involvement of the vagus or its inferior laryngeal branch; (*d*) local conditions in the larynx.

CARDIO-VASCULAR DERANGEMENTS.

The cardio-vascular mechanism may be involved directly or suffer indirectly. The arteries and veins are often extensively involved, and sometimes actually invaded, and the vagus and cardiac plexuses may be compressed. Hence, various manifestations of derangement in cardio-vascular function are common, such as palpitation, increase, slowing, irregularity or asymmetry of pulse (*pulsus paradoxus* may occur), syncopal or even anginal attacks.

Cyanosis is often a conspicuous feature. The venous obstruction may also be combined with evidences of deficient blood aeration. Not infrequently venous congestion of the face and neck, usually bilateral, and often associated with puffiness of the eyelids, and even more widespread œdema, affords the earliest clinical sign of mediastinal obstruction. The development of lividity and swelling of the head and neck give the patient

(*a*) Delivered at the Medical Post-Graduates' College and Polyclinic, London, Friday, June 26th, and Monday, July 6th, 1903. (Lecture I. appeared in this Journal on September 23rd, 1903.)

a very characteristic appearance. When such conditions become permanent they are often associated with many troublesome manifestations of cerebral engorgement.

ALIMENTARY DISTURBANCES.

Dysphagia may be one of the first manifestations of deep-seated mediastinal growth. It is usually considered to be a more frequent and persistent symptom than in aneurysm; the degree of dysphagia, however, may be varied sometimes by alterations in posture. The difficulty in swallowing may be accompanied by distinct pain and distressing subjective sensations.

Vomiting of blood may exceptionally occur, as when the growth ulcerates into the œsophagus.

NERVOUS DERANGEMENTS.

I have already alluded to the manner in which the growth may surround, compress and even actually invade nerve structures. (*a*) Involvement of the *sympathetic* may lead to contraction of the pupil, which may be accompanied by ptosis; sometimes, however, the pupil is dilated. Unilateral vaso-motor disturbance is occasionally noticeable. (*b*) Pressure on the *brachial plexus* may produce sensory disturbances in the arm and exceptional motor and trophic changes. (*c*) Involvement of the *vagus* has been thought to be accountable for attacks which sometimes occur. (*d*) Rarely the *phrenic* is affected. (*e*) *Spinal* symptoms are sometimes present. The numbness and paræsthesiæ occasionally met with in the lower limbs are thought by some to be due to congestion secondary to pressure on the vena azygos. But exceptional growths may actually invade the spinal membranes and compress or even invade the cord itself.

PHYSICAL EXAMINATIONS.

As I have repeatedly urged, a sound anatomical and pathological knowledge is essential for accurate observation and correct interpretation of physical signs.

In the investigation of a case of supposed intra-thoracic growth systematic examination is essential.

It is only possible for me now to catalogue, as it were, the more important points to which attention should be directed.

Inspection.—(1) First and foremost must be placed the signs of intra-thoracic *venous obstruction*. (2) Occasionally superficial involvement of the thoracic walls by growth may be observed. (3) The lymphatic glands may be involved, and the supra- and infra-clavicular and axillary should always be carefully examined. (4) Alterations in the shape and extent of the chest may occur—(i.) There may be general enlargement. (ii.) Unilateral increase may be a suggestive indication of intra-thoracic growth. (iii.) Unilateral retraction may occur in cancer of the lung, as when a growth involving a main bronchus leads to pulmonary collapse, or where extensive pleuritic adhesions are present. (iv.) In some instances local bulging may be observed. (5) Interference with the respiratory movements often afford valuable information.

Palpation.—Careful digital examination often amplifies the information arrived at by thorough inspection. Tactile sensations sometimes afford much trustworthy information concerning intra-thoracic morbid conditions. Special attention must be devoted to areas giving rise to sense of increased resistance, abnormal firmness, alteration in vocal, tussive, and rhonchial fremitus. It must be remembered also that occasionally distinct pulsation may be detected over an intra-thoracic growth so closely simulating aneurysm.

Percussion.—Great variation may occur in the signs elicited by percussion. This is due to:—(i.) Seat, size and shape of the growth; (ii.) the secondary changes occurring in the growth; (iii.) associated pulmonary and pleural conditions. Hence we find:—(*a*) Sometimes marked hyper-resonance, a tympanitic note, or quite exceptionally a cracked-pot sound. (*b*) The most characteristic feature is, of course, dulness, but this varies much in degree, situation and extent. Obviously such impairment or loss of percussion sound is dependent in great measure on the seat of the growth. Implication of lung and pleura by secondary conditions may completely mark the dulness arising from the original growth. I need only mention such morbid states as pericardial and pleural effusion, pulmonary collapse, and pneumonic consolidation of lung to remind you of the necessity for alertness in interpreting signs. In perhaps the majority of instances careful examination will detect dulness over a limited area, such district being usually in the upper and anterior regions of the chest, often crossing the middle line, although usually unsymmetrical in its extent.

Much valuable information may often be afforded by the *sensation* experienced on percussing over an intra-thoracic growth.

Auscultation.—Here again the greatest variation may occur, dependent on the site, extent and character of the growth, and the associated pulmonary and pleural lesions. Usually there is some alteration in the normal respiratory sounds. It may be nothing more than a raising of pitch and increase in harshness, or a weakening which may pass into complete abolition.

The sounds often vary much in different parts of the chest, and, of course, undergo much change in the course of the illness. When the lung is extensively infiltrated and the bronchi blocked, respiratory sounds will be annulled on that side. In such cases a puerile type of breathing will be met with, probably on the opposite side. When a localised growth exists in the lung the breathing is usually bronchial or tubular, and may even have cavernous characters. When cavities form characteristic signs may be elicited, but this is by no means always the case. Adventitious sounds are not of much importance, and usually only point to some secondary bronchial involvement or co-existing pulmonary lesion. Pleuritic friction may sometimes be detected; but a rub from movements of mediastinal tissues is altogether exceptional.

Vocal, tussive and whispering resonance may undergo considerable change. There may be marked exaggeration and even an œgophonic or amphoric quality present. Sometimes whispering pectoriloquy can be obtained over a pulmonary tumour.

Mensuration, cyrtometric charting and like means for registering the size, shape and form of the chest are of considerable value in affording useful data for comparison during the progress of the case.

Skiagraphic examination should now never be neglected. A laryngoscopic inspection may also afford useful information. In some cases an exploratory puncture of the pleura may assist in

clearing up a diagnosis. As already indicated, investigation of the sputum does not usually afford very definite information, but it should not be neglected. In every case of supposed intra-thoracic disease the abdomen and pelvis may well be carefully examined, for it is necessary to remember that even when apparently primary in the chest it may subsequently prove to have been secondary to an initial growth in the abdomen or elsewhere.

The *course*, duration and termination of cases of intra-thoracic malignant disease vary considerably, as will be clear from our previous study of pathological and clinical conditions. Usually the course is chronic and progressive, but occasionally cases are met with where an *acute* course is run.

Diagnosis.

Space will not permit me to enter into the very interesting and important discussion of the differential diagnosis of intra-thoracic malignant disease from the many other conditions which may simulate it—a complete study would, indeed, lead us into a research respecting most of the morbid lesions of the chest.

In forming a complete diagnosis we need to (1) distinguish intra-thoracic growths from other lesions which may simulate them: Mediastinal lesions such as abscess and syphilitic disease. (2) Pulmonary affections: Acute disease of the lungs, bronchitis, penumonia, tuberculosis, emphysema and chronic bronchitis, collapse of the lung, chronic pulmonary tuberculosis, and chronic pneumonia. (3) Pleuritic conditions. (4) Pericardial conditions, particularly "indurative" mediastino-pericarditis. (5) Intra-thoracic aneurysm.

It is impossible to discuss the points separately which should guide us in ascertaining precise seat and exact nature of the growth, but I would again insist on the necessity of basing our methods of discrimination on our knowledge of the actual pathological conditions.

Prognosis.

When the existence of an intra-thoracic tumour has been definitely ascertained the outlook is hopeless, and usually much suffering is the only prospect.

Treatment is purely palliative, and nothing of permanent benefit can be expected from operative interference.

I have but outlined the leading features in the interesting but oftentimes perplexing study of primary intra-thoracic malignant disease, but I hope I may have at least awakened a desire to secure further light on this still but ill-defined section of pathology.

THE INFLUENCE OF ENVIRONMENT

UPON WOMEN, IN ITS RELATIONSHIP TO OBSTETRICS AND GYNÆCOLOGY. (a)

By JOHN E. GEMMELL, M.B., C.M.,

House Surgeon to the Hospital for Women, and to the Ladies' Hospital and Lying-in Hospital, Liverpool.

At the outset it was contended that for accuracy in diagnosis in diseases of women, the knowledge of pelvic pathology alone was not sufficient; it was necessary to know all about their environment, their social and domestic conditions. During the past thirty years, whilst we have been studying the pelvis and its contents, the modern march of progress has completely altered the conditions and environment of daily life. The young lady of thirty years ago, whose attainments were not encouraged too highly and whose physical development received only scanty attention, was contrasted with the young lady of the present day, who is educated mentally and physically that she may be fitted to enter into competition with men, in order that she may earn her own living if necessary, and, further, that she may be able to participate in the out-door amusements and pastimes of men. As a result, women are physically taller, stronger and of better physique, and mentally sharper and more active.

He next considered how this had affected parturition, and asserted that as a result of the improved development labour in the better classes was effected in a much more normal fashion, and that the difficulties of prolonged and tedious labours were now more commonly seen in the shop-girl and factory class, who by virtue of their environment were compelled to lead a sedentary life, devoid of outdoor exercise or mental stimulus, and often accompanied by an insufficient dietary. The use of forceps had been on the wane for some time, and this was due to the better muscular development and constitutional condition of the woman, which largely obviated the necessity for their use; and also to the recognition of the risks of injury of the genital passages that even a skilful use of the forceps may cause, entailing possibly minor gynæcological work subsequently.

Physical culture is only injurious to women when it is overdone and pushed too far; he had never met with any abnormal or unhealthy pelvic condition due to reasonable exercise. The increased mental stimulation, whilst tending to give women more control over the nervous system, had, unfortunately, in many instances led to reflex pelvic disturbances, through over-activity of the nervous system. The intimate relation of the generative system to the whole organism was discussed, together with the increased frequency of neurasthenia and its resultant want of muscular and vasomotor tone, and its effects in the pelvis. On the question of dress, a great deal of nonsense had been talked and written—women would have to be allowed to work out their own salvation in the matter. The introduction of lawn-tennis, cycling, and the necessity for partaking in outdoor exercises had done more towards their emancipation in this direction than anything else. From the physician's point of view, doubtless, many evil effects were produced constitutionally from the effects of pressure, weight and the unequal distribution of heat, and these having produced ill-health would secondarily produce pelvic troubles; but from the gynæcologist's point of view, with the few exceptions of displacement of the pelvic organs from tight-lacing, he had never seen any case of pelvic disorder that could be directly attributed to errors in dress. The exciting causes of inflammation were infective and of bacteriological origin, not exposure to cold, &c., and the importance of strict asepsis in even digital examination was therefore emphasised.

The enormous increase in the employment of women in cities was commented upon, and the fact

(a) Abstract of the Presidential Address delivered before the North of England Obstetrical and Gynæcological Society, at Liverpool, October 16th, 1903.

that the birth-rate had diminished pointed out. This diminution was accounted for partially by intention, but at the same time the most marked diminution was among the class whose mental and physical activities were ever increasing, and thus creating great demands upon the nervous system, with considerable loss of nervous energy; consequently, the cause may be natural.

Our intimate knowledge of the pathology and sequelæ of pelvic disease opens up to us a large field of work in what may be called preventive midwifery and gynæcology. Preventive midwifery is largely established and understood, and there has been a marked decrease in the puerperal mortality since 1881, yet from 1897 to 1900 there has been a slight increase in the number of deaths from puerperal fever. Whilst allowing for cases of toxæmia going on to sepsis, which may arise in the best conducted practice, possibly having origin in the bowel or kidney, and which can never be satisfactorily explained or guarded against, there should not be in these days of improved house sanitation and improved surgical methods an increase in the death-rate from puerperal fever. The difficulty of getting nurses and students, and even medical men, thoroughly to understand applied antisepsis and asepsis in the conduct of labour was dwelt upon, and the suggestion made that the care of the hands of the accoucheur was of the greatest importance, and especially the avoidance of direct contact with pus. The use of rubber gloves for the protection of the hands whenever attending to the dressing of ulcers and wounds, or where examination exposed the hands to contamination, was advocated, and stress laid upon the abdominal method of diagnosis and examination during labour. By instruction leading to the improvement of the individual we shall aid in preserving women for their supreme purpose, the procreation and preservation of the race, and at the same time promote that race to a better standard, mentally and physically.

MILESTONES IN MEDICINE. (a)

By SEYMOUR TAYLOR, M.D., F.R.C.P.Lond.,
President of the West London Medico-Chirurgical Society, and Physician to the West London Hospital.

IN bringing before you as the subject of my address the great discoveries of recent times, which I have ventured to term "Milestones in Medicine," I would first ask your attention to the great stride which Ambrose Paré made when he introduced the ligature with which to arrest the hæmorrhage from a severed artery. Up to his period medicine and surgery had not advanced—nay, it is probable that they had retrograded—since the time of the Greek school, for the chirurgeon of that day did have some crude idea of applying a ligature to a generally oozing surface, although he had not ventured to tie a artery severed by a surgical knife, or by a spear in warfare. Hence it is probable that up to Paré's time the greatest mortality on the field of battle was due not so much to the shock of wounds as to hæmorrhage which could not be controlled. Then came Paré with his simple strand of thread, and what a revolution he brought about, and how he raised the *status* of the surgeon, who, hitherto considered as a bungling artificer fit to rank only with barbers and chiropodists, now began to take higher rank. Consequently, men of education and of scientific tendencies were attracted to our profession. Nor is the benefit of Paré's discovey limited to the ligature, since a little thought on our part will show that it is the parent of the snare, the écraseur, and the clip-forceps which are in everyday use.

The next milestone is vaccinia. Till Jenner's great experiment of inoculating a youth with vaccinia, and then endeavouring, but failing, to inoculate the same youth with variola (1796), the inhabitants of this and other countries were at the mercy of a loathsome endemic disease, a disease which was regarded as a visitation from God, and no more to be avoided than an earthquake. Consequently, the mental attitude of the inhabitants of these islands was one of indifference or of resignation. Yet though Jenner's discovery altered all this, and although it was received with enthusiasm and gratitude by other nations, England, and especially the county of Gloucester, received the boon with opposition, in which ignorance, incredulity, and coarse vulgarity played equal parts. Vaccination was assailed by coarse ribald rhymes, and by lewd caricatures common to the period. And even now, although a pock-marked visage is a rarity instead of being the facial characteristic it formerly was, and although the death-rate from variola is infinitesimal as compared with that of the times before Jenner, we still allow a noisy, ignorant, because unscientific, Press to so influence our Legislature that much of the benefits of vaccination is thrown away. I say, and I say it advisedly, that we ought nowadays to have no knowledge of variola, except that which is derived from wax models or from pictures, and that this happy state of affairs could be brought about by strict vaccination and re-vaccination.

The stethoscope is my next milestone. Till Laennec's time (1819) any attempt to explore the regions or to diagnose the physical state of the contents of the chest was entirely restricted to percussion. Yet when the great French clinician "rolled a quire of paper" and listened to the patient's chest, what a discovery he made! He converted our eyes into penetrating rays, and our fingers into medical probes. Yet here again a great discovery was met by opposition, by scorn, and by ridicule at the hands of ignorant and indolent members of our profession. One physician declared that the stethoscope would not enable him to diagnose a pneumonia; it was by another called a "medical horn," so that, looking back to this ignorant opposition it seems strange to us that what we now consider one of the most powerful weapons which we wield in our fight against disease should have had such a cold welcome from our grandfathers. And yet I venture to think that there has been no improvement made on the simple tube which was devised by Laennec.

Anæsthesia next claims our attention. The lay public at once pronounces "chloroform" as the greatest benefit which medical science has placed before suffering humanity. Centuries ago attempts were made to lull the pain of the knife. Mandragora, Indian hemp, and opium have all had in past ages their advocates, and have all been discarded as anæsthetics, in some instances because the drug was useless in the required direction, in others because it was supposed to be dangerous. Then, after centuries of darkness, chemistry discovered certain gases which could send people to sleep. Here are the stages of this momentous discovery: Nitrous oxide, discovered by Priestley in 1774. Davy suggested it as an inhalation, but his suggestion was ignored. Then Wells, an American, in 1844, used the gas with success during a dental operation. In 1846 Morton substituted sulphuric ether; and finally Simpson, of Edinburgh, in 1847, hit on chloroform as the safest anæsthetic for prolonged operations, and with many practitioners this opinion is still upheld. Now this priceless boon of anæsthesia comes entirely from the Anglo-Saxon race. The anæsthetic property of certain vapours was proved in England, tried in America and in Scotland almost simultaneously, and all subsequent discoveries of importance relating to apparatus, to technique, and to mixture of vapours have been made in Britain by our Clovers, our Snows and our Harleys. The advent of anæsthesia was singularly devoid of opposition or ridicule when compared with that of other great medical discoveries.

(a) Abstract of the Presidential Address delivered at the opening of the West London Medico-Chirurgical Society for the Session, October, 1903.

The last milestone, antiseptics, has been erected by our great countryman, Lister, who, happily, is still with us. Until the year 1868 the death-rate from amputation in the general hospitals of our large towns was appalling. I can remember, on my first introduction to the profession, that healing by primary intention was almost unknown. About the fifth day after an amputation one had to exert one's ingenuity towards bandaging a gaping, offensive, suppurating stump from which the wire sutures had sloughed away. The patients died, not from the disease calling for, or the shock due to, the amputation, but from pyæmia, gangrene, erysipelas, and other forms of blood-poisoning, which, present in the atmosphere of the hospitals, entered the flesh at the same time as did the knife. Then Lister made his epoch-marking discovery, based on the researches of Pasteur. He showed us how to treat wounds so as to exclude the pernicious atmosphere of the hospital wards.

The discovery of antisepsis, notwithstanding its scientific foundation and its successful practical proof, was received with incredulity by some, with satire by others. Yet, as Lister himself said, antiseptic surgery was bound to be adopted by the profession; so that to-day no surgeon of eminence dreams of performing an operation without carrying out the principles of our great teacher. Thousands of lives are annually saved, and thousands of sufferers are cured of hitherto incurable diseases by Listerism. We should regard Lister as the greatest benefactor of mankind whom the Victorian era produced. Let us not forget these great discoveries; let us remember the debt we owe to our predecessors, but let them stimulate us all to further research, so that we may hand down to succeeding generations a debt not similar, not diminished, but, rather, augmented, for we have received a great inheritance.

Clinical Records.

SAMARITAN FREE HOSPITAL.

Large Bile-Cyst of the Liver.—Jaundice without Cholelithiasis.—Incision and Drainage.—Recovery. (a)

Under the care of ALBAN DORAN, F.R.C.S.,
Surgeon to the Samaritan Free Hospital.

THE patient was a woman, æt. 42, who was admitted into hospital with jaundice and enlarged liver. Three years previously she struck the right hypochondrium against a tub when in the second month of pregnancy; abortion followed within a few hours. Some months before admission jaundice appeared and the motions became white. A large cystic swelling was exposed by Langenbuch's incision. It contained three pints of green bile without calculi or hydatid elements, and occupied the left half of the right lobe of the liver. The gall-bladder, hepatic, cystic and common ducts were empty, unobstructed and quite unconnected with the cyst, which was drained. Much pure bile escaped for three weeks, the jaundice disappearing. By the fourth week the motions became coloured. Seven months later the patient was in good health, a little pus escaped from the drainage track.

There are other reported cases of a single non-hydatid and non-pedunculated cyst in the liver. In Bird's, Mayer's and Winckler's cases there was neither jaundice nor cholelithiasis, and in Winckler's alone was there any trace of bile in the contents of the cyst. In North's and Mayo Robson's cases there was jaundice, whilst the common duct contained calculi. There was apparently bile in the contents of the cyst in North's case, whilst in Robson's bile flowed away a few days after the cyst had been opened. In the author's case there was marked jaundice, but no trace of cholelithiasis; the cyst contained pure, undiluted green bile. The author recorded some observations on gall-stones in the liver.

In this case, the cyst was possibly developed after the injury, or due to pregnancy, which is associated with biliary stasis (Potocki), or to their combined effects. It might, however, have been a true new growth, but such cysts do not usually contain bile. There were no distinct symptoms of hypertrophic biliary cirrhosis. Some observations were made about congenital malformations and heredity (Parkes Weber), about the jaundice the precise cause of which was not clear in this case, about hæmorrhage in operations on jaundiced subjects; about the prophylactic power of chloride of calcium, and about the dangers of hæmorrhage into liver cysts (Allen and Kilvington). The influence of jaundice on menstruation was noted; in Cocking's case of life-long jaundice the patient bore children and was regular; in the author's case there was neither amenorrhœa nor menorrhagia. Drainage was the right treatment for a non-pedunculated liver cyst. In this instance, where cholelithiasis and pancreatic disease were absent, there was neither shock nor free oozing after the operation. It was difficult to keep the drainage track and adjacent part of the abdominal wound aseptic.

(a) This case formed the subject of a paper read by the author at a meeting of the Royal Medical and Chirurgical Society, October 27th.

Transactions of Societies.

LIVERPOOL MEDICAL INSTITUTION.

MEETING HELD THURSDAY, OCTOBER 22ND, 1903.

RUSHTON PARKER, B.S., F.R.C.S., President, in the Chair.

MR. NEWBOLT showed a male patient, æt. 64, from whom he had successfully removed a large simple papilloma of the larynx involving the right vocal cord. Thyrotomy was immediately preceded by tracheotomy. The tumour had been growing for six years.

Dr. BRIGGS exhibited a neat, convenient, and efficient portable metal operating table, designed by Richelot, and made by Mathieu, of Paris. The Trendelenberg position of the patient was readily secured.

Dr. BUSHBY showed a case of aneurysm of the ascending aorta in an unmarried woman, æt. 26. The condition had existed for the past eight years. He also showed an unusual form of heart affection in a young man.

Dr. GULLAN suggested that the systolic retraction of the sixth and seventh intercostal spaces might indicate adherent pericardium and mediastinitis in the second case.

Dr. K. GROSSMANN gave a paper on the

QUANTITATIVE EXAMINATION OF COLOUR VISION

from the point of view of the practical requirements of recognising coloured signals. These requirements were analysed, and the desirability of the examination with coloured lights was emphasised. Congenital and acquired colour blindness were considered; the former involved the whole field of vision, the latter often only parts thereof. The most frequent and the most dangerous form was the defect of the fovea, central colour scotoma. It was often caused by toxic influences—*e.g.*, by tobacco, and was infinitely more frequent than generally assumed. Its existence was not detected by the ordinary tests, especially not with Holmgren's wool skeins. The exact frequency of occurrence is not known, as it is rarely looked for.

Dr. GROSSMANN then described and demonstrated his test for the examination of colour, and the principles underlying its construction. Starting from any given standard colour, distance, size, and intensity of light can be arranged so that the elements for a quantitative scale of colour perception are thereby given.

Dr. E. NICHOLSON said the greater number of cases showed simply confusion between green and drabs or dark grey, about 1 per cent. of men being thus affected. The graver form, confusion between green and red, is not more than one-tenth as common. The green-drab effect is of little consequence to seamen or railway men, except in some foggy states of the air, when green may be mistaken for a bright light more easily than in the case of persons with normal colour vision. For the estimation of this defect, Dr. Grossmann's method promises to be most useful.

Dr. W. BLAIR BELL read a paper on some

POINTS IN THE DIAGNOSIS OF APPENDICITIS.

He dealt with the differential diagnosis of (1) appendicular colic; (2) of acute appendicitis, pointing out, *inter alia*, that in the latter great care was necessary to exclude tubal and ovarian trouble when the patient was a woman. He also urged that when acute perforation had occurred it was possible to localise the site of the lesion when general abdominal pain and rigidity were present by noticing, as the anæsthesia progressed, the muscle area which retained its rigidity longest. He had found that area to be situated over the lesion. (3) Chronic appendicitis he distinguished from intermittent relapsing appendicitis. He considered that true chronic appendicitis was preceded by a primary dilatation of the cæcum, possibly by a chronic typhlitis in most cases; it was found almost entirely in the upper classes, being due to improper and over-feeding and "bolting" meals, a state of affairs which, when accompanied by constipation, inevitably, unless cured, led to infection of the appendix. Dr. Bell related cases in support of the various points he had mentioned.

Mr. F. T. PAUL thought the difficulty in diagnosis was sometimes due to the variable situation of the appendix, which in one case might cause a pelvic abscess and in another an abscess in the neighbourhood of the liver. The source of the trouble was almost invariably mechanical, fæces and fæcal concretions becoming impacted in the appendix. The milder phases of the complaint could not usually be diagnosed with absolute certainty; whilst the acute forms could always be recognised as peritonitis, and as such receive appropriate treatment. He thought it was not always possible to assert that the appendix was the source of the mischief in some cases without laparotomy.

The PRESIDENT, after complimenting Dr. Blair Bell, remarked that even "fulminating" cases with widespread peritoneal infiltration were not all fatal, as he had experienced on several occasions; also that cases of abscess, effused around the appendix, and bounded by peritoneal adhesions, were commonly less difficult to manage successfully than abscess occupying a retro-peritoneal or retro-cæcal position, the former commonly being in a more forward position, nearer the incision in the abdominal wall, and being easier to isolate during operation by packing and protecting the surrounding free peritoneum. In some cases the appendix could not be found or reached without adding greatly to the danger, but for all that are capable of healing and soundly closing. The cases of relapsing appendicitis were commonly unattended by abscess, and the operation less urgent even when thoroughly advisable. There was also an important class of cases in which the relapses of pain were so clearly at a distance from the appendix as to be attributable to the dragging of adhesions. In these the operation could be dispensed with, as the appendix itself had actually recovered. There were others in which the relapses became less severe, and eventually ceased, so that here again operation was unnecessary. He gave instances under each category, and had met with several varieties during the current year, in which numerous cases seem to have occurred in his own practice as in that of others.

NORTH OF ENGLAND OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.

MEETING HELD AT THE MEDICAL INSTITUTION, LIVERPOOL, FRIDAY, OCTOBER 16TH, 1903.

DR. J. E. GEMMELL, President, in the Chair.

THE following card specimens were shown:—

Dr. J. B. HELLIER (Leeds): Adeno-carcinoma of fundus and cervix uteri, removed by abdominal panhysterectomy from a single woman, æt. 59.

Professor H. BRIGGS (Liverpool): (1) Large fibroid showing the impossibility of enucleation, treated by abdominal hysterectomy. (2) A recent pregnant decidua in a case in which both Fallopian tubes were apparently completely closed. (3) A mixed dermoid (containing hair) and a cystic adenoma of the ovary. (4) A small ovum, seven days old, expelled in a decidua. (5) A small fleshy mole in its decidua.

Dr. ARTHUR WALLACE (Liverpool): (1) Multilocular cystoma ovarii (twisted pedicle), which contained watery pink fluid resembling a weak solution of permanganate of potash. (2) Corpus uteri with very large right hydrosalpinx and left pyosalpinx.

The PRESIDENT showed a series of pen and ink drawings illustrative of pathological conditions.

Dr. BLAIR BELL (Liverpool) showed "nest-spring" reels for silk and catgut ligatures, with portable steriliser and container.

CASES.

Dr. LLOYD ROBERTS (Manchester) related a

CASE OF INTRA-UTERINE FIBROID,

with extensive attachments to the interior of the uterine cavity. The tumour was attacked *per vaginam*, and one-third easily removed, but the remainder only with difficulty by morcellement. Towards the close of the operation the uterus became inverted. Recovery. Two questions were submitted: (1) Would it have been better, in view of the fact that the operation lasted two hours, if the uterus had been opened *per abdomen*, as for Cæsarean section, and the growth then enucleated? (2) Would it have been better to have performed hysterectomy, and removed uterus with tumour?

Professor BRIGGS (Liverpool) had had an experience of over fifty cases of vaginal enucleation, exclusive of fibroid polyps. Given accessibility, there are two important considerations: (1) The difficulty of enucleation on account of bands and columns connecting the fibroid with the tissues of its bed; some fibroids cannot be enucleated in the strict sense; (2) the shape of the fibroid growth rendering morcellement an awkward task. When extensive morcellement was needful in large growths, a strong probe-pointed bistoury effected the work better than scissors, and the bistoury should attack the right and left of the tumour alternately so as to reduce the growth to a chain-like mass which would descend like a corkscrew. It was an error in manipulation to attack the lower portion of the growth and leave the upper half like an inverted full basin. The whole growth should be divided freely by the bistoury passed from side to side deeply. Hæmorrhage from the uterine envelope could be controlled completely by traction on the tumour. The operation as described by Dr. Lloyd Roberts was often difficult and tedious, but the surgical means were justified by the success ensured by free drainage and the absence of unnecessary division or sacrifice of the patient's tissues.

Professor W. J. SINCLAIR (Manchester) related a

CASE OF CÆSAREAN SECTION,

successfully performed for the third time on the same woman. The previous operations have been reported. On this occasion the fœtus lay transversely. The incision opened the peritoneum a little, and there was some trouble from hæmorrhage afterwards. The patient made a good recovery.

Dr. NATHAN RAW (Liverpool) remarked that he had himself performed Cæsarean section twice and embryotomy once on the same patient. He commented on the difference observed by different operators with regard to utero-parietal adhesion. Dr. Sinclair seemed to invite adhesion, but the speaker was not sure that there was any advantage to be gained by such a procedure. He was glad to know that Dr. Sinclair held the same view regarding sterilising patients as he did himself, *viz.*, that it was not part of the operation to remove ovaries or tubes. He would go further and say that it was unjustifiable for any operator to sterilise the patient, even although she gave her consent.

Dr. LLOYD ROBERTS also spoke, and Professor SINCLAIR, in replying, said that he always aimed at the production of adhesion of the uterus to the abdominal wall by rubbing iodoform over the peritoneum, and by the application of pads under a firm binder.

The President delivered the Annual Address. After reviewing the work of the Society during the earlier portion of the Session he proceeded to discuss

THE INFLUENCE OF ENVIRONMENT UPON WOMEN, IN ITS RELATIONSHIP TO OBSTETRICS AND GYNÆCOLOGY,

a full abstract of which will be found in another column.

Dr. Lloyd Roberts (Manchester) proposed, and Dr. J. B. Hellier (Leeds) seconded, a cordial vote of thanks to the President for his address. The President thanked the Society, and the proceedings terminated.

THE THERAPEUTICAL SOCIETY.

The first annual meeting of this Society was held in the Apothecaries' Hall, London, on October 27th, Sir William Thiselton Dyer, of Kew Gardens, in the Chair.

The following officers of the Society were then unanimously elected:—President, Sir William Thiselton Dyer. Vice-President, Dr. J. Rose Bradford. Treasurer, Dr. S. C. Griffith. Secretary, Dr. T. E. B. Brown; and Members of Council, Dr. J. H. Bryant and Messrs. Peyton Beale, C. Dennis Vinrace, and W. Chattaway.

Dr. Harrington Sainsbury then read a paper on THE ACTION OF BODIES IN THE PARTICULATE STATE, with special reference to the action of carbon, of which the following is a brief abstract:—The importance of the physical state of aggregation as a factor in the action of medicines on the tissues. Given an affinity between the substance and the tissues, the action depends upon (1) the vibration rate of the particles; (2) the density or molecular crowding; and (3) the extent of surface presented by the substance. The three states of matter, solid, liquid, and gaseous, contrasted in respect of these qualities. Conclusion, the liquid state is the most active state and the solid (in proportion to the insolubility of the substance) the least active state. Analysis of the action of solid bodies in the tissues, according as the substances are (*a*) soluble but not decomposable, (*b*) insoluble but partly decomposable into a soluble substance, or (*c*) wholly insoluble and wholly unchangeable. Carbon is a type of class (*c*). Consideration of its mode of action by virtue of its mechanical action, and also of its powers as an absorbent, shows that neither of these explains the effects produced by carbon. Details of experiments in evidence of the small part played by absorption demonstrate that the action of carbon must depend principally upon a peculiar surface action as yet unexplained.

Sir William Thiselton Dyer proposed a vote of thanks to the author for his very interesting and valuable paper on the molecular action of carbon, which in some respects resembles that of chlorophylle on carbonic acid and watery vapour, forming the nutrient material of plants under the action of light.

Dr. Ince seconded the vote of thanks and proposed also a vote of thanks to the President, not only for his having presided on that day, but also for his very interesting and lucid speech.

These votes were unanimously agreed to.

After the meeting Mr. Chattaway showed a splendid specimen of radium, and made some experiments with the X-rays and high frequency currents.

Mr. Sowerby, of the Regent's Park Botanical Gardens, showed some interesting specimens of Chinese medicinal teas and of drugs and medicine plants. The Guildhall Library exhibited books relating to the Apothecaries' Company, and the Apothecaries' Society showed their collection of silver plate.

Messrs. Christie and Co. exhibited a diagnostic lamp for ear, throat, &c., and specimens of Velvel and Cristea tissue, also Anthrophoes.

And Messrs. Down Brothers showed intubation tubes for the bronchi and numerous diagnostic and surgical instruments.

Mr. Sydney Denton contributes to the November *Temple Bar* an interesting biographical study of "Thomas Linacre, M.D., a Mediæval Master of Medicine."

Lunacy Department.

LUNACY IN LONDON.

The Annual Report of the Asylums Committee of the London County Council affords much interesting reading to the medical as also to the lay community.

A large increase in the number of certified lunatics has again to be recorded. The figures on which the report is based, with the corresponding figures of last year, are as follows:—

	Jan. 1st, 1903.	Jan. 1st, 1902.
In asylums and licensed houses	16,689	16,050
In imbecile asylums	5,687	5,607
In workhouses	408	342
With relatives and friends ..	168	156
	22,952	22,155

It will therefore be seen that, in every class there is an increase. Only once in the last fourteen years has there been a decrease recorded; this was in 1901, when there was a diminution on the figures of 1900 to the extent of twenty-four. The increase between 1890 and 1903 reaches the enormous total of 6,594, which is out of all proportion to the increase in population. Had the increase in lunacy merely kept pace with the increase of population the total number of lunatics should only have been 17,900 instead of 22,952. There is doubt, however, if this apparent increase of lunacy, out of proportion to the population, is real, for whereas years ago a considerable number of unregistered lunatics lived with their relatives and friends, nowadays there does not seem to be the same reluctance to take advantage of asylum treatment. It is now generally recognised that asylum patients have every comfort and care bestowed upon them, and the best of medical treatment constantly at hand. The result is, children do not now hesitate about having an aged parent certified insane and removed to an asylum, whenever they show the slightest symptoms of senile insanity and require any special care. Doubtless such cases tend largely to increase the number of certified lunatics—cases which formerly were treated at home, and never certified insane.

The number of persons over seventy and admitted to the London county asylums during the last four years was 590, and in many cases the patient's death has been hastened by removal to the asylum. Among these 590 no fewer than twenty-six died within fourteen days of admission, fifty-one within a month, 187 within a year, and 254 in the four years. Surely much could be done to remedy this by the medical man called upon to certify such cases, which frequently is nothing short of cruelty to the patient, and a real grievance to the ratepayer.

The task of finding accommodation for this ever-increasing insane population is naturally causing the Council authorities much anxiety. Year after year reforms are suggested which would release from their control a number of lunatics, who could with advantage, and with greater humanity, be accommodated elsewhere. Rightly they appeal for a reduction of the number of very aged persons sent there; also that more of the harmless patients transferred from the workhouses should be kept there. The remedy for this we reiterate, namely, a night staff. Invariably the certified cause for removal to an asylum from the workhouse is: patient is restless and talkative at night; tries to turn out the gas, or some other such cause. This could be obviated by having a night staff, at a cheaper rate than having the patient removed to, and kept in an, asylum.

Mental pathology continues to be prosecuted with much zeal in the asylum's laboratory by Dr. Mott. The second volume of the "Archives of Neurology" has recently been issued, and it contains, *inter alia*, important papers by Dr. Mott on "Tabes in Asylum and Hospital Practice," and by Dr. J. O. Botten, assistant pathologist, on "The Histological Basis of Amentia and Dementia." The volume of 862 pages

constitutes a record of some of the valuable research work which has been carried out at the laboratory.

The total number of recoveries was 1,159, showing the following percentages :—

On the total admissions	23·28
On the average number resident..	7·36
On the total number under treatment ..	5·84

The number of deaths during the year was 1,519, showing a percentage on the total number under treatment of 7·65, as compared with 7·06 for the year 1901.

During the year 1902 the average weekly cost of each patient was 11s. 5d.

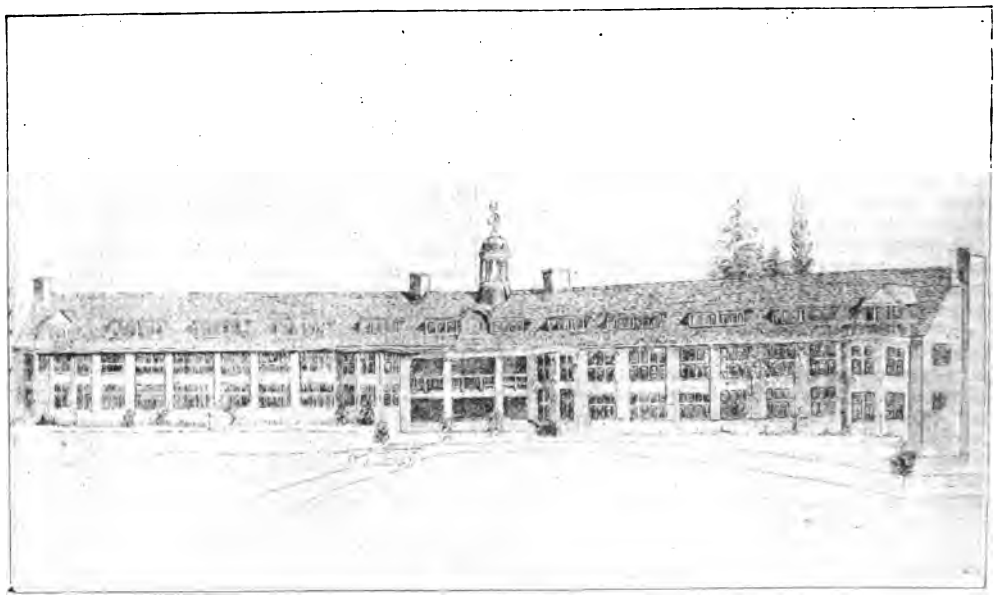
Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—XVIII.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

THE EAST ANGLIAN SANATORIUM.

THE East Anglian Sanatorium is delightfully situated on the secluded uplands of that picturesque portion of Suffolk which lies to the north of the River Stour and near to the Essex border. The peculiar charms of this district are known the world over, through the faithful work of that most true pastoral painter of the early nineteenth century, John Constable. (A famous "Constable," dating from 1809, "Christ Blessing the Bread and Wine," may be seen in the church in Nayland, the nearest village to the Sanatorium.) In this connection it is interesting to remember that Constable's wife, to whom he was devotedly attached, died from consumption.



The East Anglian Sanatorium is, without doubt, one of the best of the many private institutions now available for the hygienic treatment of pulmonary tuberculosis. It is excellently designed, thoroughly well built and equipped for its purpose, and everywhere there is evidence of an ever watchful management. On all hands may be seen manifestations of a sound common sense, knowledge of human nature and its many requirements, appreciation of the value of artistic influences, and an intimate acquaintance with the actual needs of consumptive patients. The building is well placed on the highest part of a grassy slope on a well-chosen site. The soil is light sand, dry and well drained. The aspect is S. and S.E., and the outlook is particularly attractive in its peaceful beauty, with far-reaching views of undulating woodands and rich pasture land.

We were particularly struck with the air of homeliness which pervaded the place, and the lack of that stiffness and formality which marks so many institutions. We had the privilege of spending a day and a night in the sanatorium, and thoroughly inspecting all parts, as well as watching the routine work of the establishment, and being present at the meals of the patients.

The building, as may be seen from the accompanying illustration, consists of two wings inclined at a wide angle extending from a central main block. These diverging limbs have aspects south-south-east and east-south-east. The sanatorium is but one room and corridor deep, and consists almost entirely of bedrooms. All patients' rooms face S. and S.E., and so obtain the maximum of sun with the minimum of wind. No verandahs have been erected in front of the rooms, and each apartment is consequently freely exposed to sun and air. Each room is particularly attractive, simple in its adornment, absolutely clean, artistic in its hygienic furnishing, and supplied with everything essential to the well-being of the occupant. The bedrooms are such as seem to combine the comforts of an ordinary habitation with the advantages of an outdoor life. In addition to the open windows which occupy the greater portion of one side of each room, there is also free ventilation into the corridor. A few rooms are specially large, with bow-windows and fireplaces. Every room is fitted with electric light, bell, and special plug for electric current for therapeutic use or other purpose. The beds are very comfortable, and the basins and jugs are of small size, particularly suited to the needs of delicate people. No pipes in connection with the washing conveniences appear in the room.

The corridor behind the patients' bedrooms is well lit and perfectly ventilated by abundant windows. The flooring is of teak and free from the unseemly spaces only too often visible in wood flooring. From the north side of the corridor on the ground and first floor of each wing project pavilions containing earth-closets and bath rooms. At either end of the building is a nurses' room.

A central open-air gallery is situated on the ground and first floors, and the doors of the bedrooms have been so made as to allow of the ready removal of a bed, with patient in it if necessary, on to the gallery. The central position of the gallery secures protection from winds, and it is thoroughly ventilated and well fitted with electric light. The staircases are particularly attractive in their artistic design, and of

such a gradient as to afford no distress to patients using them. Two rooms near the centre are occupied by the resident medical officer and lady superintendent, and other apartments of the members of the staff are so placed as to permit of a ready oversight of the patients. The rooms on the top floor, though smaller in size, are also attractive, and are occupied by nurses and maids, a few being reserved for convalescing cases.

The central portion of the sanatorium contains various offices. The hall opens out on to a forecourt on the west. Other rooms are used by the lady superintendent, and as nurses' and servants' halls. At one corner of the forecourt is a small open-air gallery. Much praise should be given to the very excellent dining-hall. It is an almost ideal room for its purpose, and we found it absolutely free from the stuffiness which is often found clinging about a dining-room, even in a sanatorium.

The electric installation is particularly complete, and there are two large boilers. The building is heated throughout by steam at low pressure, and has its own laundry. There is also a well-lit dispensary and pathological laboratory. We noted that the former was well supplied with all modern drugs considered to be of service in the treatment of tuberculosis. The mortuary, although probably but seldom used, is well designed and suitably situated.

There is a very abundant supply of pure water. We were much struck by the admirable arrangements by which hot water is always available. As already indicated, earth-closets are used, and waste water is dealt with by a satisfactory method of sub-irrigation. The ground around the sanatorium has been planted, under the direction of a well-trained lady gardener, with a large number of firs and larches, which will afford much shelter. In front of the building is a terrace and wide lawn. Gardens, six acres in extent, face S.E., and are well sheltered by trees and high hedges, and paths of varying slope afford opportunities for graduated exercise. Shelters and seats are provided in abundance. The estate comprises an area of ninety-four acres. There is a farm on the land, from whence all milk and cream is obtained.

Treatment is based on the Nordrach lines, but all hygienic and dietetic requirements are carried out on rational lines, and in accordance with strict scientific methods. The daily *regime* of the sanatorium is as follows:—Before breakfast the doctor visits all patients; breakfast is at 8 a.m. Those patients who are well enough to be out and about take their prescribed amount of exercise some time between breakfast and 12 o'clock, at which hour all patients lie down and rest till dinner at 1 o'clock. Dinner consists generally of three courses, followed by fruit and bread and butter. After dinner patients again take regulated exercise; have tea at 4 p.m.; rest for an hour before supper, which is at 7 o'clock, and is rather a lighter meal than dinner, and followed by tea or coffee for patients desiring either.

Accommodation is provided for thirty-five patients. There is a resident medical officer, a lady superintendent, and a good staff of experienced nurses. Dr. Jane Walker, of 122 Harley Street, London, is the medical director, and frequently visits the Sanatorium. Terms, inclusive of everything, except laundry, drugs, and wines, range from four to six guineas a week, according to the room occupied. The Sanatorium is near Nayland, seven miles from Colchester, and three and a half miles from Bures Station (G.E.R.), where patients are usually met. The average train journey from London (Liverpool Street terminus) is from one and a half to two hours.

Reference should also be made to the excellent pioneer work which Dr. Jane Walker has accomplished, and is still developing, in the interests of consumptives who belong to the so-called "working-classes." As far back as 1893, a cottage for female cases was opened at Downham, in Norfolk. In 1898 Caius College Farm, at Denver, the village adjacent to Downham, was adapted as far as was possible to the requirements of sanatorium life; other rooms in the village were also taken and modified to meet the demands of the numerous applicants. At the present time poor cases are being treated in accordance with hygienic methods at Clare, at a weekly charge of 15s. At the farm at Nayland a small number of men can be taken for two guineas per week.

Dr. Walker proposes very shortly to secure additional accommodation for this class of case, and it is to be hoped that before long a colony for the consumptive poor will be available for the many cases for whom no provision can be found save in the much dreaded and usually quite unsuitable workhouse infirmaries.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, November 1st, 1903.

PLACENTAL OPOTHERAPHY.

M. BOUCHACOURT, in speaking on the above subject, said that he could not agree with M. Fieux, who declared that if the placenta given to cows increased the secretion of milk it should not be inferred that the same treatment could be applied to women, who differed in many essential particulars from the lower animals. He, the speaker, considered that a certain co-relation existed as regards the efficacy of the treatment. But, on the other hand, he would exclude the glycerine extract of the human placenta as being utterly unfit, as the glycerine drains the tissues of the ferments and might have a toxic effect; also, such preparations could only be administered hypodermically; consequently, he had abandoned them completely. On the other hand, he was convinced by repeated experiments that large doses of the placenta stimulated considerably the mammary secretion in nursing women.

As to the employment of placental preparations in the treatment of chlorosis, he was unable to form an opinion, although it has been practised in China for centuries.

TUBERCULOSIS OF THE KNEE.

M. Gaugolphe said that before practising resection of the knee, the temperature of the patient should be taken carefully for several days, as by it visceral tuberculosis was frequently revealed. He refused also to operate on patients suffering from albuminuria or suppurating osteo-arthritis.

Of eighty resections performed by him within the last sixteen years, he had only had two deaths from the operation, and three patients had died within the year from consumption. M. Lucas said that the shortening produced by resection was infinitely preferable, as regarded walking, to ankylosis preserving the length of the limb. Consequently, he resected each time that he feared ankylosis. M. Froelich said that resection was very suitable to adolescents, he did not speak of children, in whom the white swelling got well spontaneously; but in the adult, especially in hospital patients, he preferred amputation.

TREATMENT OF COMPLICATED FRACTURES.

M. Van Stockum read a paper on his method of treating wounds, and notably complicated fractures, by impregnating the wound with Peruvian balsam, a treatment employed by one of his predecessors, M. Van der Hoeven.

After removing all the foreign bodies which might be found on the surface of the wound, and without washing the parts, he filled the fracture wound with sterilised Peruvian balsam. The fracture is then reduced and an antiseptic dressing applied. The results he obtained were excellent. Out of ninety fractures thus treated only three suppurated.

SIMPLE JAUNDICE.

Professor Robin, in treating idiopathic jaundice,

excludes the usual antiseptics given by many on the faith of the microbic theory of the affection, such as naphtol, salol, &c. He orders an absolute milk diet, which produces diuresis and eliminates the biliary and intestinal toxins. This diet should be continued until the patient had lost all yellow colour, that is to say, for a considerable period, as the icterus persists a long time. To know, however, the exact time for the modification of the treatment the urine should be tested. If by the Gmelin reaction no green colour is produced, the biliary canals are free; the presence of urobilin (walnut colour) indicates insufficiency of the liver, consequently the organ should be stimulated by an alimentary *régime* and the use of alkaline water.

In order to facilitate the flow of the bile, Professor Robin gives one-fourth of a grain of belladonna extract morning and evening, while twice a day he had administered three pints of cold water as enemas.

The alkaline treatment consists in bicarbonate of soda, a teaspoonful to the quart, and taken at the dose of six ounces four times a day, for poor patients, and in Eau de Vichy (Haute rive) two glasses in the morning at half hour intervals, and two in the evening, for the better classes.

The food should exclude fat, acids, butter, ragoûts, sauces, &c. Constipation should be treated with sulphate of soda, three or four drachms in seltzer water.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, October 31st, 1903.

AT the Surgical Society, Hr. Steiner, Berlin, read a paper on

THE OPERATIVE TREATMENT OF CHRONIC DYSENTERY.

The surgical treatment of this disease was of most recent date. The few results hitherto published were on the whole not favourable. The operations themselves were of different kinds. The case reported was one of considerable interest. A single woman, æt. 26, had suffered from dysentery for nine years. It began as painful diarrhœa, and later on mucus, blood, and pus made their appearance. The disease gradually got worse, fever came on, and the patient became reduced to a dangerous degree of cachexia, so that finally an operation was proposed. Laparotomy was performed in the spring of 1901. The serosa of the whole colon was thickened in patches. An anus preternaturalis was formed close to the valvula Banhini, so that fæces no longer passed through the colon. The bowel, thus freed from function, was washed out daily, first with six to eight litres of warm water, then with a solution of tint. iodi. or protargol. The ulcers in the large intestine were in this way brought to heal in about six months. The anus preternaturalis was then closed temporarily, and after it was seen that the passage of fæces did no harm, it was finally closed by operation. Since the last operation a year had elapsed, and the patient remained quite healthy. The profuse purulent bloody stools had ceased altogether, and the fæces were passed once a day, and without pain. The strength had returned, and the weight had increased, and the patient was now able to follow her employment. By following out the method of treatment described above, the disease, which had hitherto been held to be incurable, afforded better prospects as regards treatment for the future.

At the Surgical Congress, Hr. Hahn, Nürnberg, reported a case of

RUPTURE OF THE BILIARY PASSAGES.

A boy was admitted into hospital with collapse and jaundice, but without anything further being known. Examination showed two encapsuled exudations, and the question was whether they were tuberculous or hæmorrhagic. Incision in the middle line revealed pure bile in the abdomen, immense calculous masses and adhesions. Both liver and gall-bladder were covered with cicatrices. A tampon was introduced and the edges of the wound brought together on account of the collapse, which had further increased. Then came some history. Six weeks before the boy had been run over, then jaundice came on, which gradually got less, then the little patient suddenly collapsed. After some days he rallied, so that a second operation could be proceeded with. There were firm adhesions of intestines, but as the overflow of bile rendered accurate inspection impossible, the speaker had again to content himself with tamponnade. After this normal conditions returned, and the boy was now well.

Hr. Völcker, Heidelberg, introduced the subject of TREATMENT OF HYPERTROPHY OF THE PROSTATE, and the discussion that followed showed that opinions on the subject are still divided. A patient in Czerny's clinique, æt. 66, had suffered from bladder troubles since 1886, and in 1895 went to the surgical clinique with cystitis, and there had the high operation performed. Latterly prostatectomy had been performed in eleven cases in which catheterisation had failed. In case of hypertrophy of the whole prostate Bottini's operation was useless.

As regards the anatomy of the hypertrophy, the most usual form was the glandular; then followed the mixed form, with connective tissue; the fibrous form gave the smallest percentage. The first form had the greatest possibilities of growth, and here recurrences easily took place after Bottini's operation. Occasionally one saw transition into a malignant form, and these were not so rare as had been believed; they were not to be recognised with certainty. The partially glandular form was suitable for Bottini's operation, the softer form for excision. Excision had been performed in eleven cases with two deaths, one from cardiac failure, one from sepsis after injury of the rectum. The treatment was concluded in eight cases. In three the rectum was injured, one with permanent union between rectum and urethra, one with contraction, and one with a fistula remaining. Four had completely recovered.

Hr. Frendenberg remarked that after Bottini's operation the bladder did not quite empty. The incision should be made forward and to the side. Severe hæmorrhage might be set up if the instrument went too far forwards. It came from the bladder or from the paraprostatic tissues. He had lost a case from hæmorrhage; he also mentioned an unfortunate case of rupture of the bladder during the operation. One patient died from chest symptoms. Out of 140 later Bottini operations he had no accident.

Hr. Schumacher was in favour of suprapubic enucleation.

Hr. Frank said the high operation had not answered all the expectations; the dangers of after-treatment in old people were especially to be feared. He recommended incision through the posterior wall of the bladder in front of the rectum.

Hr. Schlocher recommended the abdomino-rectal extirpation.

Hr. Kümmell believed that with improved technique this operation had a great future before it. He had performed a series of such operations, especially as preliminaries for the separation of the meso-rectum. The abdominal wound was then closed and the operation ended pararectally.

Hr. Kraske, Freiburg, had also operated in a similar way.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, October 31st, 1903.

CHEST DISEASE AND RONTGEN RAYS.

At the Medical Society, Faulhaber, after exhibiting a number of instruments for taking photograms, pointed out the focal effects of a projection of the thorax on paper, and their peculiar utility. From the different directions the rays entered and left the chest the appearance on paper would be different. For diagnostic purposes there were three angles which should be taken, *viz.*, the sagittal, dorso-ventral, and ventro-dorsal. By this means the so-called central shadow may be obtained which Weinberger has so clearly shown to be the real value of the rays in diagnosis. The diagonal rays, or so-called Holzknecht, are also found to be useful in radiographic examinations of the aorta and œsophagus, but in many diseases of the thorax both methods were indispensable. He next showed a large number of projections which he had taken at the institute during the year. This series comprised diseases of the heart and arteries, such as enlargement, aortic contractions, and valvular disease.

Empyema, pleuritis, pneumothorax, pulmonary cirrhosis and tuberculosis were those specially to be noticed.

AGRAMMATISM.

Pick related the history of a case of agrammatism in a female after confinement. He said authors were mostly agreed that agrammatism was not a disturbance in the centre of speech. In his case there was a general weakening of the brain, especially confined to the left temporal region or centre of speech.

The patient was æt. 41, and shortly after her confinement of the ninth child she was suddenly attacked with a stroke associated with convulsions. The speech and other agrammatic characteristics were strongly pronounced till her death some time after from pneumonia. The clinical diagnosis supported a diseased centre with softening of the brain, which had probably been the result of some puerperal toxin. An examination of the brain revealed extensive atrophy in the frontal lobes, particularly the lower middle and posterior convolutions with the apex of the temporal lobe on the left side. A similar condition existed on the right. From this he reasoned that the process was agrammatism when the shrinking period arrived.

TREATMENT OF TETANUS.

Pfeiffer has recently been experimenting with antitoxin for tetanus. In 93 cases with Behring's antitoxin the mortality was 52·7 per cent. In 88 cases treated with Tizzoni's antitoxin the mortality was 36·3, according to Tizzoni's own experiments, which show better results than in Behring's cases; but it must be remembered that these vary in intensity as well as in the length of incubation. In using the same toxin the results were found to be 46·2 per cent. It appears that the length of incubation, advanced state of the disease, and the manner of injection are factors that modify the result of the serum. Pfeiffer subjoins 23 tetanus cases, 14 of which were treated without antitoxin, but were given narcotics, with 50 per cent. mortality. Again, six cases were treated with Behring's serum, with 22 per cent. recoveries; and three were treated with Tizzoni's serum with no recoveries.

PNEUMONIC OSTEO-HYPERTROPHY.

Czylharz records an interesting case of pleuritic affection associated with changes in the periosteum of the cylindrical bones, with hypertrophy of the tongue. The patient, æt. 25, was, on examination, found to be suffering from effusion into the left pleura, but, on puncturing, diagnosis clearly confirmed it as a case of empyema pleuræ dextra. According to the history, the nails began to curve and become clawshaped three weeks after the invasion of the pleura. Six weeks later the tongue began to increase and become troublesome in the mouth. When attention was drawn to it by the patient it had assumed large proportions. No pain or other causes could be given to account for this enlargement. Taste and feeling, as well as palpation of the organ, were quite normal, and the only change observable was the limitation in movement from its size. In this case there were also changes in the periosteum of the long bones, which is not uncommonly found associated with pulmonary affections, but hypertrophy of the tongue is rather an unusual factor in the case. The analogy to acromegaly seems to be very close, although the explanation in this case appears to be of a toxic origin from the empyema, followed by changes in the nails, bones, and tongue.

The Operating Theatres.

NORTH-WEST LONDON HOSPITAL.

OPERATION FOR RECURRENT ABSCESS OF THE FRONTAL SINUS.—Mr. MAYO COLLIER operated for the third time on a case of abscess of the frontal sinus (the first operation was reported in "Operating Theatres" some months ago). The case was interesting, he said, in so far as the abscess pointed in an unusual situation, the perforated orbit plate of the frontal bone in the centre of the orbit causing displacement of the eye downwards and inwards, accompanied by much œdema of the tissues of the eyelid and over the right frontal bone. The case, as stated in the previous report, was a large abscess of the frontal sinus, which perforated the orbital plate. After the first operation the parts healed and all discharge ceased. It was noted at the time that there was complete collapse of the right ala nasi, much enlargement of the right lower turbinal body, and a large depression on the septum corresponding to this enlargement. Mr. Collier said that he always had maintained that these affections of the accessory cavities of the nose were primarily in most cases due to mechanical congestion following defective nasal respiration, and this case bore out fully his contention; this was the third operation undertaken for the same condition of things, and he held that the cause of the relapses was due to his not having taken into consideration the primary cause of the trouble. The original affection of the frontal sinus was brought about by the congestion and consequent catarrh of the nasal cavities; this congestion and catarrh, extending into the frontal sinus, excluded the aperture of the infundibulum, the natural vent of the frontal sinus. He pointed out that it was not sufficient to open the frontal sinus, to curette its cavity, to enlarge its opening into the nose, unless the congestion and catarrh of the nasal cavity were removed also. The same argument was potent in reference to affections of the maxillary antrum; here also it was his experience that any stenosis of the nasal cavity kept up and maintained a chronic discharge of the interior of the antrum, and it was only after a free ventilation of the nose was effected that a permanent cure took place. Stenosis or nasal obstruction meant in all cases a state of negative pressure within the nasal and accessory cavities, and this meant chronic congestion of the entire lining membrane. Mr. Collier

pointed out and demonstrated a mass of granulations round the opening of the infundibulum and a polypoid condition of the anterior end of the middle turbina body. Having cocained the parts with a 20 per cent. solution of cocaine, he introduced a Jarvis snare within the nose and removed the anterior end of the middle turbinal body, and with a curette took away a mass of granulations from the opening of the infundibulum. A small curette could be now introduced into the frontal sinus, which brought away a quantity of thick creamy pus. A probe was now passed through the opening in the forehead into the nose and the parts thoroughly cleansed. The collapse of the right ala nasi was next dealt with. Mr. Collier said that to introduce any splints or apparatus into the nasal cavity in order to temporarily dilate the parts would be resented by the nose, and would cause much congestion and discomfort, and tend also to keep up the original state of things. A ring of drainage-tube of large calibre about a third of an inch long was introduced within the vestibule flush with the external meatus and there sewn by three horsehair stitches; this would be neither unsightly nor inconvenient, and at the same time would be thoroughly effectual in overcoming the complete collapse of the ala nasi. Mr. Collier said that at a subsequent date the tube could be removed, and with the aid of massage and exercises the muscular power of the wing of the nose could be restored or, in the alternative, a small operation as pointed out by the late Mr. Walsham could be resorted to to permanently dilate the meatus. Mr. Collier felt sure that in this case the larger operation of opening the frontal sinus again from above was not requisite, and all that was necessary to effect a cure had now been done.

CANCER HOSPITAL.

ABDOMINAL HYSTERECTOMY FOR CARCINOMA.—Mr. CHARLES RYALL operated on a woman, æt. 25, who had been admitted with a foul vaginal discharge, which she had noticed during the past three months. It varied in consistency, was sometimes watery, brown, and blood-stained, and had a very offensive odour. There was no marked loss of flesh or strength, the catamenia had been regular, and she had had one child eight years previously. On examination, the cervix was found to be the seat of a large cauliflower growth; there was no apparent implication of the broad ligaments, and the uterus was quite movable. At the operation, the patient being placed in the Trendelenburg position, the abdomen was opened in the middle line above the pubes, and a search was immediately made for glandular infection. One enlarged gland could be detected at the bifurcation of the common iliac, and as it was quite movable the overlying parietal peritoneum was incised and the gland shelled out. No other enlarged glands could be found. The uterus was then drawn out of the abdomen and the upper part of the broad ligaments was divided and ligatured. The peritoneum on the anterior surface was divided just above the limit of the bladder, and this viscus was pushed down, thus freeing it from the anterior surface of the uterus and the upper part of the vagina. The uterine vessels were then traced down to where they cross the ureter, and here they were ligatured and divided. By the aid of percussion the position of the upper part of the vagina was indicated, and then the vaginal vault was divided all round, completely freeing the uterus. Some oozing from the posterior vaginal wall was easily checked by a running suture, and a drain having been inserted into the vagina the anterior and posterior vaginal walls were brought together by a few more sutures. The operation was completed by closing the abdominal wall in three layers. Mr. Ryall remarked that he preferred the abdominal route because it enabled the surgeon to search for and remove any affected glands, and it gave him a better opportunity of freeing and removing the upper portion of the vagina when necessary, not to mention the advantages it gave in dealing with adhesions, although there were cases, in very obese patients, where the abdominal operation is practically impossible. Having freed the uterus from its attachments to the broad ligament and bladder, he had seen difficulty experienced in finding where to open into the vagina; but the position of the latter organ can always be detected by the resonant note it gives on percussion if traction be made on the uterus. Oozing from the vaginal flaps was, he said, sometimes a source of annoyance. This could always be checked by a running suture. The patient, he pointed out, was a young subject for this type of disease, but the clinical features of the fungating mass implicating the cervix, and bleeding readil yon examination, left no doubt as to the nature of the malady.

The patient made an uninterrupted recovery.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 4, 1903.

THE ST. BARTHOLOMEW'S REBUILDING SCHEME.

AT the commencement of the present year it was announced by the authorities of St. Bartholomew's Hospital that they had bought a large adjoining piece of land with a view of extending the Hospital premises. The actual cost of the ground was about a quarter of a million sterling, a sum that in itself might well give pause to the most sanguine and open-handed philanthropist. The proposal had already given rise to prolonged discussion as to the advisability of retaining the Hospital in its present site. Our own opinion was emphatically recorded in favour of removing this ancient charity to some suburban site, where land is cheaper, where resident populations are more crowded, and where the conditions of environment would be more salubrious. The tendency of London is to decentralise daily, and for its inhabitants to gravitate centrifugally to the outlying districts away from the City centre, which is now practically occupied by a day

population only. The sick patients of St. Bartholomew's Hospital are brought thither for the most part not from the City of London, but from the districts of greater London and from the country. The same is true to a lesser extent of the majority of the surgical cases within the wards of that institution. Ample provision could be made for all accidents and sudden sickness occurring within a reasonable distance of St. Bartholomew's by a small hospital arranged for the reception of accident and emergency cases. Yet the authorities of St. Bartholomew's prefer to spend £250,000 in acquiring a further extension of site in the heart of London. The same amount of money laid out in a suburb would have purchased a noble site with ample room for recreation grounds, and for the broad curtilage that may be deemed essential for any ideal hospital establishment. The committee appointed to consider the scheme, however, dismissed the whole matter with a brusque and arbitrary report that simply avoids the weighty issues advanced by those opposed to the policy of retention of site. On sentimental grounds it is readily to be understood that City philanthropists would wish to keep so ancient a charity within their gates. In this attitude they are acting in accordance with the jealousy usually exhibited in the City against outside inquiry or criticisms upon the conduct of charities within their jurisdiction. One fact in connection with the newly-acquired site may be noted. The ground in question was rendered vacant by the removal of the Bluecoat Boys' School to the country. Surely, the reasons that made it desirable for the schoolboys to be removed to a purer environment apply with a tenfold force to sick hospital patients. Our chief complaint against the St. Bartholomew's Hospital is that they have not answered *seriatim* and categorically the numerous arguments that have been brought forward against their remaining where they are. King's College and St. George's Hospitals, being wise in their generation, have resolved upon going further afield. King's College have appealed to the public for £300,000 in order to build their new premises. The authorities of St. Bartholomew's, the wealthiest endowed charity in the world, have spent £250,000 in merely buying more land at an enormously extravagant price. They asked for a further sum of £350,000 for additions and alterations. Now Sir Henry Burdett appears on the scene with a plan for an entirely new Hospital, to cost £600,000. We have no quarrel with his plans, which are of the excellence and thoroughness we should expect from so high an authority in matters of the kind. It is the appalling extravagance of the scheme that arrests attention. St. Bartholomew's Hospital is admittedly a household word among the nations. She has, moreover, been the *alma mater* of many distinguished members of the medical profession. These facts, however, do not warrant the ignoring of sound economics. If the public are asked to contribute these huge sums to the foundation and maintenance of a medical charity, they are at least entitled, to use a homely phrase, to get their money's worth. We should be glad to have from Sir Henry Burdett the plans of an alternative scheme for rebuilding somewhere in (*a*) a crowded suburban district, (*b*) a sparsely inhabited outlying district, with tables of comparative cost, and a full discussion of the pros and cons, both general and particular, of the question of centralising or decentralising the great general hospitals of the Metropolis.

"MUDDLING THROUGH."

THE public have just been treated to an egregious sample of the process of "muddling through" by a public department, and we really feel it our duty to call attention to a similar exhibition on a smaller scale by an important, but less conspicuous, body—to wit, the Metropolitan Asylums Board. To this heterogeneous collection of persons, representing nobody in general and nothing in particular, is entrusted, *inter alia*, the preparation and maintenance of accommodation for the infectious sick of London. Of all infectious diseases thus entrusted to their care small-pox is the most important, both from the public alarm it excites and the deadliness of its visitations. It need not be argued here whether small-pox epidemics should occur in London; the fact remains that under the present vaccination laws outbreaks of small-pox must occur from time to time. The Metropolitan Asylums Board have nothing to do with preventing small-pox; their function is to prepare for epidemics and find beds for small-pox patients when required. How was this duty performed during the recent outbreak? A glance through their annual reports for the last few years does not afford a reassuring answer to the question. In 1893, the last year that there was any considerable quantity of small-pox in London, the number of beds available was dangerously low. After that year small-pox fell lower and lower, and the apathy of a fool's paradise seems to have thenceforth influenced the policy of the Board. That they were not left unwarned of their precarious position may be seen from the annual published reports of Dr. Ricketts, the medical superintendent of their small-pox hospital ships. Writing in 1898, his words are clear, emphatic and succinct. He gives an admirable summary of the past history of small-pox in London, showing that the disease tended to move in cycles, that then (in 1898) the lowest point of a cycle had been reached, and that "in three years' time or earlier" an outbreak of small-pox was almost sure to occur. The comparatively small outbreak of 1893-94 had, he reminded them, "strained the resources of this hospital and proved that adequate accommodation for acute cases of small-pox did not exist. Considerations of this kind," he continued, "lead one to look with some anxiety on the fact that the projected Joyce Green Small-pox Hospital is yet uncommenced." In face of the warning that an outbreak might be anticipated in three years' time or earlier the hospital was not commenced until two years later. Even then it was not pushed, and it is only now—in 1903—approaching a condition of pre-

paredness. What has been the result? Dr. Ricketts' calculations were verified almost to the letter, and in the summer of 1901 small-pox cropped up in various parts of the Metropolis. By the autumn an outbreak was in full swing and cases began to pour in by dozens. Then the panic set in. The Board knew that public indignation would rise if they left small-pox cases unremoved, and they had only 250 acute and about 1,000 convalescent beds available. This time they seem to have had recourse to Dr. Ricketts for advice, and he recommended that the highest number of beds likely to be needed would be about 1,000 more. A temporary hospital of 300 beds was run up at Long Reach, and with this and the previous accommodation, although under great pressure, the epidemic was weathered. Despite Dr. Ricketts' recommendation to prepare 1,000 beds, they proceeded to put up two huge temporary hospitals—the Orchard Hospital of 800 beds and Lower Gore Farm Hospital of 600 beds, making with Long Reach Hospital 1,700 extra beds. The two former were completed just as the epidemic died out, and as a monument to their wisdom and foresight there now stand erected two enormous, flimsy, hurriedly-built hospitals containing no less than 1,400 beds that have never been used. Aye! and so far as one can see they never will be required for patients. Long before they are ever likely to be needed they will have fallen into decay, and their function will have disappeared, for Joyce Green—a permanent hospital of 2,000 beds—will then be available. They can never be used for other purposes, as they each lie in apposition to another small-pox hospital—the Orchard to Joyce Green and Gore Farm to Upper Gore Farm—and their use for other diseases would never be sanctioned. And what has all this muddle, confusion, and want of foresight cost? Lower Gore Farm £134,500; the Orchard, £69,000; and Long Reach, £57,000—for buildings and fittings alone! Nothing is said about furniture and equipment, which doubtless cost a pretty figure in addition. A very low estimate would put the cost to the ratepayer at a quarter of a million, which for all the good it has done might as well have been thrown into the sea. And yet such is the ignorance of people in London about their own affairs that we have seen articles in our daily contemporaries extolling the Board's management of the epidemic! We ask our readers if we are not justified in calling public attention to one of the most glaring examples of extravagant Bumbledom that has ever been witnessed.

THE PROVISION OF DENTAL RELIEF.

IT is a platitude at the present day to point out that the teeth are organs that the evolutionary processes at work on the civilised members of our species are tending to eliminate. To rescue the teeth and attempt to make them endurable is a Quixotic task, pre-doomed to failure. We have got to make the best of things as we find them, and we find them very bad indeed. To meet an adult of middle age with a complete set of teeth in a sound condition is exceedingly uncommon, whilst it is hardly beyond the truth to say that every other patient one examines wears, or ought to wear, artificial teeth at the age of forty. The British Dental Association not long ago investigated the teeth of a large number of children in industrial schools, and they found that nearly 80 per cent. of them were the subject of caries. This would be approximately true of the young of most classes of the community, we take it. Now these facts being so, we must look the matter clearly in the face, and see what can be done. Dental caries, though rarely a cause of death, may be, and is, productive of a large amount of ill-health and much misery. Mal-digestion is initiated and perpetuated in multitudes of young and middle-aged people by inability to bite and chew their food; and the tenderness of the teeth and gums, produced by cavitation and periostitis, tends also to make the retention of the bolus in mouth too short for the completion of buccal digestion and of preparation for gastric digestion. The organism is wonderfully accommodative, but there is a breaking-point to the strain, and chronic indigestion, mal-nutrition, anæmia, constipation, and a dozen other troubles follow in the train of dental decay. Besides, the presence in any part of the body of inflammatory and suppurative conditions cannot but be conducive to ill-health, to say nothing of their obvious potentialities for evil in more direct ways. The social value of an enormous proportion of the population is distinctly discounted by the possession of bad teeth and their consequences. If the trouble is, then, as great as this, it should surely be tackled, and tackled energetically. But how? There's the rub. We have said it is no good fighting against civilisation itself, of whose influences bad teeth are a by-product, and it is plain that one cannot extract the teeth of everybody born and give them artificial ones. American exaggeration culminated, we remember, in a serious proposal to perform appendectomy on every child as systematically as vaccination—an obvious *reductio ad absurdam*. Looking at the facts seriously, can nothing be done to preserve the teeth and provide for their treatment when diseased? The dental charities in London are quite inadequate to deal with a tithe of the work that ought to be done by such agencies, and the dental departments of the general hospitals—except Guy's—do not pretend systematically to treat teeth. And yet London is far better supplied with free dental institutions than any other large town. The difficulties, we take it, are two. First, the small importance that most people attach to their teeth, and their dread of the dental chair; and, secondly, the length of time that dental operations, other than extraction, take. Gratuitous (or state-provided dental treatment, if people availed themselves of it in anything like the degree that they should, would cost a sum that fairly staggers the imagination if reduced to figures. The dentists have, like ourselves, raised themselves from the level of artisans to that of professional experts, and, after a long and expensive education

and training, they justly look forward to a considerable competence during their working years, and very properly expect a fair fee for their long, skilful operations. It is this very question of time and personal work in each individual case that would make the cost of state-provided dental treatment so enormous. When the guardians in England and Wales expend some eight to nine millions a year in the relief and maintenance of the poor, is it likely that they could be induced to spend another two or three millions (and it would cost all that) on dental treatment for those that could not afford a dentist's fee? The time is certainly not ripe for such proposals to be put forward with any chance of success, but we submit them for consideration in the hope that some concrete proposition may be evolved. In the meantime much might be done by the education of children in schools in the value and care of the teeth, and still more by submitting them to regular dental inspection. What we have always considered far better than flying to the dentist when the teeth give trouble is the regular, half-yearly visit to allow of any cavities being detected and treated at their inception. By this method we do not imagine that the teeth would be ultimately preserved to the race, but the comfort and health of the individual would be vastly enhanced. We would commend those who feel the importance of these questions to study the remarks made by Mr. Hern in the Opening Address at the Middlesex Hospital, and then to decide whether it is not worth while to press for some such scheme as he there suggests. For ourselves we will always warmly support any practical proposal that will raise the health and comfort of the poor, and we feel that the wide provision of dental relief—either free or at low payments—is a very pressing need in this complex society of ours. But such a proposal must be practical—and practicable.

Notes on Current Topics.

The College of Surgeons and National Physique.

OUR medical corporations have a happy knack of doing nothing to justify their existence, or of doing the wrong thing when stirred from their apathy. The Royal Colleges apparently think they have done their duty when they have taken the medical student's money for his examinations, and given him a diploma which he spends the rest of his life in grumbling at. He wants to be a doctor, and he is made a physician and surgeon. However, when the Government ask their august opinion the Olympians of Lincoln's Inn Fields condescend to be flattered, and—prepare a report. The question of the deterioration of our national physique is a momentous problem, and the continued operation of the causes now at work constitute one of the gravest national perils that face us. Under these circumstances it is interesting to note the answer which the College of Surgeons returns to the Home Secretary. After a number of analyses and criticisms of the memorandum submitted to them, they doubt whether there is need for a larger inquiry than is at present being conducted by a Committee. This, be it remembered, when every scrap of information on the subject of national physique is of vital importance, and when the College has only to say the word and a Royal Commission would be appointed! If no further facts were brought to light than are now known, the mere weight of a Royal Commission's report and recommendations would give authority and compel attention to what numbers of independent bodies, newspapers, and individuals are urging in season and out of season. We must write down this recommendation of the Royal College of Surgeons as hardly worthy of their traditions and their responsible position in regard to the community.

Sanitary Skirts.

THE kilt and the skirt are articles of apparel which for many a long day have been subjected to serious criticism, and, as usually worn by their respective wearers, they have won much condemnation on so-called hygienic as well as athletic grounds. But both still persist, and are upheld by a conservative popular opinion. A mere Southern sanitarian would not dare to define the deficiencies of a Scotsman's chief adornment, but the feminine skirt is ever with us, and its shortcomings, arising from structural superabundance, remain only too apparent. We understand that Parisian fashion favours a curtailment of the skirt, and we trust, in the interest of hygienic righteousness Englishwomen will recognise the reasonableness of discarding the trailing dust and dirt-collecting skirts so long fashionable in town life. Unless reform speedily follows we shall be compelled to publish results respecting the bacteriology of the skirt. We prefer, however, to appeal to the mind before hastening action by a resort to the fear of the microbe.

The Use of Salt Solution.

IT is the universal distribution of sodium chloride and its occurrence as an essential ingredient of most organic tissues which have led to its employment for therapeutic purposes in the form of a 0·6 per cent. solution, familiarly known as "normal saline." The student early learns that this fluid makes the best medium in which to dissociate and examine fresh tissues, and when he comes into the wards he has many opportunities of seeing salt solution used as a remedy. The intravenous injection, or, failing that, the hypodermic introduction of normal saline has many times saved lives where death has been threatened from hæmorrhage or shock, and in a paper read before the North Carolina Medical Society, Dr. G. P. Edwards believes that in the latter condition there is no other therapeutic agent that will bring about such quick and satisfactory results. In young infants and obese individuals in whom it is difficult to find the veins easily, injections of

the solution beneath the skin of the abdomen or infra-mammary region will prove nearly as efficacious as the intravenous method, though the beneficial action is somewhat slower in manifesting itself. In children who are also moribund from exhaustion consequent upon infantile diarrhœa, in whom the whole system is crying out for fluid, the hypodermic injection, or even the simple introduction of normal saline *per rectum*, is of great value, and will assist the flagging heart more than anything else. Its use has also been attended with striking, if temporary, result in cases of diabetic coma, and it has often enabled unconscious patients to rally enough to recognise their friends or transact important business As in uræmic poisoning, it would appear to act by diluting the toxins circulating in the blood and assisting in their elimination by the kidneys. Though disappointing in some cases, saline solution is one of the most valuable remedies in the hands of the physician.

The Diabetes Flour Company.

OUR energetic contemporary *Truth* does well to expose one of the most disgraceful commercial methods ever adopted by any trading concern. The Diabetes Flour Company, of 15 and 16 St. Dunstan's Hill, E.C., in their desire to push their wares, have circularised all the chemists in the country offering them five shillings for every address sent them of people suffering from diabetes. Whether the stuff that this company purvey is, or is not, all that is claimed for it one need not now inquire. The point is that they deliberately try to bribe chemists to betray the confidence placed in them by their clients, a procedure as repugnant to every self-respecting pharmacist as it would be to every self-respecting medical man. It is to be hoped that by giving publicity to the methods employed by the Diabetes Flour Company medical men may think twice before recommending that particular article to patients. We have quite enough difficulty as it is in keeping our trades open and above board without importing discreditable tricks from other countries.

Blood as a Therapeutic Agent.

To the student of historical medicine few things are more interesting than the means adopted for the cure of disease in ancient or mediæval times. In strange contrast to the modern prescription, which is more or less rigidly confined to pharmaceutical products, the older remedies consisted very largely of organic materials derived from the animal or vegetable world. The various secretions and excretions of the body have all been found capable of some therapeutic application in disease, though it is doubtful if any one of them would be tolerated by patients in the present day. Some interesting facts relating to the supposed remedial effects of human blood are related by Dr. J. F. Payne, in *Janus*. One named Arnold de Villa Nova, who flourished in the middle of the thirteenth century, wrote a treatise entitled "*De præstantia et virtutibus aquæ humani sanguinis*," in which the virtue of human blood in apoplexy, migraine, giddiness, and other morbid conditions is set forth, but the directions for use are left incomplete, it is supposed intentionally. Dr. Payne remarks that the practice of drinking fresh blood was known to the ancients, especially as a cure for epilepsy. Human blood was also employed medicinally in leprosy and other skin diseases. The belief in the possibility of extracting from the blood certain elements which possessed curative properties was largely shared by the older alchemists, to whom this study proved very fascinating. It was not, however, until a somewhat later period that the preparation of an *elixir vitæ* and the distillation of human blood came into vogue. Coming down to more modern times we learn that transfusion of blood is said to have been first performed in 1665. The possibility of being able to extract some substance of therapeutic value from the blood of animals is yet one which need not altogether be ignored.

The Borough Council Elections.

IN the election of representatives to the Borough Councils in London, and, indeed, all over the country, the medical man had two clear duties to perform. He had first to exercise the privilege of good citizenship by recording his own vote, and he had secondly to bring the weight of his professional authority to bear on the votes of others. As the population increases and towns grow, the importance of hygiene becomes greater and greater, and though our sanitary code may be far from adequate an enormous amount may be accomplished by the diligent administration of its present provisions. For this reason we should strive by every means in our power to secure the return of men who have the great cause of the public health at heart. Neither the Progressive nor Moderate Party has the monopoly of such men, and political opinions and party bias should not be allowed to weigh in the support of candidates. In theory the manifesto of the Progressive party as it applies to the enforcement of the Public Health Acts is admirable, but is it not a little extravagant to claim support, as has been done in one quarter, on the ground that Progressive majorities have coincided with diminished death-rates ? All sound and efficient administration will find its ultimate reflection in a reduction in the mortality returns, but a three-year period is far too short to produce any trustworthy data of this kind. The way of the reformer is hard, and the success of his efforts must be judged by centuries and decades, not by single years or even lustra. The man, be he Moderate or Progressive, who has no axe of his own to grind, but who is animated by a single-eyed devotion to the health of the people, is the man electors should have voted for.

Compensation for Insults.

EVEN the worm will turn, and there is no reason why the medical man should not occasionally do likewise. But to turn effectively all must turn together, and it is to be regretted that a certain lack of cohesion in our profession generally renders combined movements impossible. If we realise that people nowadays must have medical attend-

ance, we may, though shackled at times by humanitarian considerations, find ways to make them realise that even the medical man has his rights and privileges. An excellent example of what judicious combination can do has just been demonstrated at Westmeath. Certain members of the Board of Guardians at that place gave vent to some gratuitous and offensive remarks about the medical men of the district. The doctors, members of the Westmeath branch of the Irish Medical Association, have made an inarticulate but very effective reply. In spite of the affront they have not refused to attend the guardians, but have bound themselves to charge exceptional fees for attendance on them and their families. The surest way to reach most people is through their pockets, and it is to be hoped that the doctors will stick to their guns and to each other. A rapid climb-down and apology may then be anticipated on the part of the guardians. It is to be hoped that this original, but very practical, plan of the Westmeath medical men may form a precedent which others may follow in dealing with irresponsible and truculent critics.

Medical Officers to Education Authorities.

It was recently urged in the editorial columns of this Journal that medical officers should be specially appointed by all the new education authorities. The paramount importance of weeding out and dealing specially with weakly children was pointed out, and it was shown that this could only be accomplished successfully by following the advice of an expert. It is encouraging to find that out of a hundred large towns no less than forty-five have now adopted that course. In some of the larger, Manchester for example, an officer has been elected to devote the whole of his time to the work, whilst in some of the smaller the medical officer of health has been appointed to the post with a special salary. No doubt in small towns this latter is the more satisfactory method of dealing with the question, and there are many advantages in having a specialist in hygiene to supervise the health of the children. One cannot say, however, that the education committees take a wide view of the duties of such an officer, or surely they would not offer such miserable stipends for such important work. In Eastbourne, a town of nearly 50,000 inhabitants, and probably one of the richest in the country for its size, the salary conferred on the medical officer is £50 a year! Surely the health of the thousands of children under their care is worth more than wages of an unskilled labourer. The old adage *magnum vectigal parsimonia* may be drawn to too fine a point.

Mysterious Death at Dover.

The ways of coroners' juries are proverbially so erratic as often to demand further revision by the police or the Home Office. An instance of that kind appears to have arisen at Dover, in connection with the death of a young woman. Deceased had been in the service of Mr. W. Newman, a veterinary surgeon, as housekeeper for seven weeks, during a month of which period she had been married. To all appearance she was in good health, when one morning she was found in a fainting condition, and shortly afterwards died. The post-mortem examination revealed nothing to account satisfactorily for death. The heart was slightly flabby and the stomach contained two or three ounces of fluid. The jury declined the offer of the Coroner to obtain an analysis of the contents of the stomach, and found a verdict of death from natural causes. This case is interesting as a type of the many perfunctory and unsatisfactory inquests that are daily conducted in the United Kingdom. The coroner is in the hands of his jury, inasmuch as he can do little more than protest against their finding, no matter how grotesque and inadequate that may be. In the Dover case the scientific evidence is clearly inadequate, and it is impossible for mortal man to say that deceased did not meet her death by poison administered either suicidally or homicidally. We do not for a moment suggest that anything of the kind has happened, but as things stand the possibility has certainly not been excluded. The Dover Coroner himself remarked, so it is reported, that the case above mentioned was most unusual and puzzling. A comment of that kind from an experienced Coroner suggests the need of further inquiry by the police and the Home Office, and it is to be hoped, in the public interest, that such further official inquiry may be forthcoming.

Contending Views as to the Causation of Phthisis.

Since Koch's famous utterance at the Congress on Tuberculosis two years ago, there has been nothing said in relation to the subject of interest at all equal to Professor von Behring's recent address at Cassel. Given with far more sobriety and far less seeking for sensation than Koch's address, it is, as regards its practical bearings on the prevention of tuberculosis, of at least equal importance. The doctrine of the former, if accepted, goes to stop any care as to the ingestion of tuberculous milk, while that of the latter tends toward making us disregard any dangers at present believed to spring from the inhalation of tubercle bacilli. Behring's thesis, indeed, is that practically all adults are tuberculous; between the ages of eighteen and thirty, the percentage of tuberculous infections is 96, the figures being got by post-mortem examination in cases of death from all causes; while in persons over thirty, all bodies are said to show tuberculous lesions. Parallel with this is the observation of Tracey, that from 60 to 70 per cent. of soldiers in two Austrian regiments gave a positive tuberculin reaction. If if be, then, that we are all tuberculous what is meant by the development of phthisis? According to Behring, the tuberculous foci, which may remain quiescent for years, suddenly become active, owing to the subject adopting a mode of life suitable for such development. The original infection he believes to enter by the digestive organs in infancy; no secondary infection is necessary to bring about the appearance of phthisis. It is, of course,

far too early to express an opinion on these startling arguments, as they will have to undergo thorough testing before they are either received or rejected. It is interesting to note that Behring is strongly opposed to Koch's views on the relations of bovine and human tuberculosis.

Epidemic Cerebro-Spinal Meningitis.

FROM time to time there have occurred in various parts of the Continent, Great Britain, and North America epidemics of an acute febrile disease accompanied by specific nervous symptoms and very often by a rash, generally of an herpetic character. This affection formerly bore the name of cerebro-spinal fever, but from the researches of Weichselbaum, who obtained a special organism, the *Diplococcus intracellularis meningitidis*, in the exudation, the name of cerebro-spinal meningitis is more comprehensive. A curious epidemic of an illness bearing a very close resemblance to this has just been investigated by Dr. Reginald Farrar and reported in a memorandum to the Local Government Board. The outbreak occurred in the village of Criftins, which is situated in the Ellesmere Rural District and about five miles from the town of Oswestry, in the month of May last. It is computed that fifty children attending the Criftins school were attacked by illness, but from further inquiries Dr. Farrar concluded that the total number affected was about eighty. The features common to nearly all the cases were weakness, acute febrile disturbance of sudden onset, severe headaches, vomiting and diarrhœa. In many cases there was delirium, aching in the spine, and in five or six there was herpes labialis. Two deaths occurred, which were both certified by Dr. Bulsteed, of Ellesmere, whose notes are appended in the Report, as due to "acute meningitis" (not considered to be tuberculous). No satisfactory origin could be ascribed for the outbreak, but it is stated that a procession of children was organised to view the body of the first child, a boy of seven, who died of the disease. In Oswestry, a town of about 10,000 inhabitants, five or six cases of a similar nature occurred, and one of these was confidently diagnosed by Dr. Beresford, the medical officer of health for the Oswestry Urban District, as being epidemic cerebro-spinal meningitis. The possibilities of the disease being a severe type of influenza are discussed, but the evidence has many points in favour of the diagnosis of epidemic cerebro-spinal meningitis. Had it been possible to secure cultures of the fluid obtained by lumbar puncture the suspicion might, perhaps, have been confirmed.

Case of Rag-Sorters' Anthrax.

AN interesting case of death from anthrax infection has recently been investigated at Dewsbury by a coroner's court, at which the Home Office was represented by no less than five prominent officials. From the evidence, it appeared that the deceased, a woman, forty-one years of age, met with her death as the result of anthrax. She contracted the disease apparently in the course of her occupation as a rag-sorter, though there was no evidence to show that any of the particular rags sorted by her had been previously in contact with sheep or cattle. The dust from the rags was burnt every week. The owner of the place had failed to comply with the requirements of the law, and the local sanitary inspector actually did not know of the existence of these rag-sorting premises. The jury, however, returned a verdict of death from anthrax, without attributing wilful neglect to the owner. Dr. Legge, Government Medical Inspector, remarked that during the last five years notifications had been received at the Home Office of 205 cases of anthrax, mainly in factories and workshops, out of which 47 deaths had occurred. The case before the jury was the only one reported in the industry of rag-sorting. Sixty of the cases had occurred in the woollen industry, 60 in skins, over 50 in horsehair, and the rest in other industries, mostly connected with wool. The disease was unknown among rag-sorters. In Austria, between 1885 and 1895, there were 70 cases. They were known as true wool-sorters' type, internal. It was external in the case of the deceased woman. He thought that the disinfecting of the warehouses played an important part in the prevention of the disease. In cases of anthrax early treatment was most important.

The Physician as Patient.

IT is often said that a medical practitioner makes the worst of patients. To some extent this may be true, but there are usually mitigating circumstances making a recommendation to mercy reasonable. But we are not so much concerned with the attitude of the sick physician, as desirous of insisting on the desirability of a practitioner knowing from personal experience something of the irksomeness and discomfort, or, on the other hand, attractiveness and comfort arising from measures or methods ordered for therapeutic purposes. In these days of "open-air" treatment, how many physicians have actually undertaken a week's residence and undergone routine treatment in a sanatorium? Few practitioners have experienced the sensations arising from massage, high frequency currents, and various other forms of mechanical and electrical treatment. Even in the course of their travels it is remarkable how few medical men avail themselves of opportunities to test the action of various mineral waters, or test for themselves the different baths they are accustomed to recommend to their patients. It is not so much a question of "Physician, heal thyself," as "Doctor, feel for thy patient." A little more practical experience self-inflicted would do much to lighten the weariness of many a real sufferer.

SEVERAL negroes, the subjects of sleeping sickness, are now under treatment in Paris. Careful investigations are being made with a view to clear up the uncertainty regarding the etiology of this remarkable and mysterious affection. It is said that carbolic acid and arsenic are proving of service.

A New Intestinal Bobbin.

The number of bobbins, buttons, and such-like contrivances for uniting the divided ends of intestines that have been devised from time to time are evidence that no completely satisfactory form of this necessary appliance has been as yet designed. A new variety of bobbin has been recently described by the designer, Dr. MacLennan, of Glasgow, in a contemporary, and appears to offer certain advantages, particularly in point of rapidity of execution, over the other forms on the market. This bobbin, which is made of decalcified bone, is somewhat in the form of a truncated cone. At the larger end it is surrounded by two shallow grooves, and at the smaller end by one deep groove. The bobbin is introduced, small end first, into the proximal end of the divided intestine, and the latter is fixed to it by a single encircling ligature which lies in the shallow groove nearest the large end. A rubber ring, resembling an umbrella ring, is then slipped on over the gut, and lies in the same groove as the encircling ligature. The proximal end of the intestine with the contained bobbin is then inserted into the distal end, far enough for the latter to cover the rubber ring and the second shallow groove, into which the distal end is fixed with a second tightly applied ligature. The rubber ring is then pushed upwards along the bobbin until it slips into the groove at the smaller end, and in this process carries with it a double layer of the distal end of the gut. As soon as it has snugly fitted into this groove, the junction of the intestine is complete. Union takes place between the proximal and distal ends beneath the ring, and the portions of ligatured gut at the distal side of the ring come away. The operation is not easy to describe in a few words, but as portrayed by Dr. MacLennan, appears to be most simple. It has been put into practice in the case of dogs with successful results.

Sanitary Officers in the Army.

The degree of appreciation which sanitary officers meet with in the Army does not appear to be materially greater than that enjoyed by their civil *confrères*. A writer in a recent issue of the *Broad Arrow* draws attention to this fact, in view of the recommendation recently made by the Advisory Board that sanitary officers should be restored. Even so high an authority as the present Commander-in-Chief, an authority, moreover, who cannot be accused of any prejudice against the medical profession, takes no pains to hide the fact that he considers sanitary officers a useless appendage to an army in the field. In his "Soldier's Pocket Book," he writes: "The sanitary officer is a creation of recent years, and as a rule is a very useless functionary. In numerous campaigns . . . . I can conscientiously state I have never known him make any useful suggestion, whereas I have known him make several silly ones." It is quite possible that sanitary officers, like many other officers, may occasionally tend to ride their speciality to death, as in the case Lord Roberts records of the sanitary officer who wanted him to delay an army on the march while a town was being drained. On the other hand, how many sanitary disasters have resulted during the South African campaign which might have been prevented if the Army had possessed skilled sanitary advisers? It is not, however, unnecessary to point out that it is useless to expect skilled advice and expert opinion which will be of value from a sanitary officer when his reports are liable to be "criticised and reviewed" by any layman who happens to be Under Secretary to Government, and who is empowered to expunge any portion of such report if it should be disapproved by any department.

An Educational Municipal Sanatorium.

In spite of the optimists pulmonary tuberculosis is not likely to disappear from the long table of troubles which overpower the human. At the present time, indeed, it is impossible to provide adequate accommodation for the immense number of consumptives clamouring for relief. The demands of the situation have extended far beyond the possibilities of philanthropically directed assistance. Sufficient help can only come from municipal and state intervention. At present, though, it has not sufficiently crystallised to warrant general action; and much of present action is avowedly experimental. One of the most interesting and important of these experiments is being carried out by Dr. Arthur Newsholme, the distinguished medical officer of health for Brighton. The Borough Fever Hospital, which is excellently situated on the high ground behind the town, is being used in part as a sanatorium for consumptives where phthisical residents within the borough may be received for the period of a month and instructed in the principles of a hygienic life. Efficient open-air treatment is provided so that both from the public as well as the personal standpoint much good should accrue. Dr. Newsholme's important experiment should be carefully watched. It is apparently an important step in the right direction.

Trees and Coal-Tips.

Travellers in our coal-mining districts know something of the profound mental depression aroused by the unsightliness wrought by that burrowing animal man. It is often contended that a considerable portion of our national characteristics is dependent on climatic conditions. This may well be, but it is not always allowed that the occupations more or less peculiar to certain districts have much moulding influence on the morals of the dwellers, and yet this is undoubtedly so. The psychological aspects of residence might well be the subject for scientific investigation. All that makes for the beautifying of a neighbourhood is to be considered as helpful in the hygienic development of those destined to live therein. We are pleased, therefore, to find that the Midland Reafforesting Association is about to take steps to make beautiful the waste

places of our pit-tips and spoil banks. It is estimated that quite 30,000 acres may ultimately be planted. We have heard much concerning garden cities. We are now to have our unsightly coal districts turned into sylvan resorts. All this when accomplished will prove an immense boon to the physical and mental health of the people.

Hygiene—and the Umbrella.

PERPETUAL rain has necessitated a persistent acquaintance with the umbrella. This instrument of protection deserves to be had in everlasting remembrance, but honesty requires that its shortcomings be duly acknowledged. An open umbrella is like an industrious labourer, but a closed and wet shelter is oftentimes a nuisance and danger. It is surprising how meagre is the accommodation provided in many churches and other places where the human of necessity has to congregate, for the ubiquitous umbrella. Damp, dirt, disorder are the results of a rain-soaked "gamp," and in the interests of sanitary order and hygienic rectitude it is most desirable that precautions should be taken to diminish the disadvantages flowing from a hard-worked umbrella. Prophylaxis demands that a protector of health shall not be permitted power to derange anything making for comfort and well-being. And the moral of all this is clear. An umbrella at rest requires a suitable resting place.

Dinner and Presentation to Professor Cunningham.

A MOVEMENT is on foot in Dublin to mark the severance from that city of Professor Cunningham, formerly Professor of Anatomy in the School of Physic, Trinity College. We understand that his numerous friends and past pupils have decided to entertain him at dinner on November 21st, and the arrangements which have been made with that end have so far progressed most satisfactorily. It is also the intention of the past and present pupils to avail themselves of the opportunity afforded by the dinner to present Professor Cunningham with a piece of plate of Irish design in the shape of a large "Methyr" cup. Professor Cunningham's relations with his pupils were in the past of so cordial a character that it is not surprising to learn that the presentation has been largely subscribed to.

The Mastership of the Rotunda Hospital.

THE septennial election to the Mastership of the celebrated Rotunda Hospital takes place on Friday next, and much interest attaches itself to it. The Governors are limited in their choice to the former Assistants of the Hospital, from amongst whose ranks several distinguished candidates have offered themselves, and among them the Governors will have no difficulty in obtaining a suitable Master. The Mastership of the Rotunda Hospital is a most responsible position, and does not perhaps possess an exact counterpart elsewhere in the United Kingdom. It has a world-wide reputation, and one which at the present time of great scientific activity in the various medical educational centres it is no easy matter to maintain. There are now many more gynæcological and obstetrical teaching centres to attract students than there were a few years ago, and if the Rotunda Hospital is to compete satisfactorily with them it needs a most energetic and capable Master. The decision of the Board will be awaited with much interest in medical circles.

WE hear that an anonymous donor has presented 12½ acres for the new King's College Hospital in South London. An appeal is being made for £300,000 to build and equip the fresh establishment.

PERSONAL.

SIR WILLIAM TURNER THISELTON DYER, K.C.M.G., C.I.E., M.A., F.R.S., has been elected first President of the newly-founded Therapeutic Society.

DR. JOSEPH GRIFFITHS SWAYNE, late of Clifton, author of the popular "Obstetric Aphorisms," has left real and personal estate of the value of £43,986.

IT is announced that the committee of the National Physical Laboratory has appointed Mr. W. A. Caspari B.Sc., Ph.D., to the post of junior assistant in the chemical department.

VISCOUNTESS MOUNTGARRET opened at Leeds last week the new Hospital for Women and Children, the Lord Mayor (Mr. John Ward) being present. The buildings afford accommodation for forty-eight beds.

THE Harveian Lectures will be delivered this year on November 5th, 12th, and 19th by Dr. D. B. Lees, at the Stafford Rooms, London, W. The subject selected is "THE Treatment of Some Acute Visceral Inflammations."

THE Earl of Derby (the Chancellor) and the senate have issued invitations for the inaugural ceremony of the new University of Liverpool, which will take place at St. George's Hall in the afternoon of Saturday, November 7th. Academical costume will be worn on the occasion.

THE Hughlings Jackson Lecture of the Neurological Society of the United Kingdom will be delivered by Sir William Broadbent, Bart., M.D., F.R.S., at 11 Chandos Street, to-morrow, Thursday, November 5th, at 9 p.m. The subject will be "Hughlings Jackson as Pioneer in Nervous Physiology and Pathology."

DR. ALFRED S. GUBB, who for many years past has occupied the post of the London editor of THE MEDICAL PRESS AND CIRCULAR, has relinquished that post and his London practice, and will in future practise alternately at Algiers and Aix-les-Bains. Dr. Gubb holds the M.D. of the Paris University, as well as an English medical qualification.

WE learn that Sir William Taylor, K.C.B., Director-General of the Army Medical Service, will preside at a dinner of the Glasgow University Club, London, to be held on Thursday, November 26th, in the Trocadero Restaurant. Particulars may be obtained from Mr. James Dodds, Dover House, Whitehall, or from Dr. C. O. Hawthorne, 28 Weymouth Street, W.

Special Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

[FROM OUR SPECIAL CORRESPONDENT.]

SCOTLAND.

FRICTION AT THE DUNDEE ASYLUM.—From reports which have appeared in the daily press it would seem that there is at present considerable friction between the medical superintendent and the Lunacy Board, and that a committee of the Board has recently had to inquire into several matters affecting the internal management of the asylum. Their report is concerned chiefly with three matters: First, the reinstatement by the superintendent of an attendant who had been dismissed by the senior assistant physician during the medical superintendent's absence. Dr. Tuach, the assistant physician, alleged that the attendant had broken the rules of the institution by absenting himself for two days without leave, and that Dr. Rorie, the superintendent, reinstated him without previous consultation with Dr. Tuach. The committee regarding this as an error of judgment which would be most detrimental to the maintenance of discipline, recommended that the attendant be discharged. Second, the resignation of the matron and second assistant physician were considered. The latter complained that his efforts to secure proper treatment of the patients were not seconded by Dr. Rorie, that he himself had been treated with injustice and discourtesy, and that Dr. Rorie made the head attendant his medium of information regarding the patients. The committee found that Dr. Rorie ought to have instituted a strict inquiry into an alleged disturbance near the dormitories by the attendants, at an hour when the patients ought to have been asleep. They are of opinion that Dr. Rorie's relations with his assistants are unsatisfactory, and that he be enjoined to treat them with due courtesy. The third point investigated referred to the death of a patient on September 24th. On September 15th, Dr. Shepherd was informed by a night attendant that he had found a patient much bruised about the chest, and on examination the doctor found that the bruises were about two days old. Failing to ascertain the cause of these, he reported to Dr. Tuach, who reported to Dr. Rorie. In Dr. Rorie's evidence on this case he quoted a passage from his diary of September 17th: "Found bruised in sick room, and curious story told by J. McMahon that he had been told that patients had been occasionally tied in bed. Afterwards denied point blank by Mitchell and Chalmers. . . " Instructed by the General Board of Lunacy, he communicated with the Procurator-Fiscal, who held an investigation. The committee examined the assistant physicians and the attendants in reference to this case, and were satisfied that the former promptly made every effort to ascertain the cause of the patient's injuries. At the post-mortem examination the cause of death was found to be double pleurisy, with fracture of right ribs. The committee found that the patient was very restless, and that on several occasions he fell out of bed; they experienced great difficulty in obtaining information from the attendants, none of whom gave a clear account of how the injuries were sustained. They were not satisfied that these were actually due to his falling out of bed, nor were they satisfied that strapping down was not at times resorted to. Dr. Rorie's examination seems to have been a very inadequate one, and the committee regard him as having trifled with a very serious matter. When the report, of which the preceding is a summary, came up before the District Lunacy Board, a letter from Dr. Rorie was read, stating that in view of the extraordinary nature of the investigation committee's report, and the fact that until he came upon it in the newspapers he had never seen that report, he considered it advisable to ask for a full and independent investigation of the whole matter by the Commissioners on Lunacy, and had written to the secretary of the General Board accordingly. By eleven votes to eight the report was agreed to, this involving the dismissal of the reinstated attendant, the enjoining upon Dr. Rorie of courtesy to subordinates, and the remitting to the General Board the question of the death of the patient. In the discussion it was repeatedly stated that chaos existed, and had done so for many years, at the asylum, and that there were indications of drunkenness and brutality on the part of some of the attendants. That there should be even *prima facie* evidence of such a state of matters as the report suggests at any asylum is nothing short of deplorable; if things are actually as reported they constitute a very grave scandal, and it is earnestly to be hoped that a thorough independent inquiry will be at once instituted and the offenders promptly and decisively dealt with.

DUNDEE UNIVERSITY COLLEGE.—The students number 184 this year, as compared with 171 last year; the numbers have been steadily increasing since 1897, and are now nearly double what they were before union with St. Andrews, and consequent restoration of degree-granting privileges. In order to provide physics and engineering laboratories new sites have had to be purchased as the existing frontage area was unsuitable owing to the proximity of the street. By the generosity of Miss Symers, a donor of £5,000, and other contributors, £11,500 has been raised to acquire the adjacent grounds of Ellenbank. It is proposed that ultimately the whole present frontage should be rebuilt at a cost of £80,000, but the work is so arranged that it can be undertaken in three portions, as means are available. As to the extensions to be taken in hand at once, they comprise (1) a large addition to the chemical department which will obviate the overcrowding in the practical laboratory for junior students, and will provide accommodation for the study of electro-chemistry; (2) a physics laboratory (presented by Mr. J. K. Caird, LL.D.), and (3) remodelling the heating apparatus of the whole institution. The plans of the engineering department are at present under consideration.

AN HONOUR FOR SIR WILLIAM MUIR.—All old Edinburgh students will congratulate Sir William Muir on the occasion of his receiving the medal of the Royal Asiatic Society, the highest distinction the society can confer on an Oriental scholar. The medal is a triennial one, and is usually presented at some function presided over by Royalty. Sir William Muir cannot, however, on account of his advanced age, undertake the journey to London, and hence in his case the ceremony had perforce to be dispensed with.

GLASGOW CORPORATION MILK SUPPLY FOR INFANTS.—A sub-committee of public health committee of the Glasgow Town Council has recommended that the town, following the example of other municipalities, should erect depots for the supply of sterilised milk for the feeding of infants in poor localities. The creation of a central sterilizing establishment would cost only £650, and the milk might be distributed either by local depots or, as at Liverpool, through ordinary dealers who receive a percentage. This is just one of those pieces of municipal trading to which no one can take exception, and it is greatly to be hoped that Glasgow will undertake it. In doing so, it will be the second town in Scotland which has tried the experiment, for the system has been in successful operation in Leith for nearly a year.

Correspondence.

THE RANGOON LYING-IN HOSPITAL.—A PROTEST.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—We have in Rangoon a Lying-in Hospital. It was built with money given by the general public for that purpose. It consists of one building containing on the two lower floors six rooms for about thirty midwifery cases, with accommodation for pupil-nurses on the third floor. There is within a mile of the lying-in hospital a large general hospital with some 460 beds. This institution is amply provided with funds and accommodation for the treatment of general medical and surgical cases, male and female, and the performance of every description of surgical operation.

Under the orders of the late Lieutenant-Governor, Sir

Frederick Fryer, the lying-in hospital has been converted into a general hospital for the treatment of all diseases in in-door and out-door patients as well as midwifery cases. In confirmation of this statement I append a table copied from the annual official returns, "Notes and Statistics on Hospitals and Dispensaries of Burma," for the years 1901 and 1902, issued by the Inspector-General of Civil Hospitals, Burma. In these official returns in-patients and out-patients are included in the same columns, so that I cannot separate them. It is a fact, however, that all kinds of cases were admitted for treatment.

The annual reports of the lying-in hospital show that in the same building there were in 1901, 309 obstetrical cases, with 212 births, 15 deaths of women, and 24 still-births. In 1902, there were 307 obstetrical cases, 223 births, with 22 still-births, 22 deaths in child-bed, and 11 deaths in other women. The same reports also show that in this same building deaths were due to puerperal fever, beri-beri, septic peritonitis, gangrene of the intestines, cancer of the uterus, cancer of the breast, dysentery, chronic diarrhœa, cholera, tuberculosis, and malarial fever; also after operations for ovarian disease, cancer of the rectum, hysterectomy, and ectopic gestation.

The midwifery, nursing, dressing of wounds, &c., &c., of in- and out-patients, is done by two midwives and a dozen or more probationer pupil-nurses under the supervision of a resident lady doctor, who, with their assistance, performs the operations.

Some of us have protested, and will continue to protest, against the use of the institution as a general hospital while midwifery cases are treated there. Our objections have been over-ruled. Medical men here being divided in opinion upon this question, it is difficult for the public to decide.

I most earnestly beg that in the light of modern medical science you will give your valuable opinion upon this purely scientific and professional question. Is it right to use this lying-in hospital as a general hospital as has been done during the last two years?

I am, Sir, yours truly,

A RANGOON PRACTITIONER.

Rangoon, Burma, October 1st, 1903.

P.S.—I think it advisable to add that there is no caste among the Burmese, that the seclusion of women as practised in India is absolutely unknown here, and that like English women they are attended by male doctors and prefer them.

[The table of statistics appended by our correspondent, and which space prevents us from publishing, appear to belong rather to a general hospital to which midwifery cases are admitted than to a lying-in hospital. Our correspondent's plea does not admit of argument. Modern practice, consideration for the safety of parturient and puerperal women, and, lastly, the statistics of this particular lying-in hospital, alike unite to condemn the treatment of lying-in women and diseases in the same wards. The apparently disastrous effect of the system adopted in the case before us by which the same staff, both medical and nursing, attend to both classes of patients, is rendered very obvious, by the accompanying death-rate of over 6 per cent. among the lying-in women—a death-rate which is some ten or twelve times in excess of what it might reasonably be supposed to be, and which is apparently increasing. Our correspondent's praiseworthy efforts to correct the present state of affairs have our full support.—ED.]

SPECIALISM.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—When I read the letter signed "Specialist," in the last issue of THE MEDICAL PRESS AND CIRCULAR, I was indeed surprised at the signature, and I was glad that I am a "non-specialist." I have seen enough of the seamy side of specialism and that is why I am a "non-specialist." To sign oneself as one of a class "who show by their methods that their object is not to obtain fair remuneration for honest services, that their aim before all things is *not to do the best* for the patient, but that their paramount consideration is the *making of money*, regardless of the injury inflicted upon the *victims* who place themselves with confidence in their hands," would have been repugnant to my view, that if I did I should not belong to that class of "men leading lives of true self-sacrifice and devotion to duty" who are clearly not "specialists," and with whom "Specialist" feels it "the highest honour . . . to claim membership!" It is quite clear that if specialism leads to the development of such a class of men as "Specialist" attacks and reflects upon as he does, it is important for us to consider carefully what we mean by specialism, and how we should treat it. My letter was written with the object of defining the nature of specialism, and of deciding what to support and what to discourage.

I am, sir, yours truly,

NON-SPECIALIST.

[This subject refers to a matter that it would be better for the honour of the medical profession to look in the face once and for all. There can be no doubt as to the existence of a class of specialists without conscience, but sooner or later their true character becomes known to their professional brethren. We are happy to believe, however, that they form a small percentage of the honourable men who devote their time to "specialism."—ED.]

Obituary.

DR. WILLIAM DOBBIN.

WE regret to announce the death of Dr. William Dobbin, of Banbridge, in his sixty-first year, at a private hospital in Belfast. Dr. Dobbin was educated in the last-mentioned town, where he took the B.A., and M.A. degrees with high honours, and in 1867 that of M.D. In 1886 he took the Fellowship qualification of the Royal College of Surgeons of Ireland. He spent his professional life at Banbridge, and was known widely throughout Ulster, where he has left a large circle of friends. He leaves behind a widow and a family of one daughter and two sons, of whom one is a M.B. of Edinburgh University.

DR. ROBERT JOHN GURDEN.

WE regret to announce the death of Dr. Robert John Gurden at Croynach, whither he had retired for several years past on account of failure of eyesight. He was a brilliant student of the University of Aberdeen, where he graduated with honours as M.B. and C.M. in 1872. After studying on the Continent, he settled in Aberdeen, and was appointed assistant-surgeon to the hospital in 1880 and full surgeon in 1889. He held many important social and medical posts during a career that has been prematurely ended. His retirement from the hospital in 1900 was the occasion of a warm testimony to his many acquirements, both professional and social. His loss will be felt by a wide circle of friends.

LIEUT.-COL. R. V. ASH, A.M.S.

WE regret to announce the death of Surgeon-Lieutenant-Colonel Robert Vacy Ash, late Army Medical Staff, at Morecambe, aged fifty-eight years. He entered the service in 1871, surgeon-major in 1883, and retired as surgeon-lieutenant-colonel in 1891. He served in the Zulu War of 1879, in the Egyptian War of 1884, and was present at the battle of Tel-el-Kebir. He also took part with the Burmese Expedition in 1886-87. He was several times mentioned in despatches, and received various medals and orders.

Medico-Legal Society.

AT the last meeting of the above society the following were elected officers for the ensuing year:—President: Sir William J. Collins. Vice-Presidents: Mr. C. H. Hopwood, K.C., Mr. A. J. Pepper, Dr. A. Bostock Hill, and Prof. M. Hay. Council: Dr. Garson, Dr. C. O. Hawthorne, Dr. T. N. Kelynack, Dr. Harvey Littlejohn, Dr. G. Danford Thomas, Dr. F. J. Smith, Dr. W. McCallin, Dr. F. J. Wethered, and Dr. W. Wynn Westcott. Treasurer: Mr. John Troutbeck. Secretary: Mr. R. Henslowe-Wellington. Assistant Secretary: Dr S. B. Atkinson.

Literary Notes and Gossip.

DR. LUNN, in the present issue of *Travel*, states that a Russian topographer named Passtoukhof finds tea taken almost boiling a satisfactory agent in combating mountain sickness.

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MEDICAL officers in the casualty departments of our city hospitals will be interested in Mr. C. R. Sherlock's attractively illustrated paper on "Risking Life for Entertainment," in the current number of the *Cosmopolitan*.

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Dr. LOUIS W. SAMBON, in the current number of Dr. Charles F. Harford's interesting quarterly, *Climate*, continues his valuable studies of the chief disease scourges of the tropics in their relation to the development of Greater Britain.

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MR. EDWARD HARPER PARKER, Professor of Chinese at the Owens College, Manchester, in his new work, "China; Past and Present," (Chapman and Hall) has an interesting section on Chinese medicine and the prevalence of leprosy in China.

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PROFESSORS LUDWIG HEKTOEN and E. O. Jordan, of the Univeristy of Chicago, are editing a new periodical to be called the *Journal of Infectious Diseases*, for which Mr. and Mrs. Harold McCormick have supplied an endowment of 125,000 dollars.

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THE Association for the Oral Instruction of the Deaf and Dumb, Fitzroy Square, London, have issued the Report of their Training College for Teachers and School for Children, which is a record of good work accomplished in the interests of the deaf members of the community.

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MR. RICHARD WHITEING'S new novel, "The Yellow-Van" (Hutchinson and Co.), will prove of interest to medical men, containing as it does a pathetic picture of London hospital life, and dealing with sociological problems of the greatest importance to the development of the nation.

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DR. FROUSSARD, Physician at Plombières-les-Bains, has written a *brochure* on "Muco-Membranous Colitis" (London: Bailliere, Tindall and Cox, 1903. Price 1s. net), in which the symptomatology of this obscure affection is well presented and practical suggestions made as to its treatment.

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THE recently issued new fasciculus of the new Sydenham Society's Atlas contains a very valuable series of coloured plates which beautifully illustrate the lesions in the skin caused by arsenic, and amongst this collection are two interesting ones provided by Dr. Kelynack from cases in which conspicuous pigmentation arose from the drinking of arsenicated beer.

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THE current issue of the *Manchester Medical Students' Gazette* forms a special medical school number, and contains an interesting history of past medical matters in Cottonopolis and a description of its present facilities for medical study. The *Gazette* is well illustrated and should prove attractive to all concerned in the evolution of Manchester's Medical School.

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LAST year the Medico-Psychological Association of Great Britain and Ireland issued the report of its Tuberculosis Committee, in which important evidence was given respecting the prevalence of phthisis in our public asylums and valuable suggestions made as to the stay of the scourge. Unfortunately, however, many of the statistics were found to be incorrect. The Council has very wisely issued "A Revision of the Statistics presented by the Committee on Tuberculosis," which has been carefully prepared by Dr. T. A. Chapman, late Medical Superintendent of Hereford City and County Asylum. The report should be carefully studied by all alienists and those responsible for asylum management.

PROFESSOR ARTHUR E. BARKER, of University College, London, has translated Professor K. G. Lennander's "Observations on the Sensibility of the Abdominal Cavity," which offers much that is of interest in its bearing upon physiological problems and clinical diagnosis and treatment. The author finds that the parietal peritoneum is extremely sensitive to all operative manipulation; but the intestinal tract, the mesenteries, the stomach, the anterior border of the liver, the gall-bladder, the great omentum, the serous covering of the bladder, as well as the parenchyma of the kidneys, are wholly insensitive to operation, even with the thermo-cautery. All interested in the furtherance of a popularisation of local anæsthesia should carefully study Professor Lennander's monograph. Surgeons will be particularly attracted by the way in which cases are reported.

NEW BOOKS AND NEW EDITIONS.

THE following have been received since the publication of our last list:—

BAILLIERE, TINDALL & COX (London).
Aids to Chemistry. By T. A. Henry, D.Sc.Lond. Pp. 316. Price 4s. 6d.
Handbook of Diseases of the Ear. By Richard Lake, F.R.C.S. 54 Illustrations and three Coloured Plates. Pp. 232. Price 6s. net.
The Latin Grammar of Pharmacy. By Joseph Ince, F.C.S., F.L.S., F.G.S. Eighth Edition. Pp. 371. Price 5s. net.
The After-Treatment of Operations. A Manual for Practitioners and House Surgeons. By P. Lockhart Mummery, F.R.C.S.Eng., B.A., M.B., B.C.Cantab. Illustrated Pp. 221. Price 5s. net.
Home Nursing. By Bernard Myers, M.D., C.M., M.R.C.S., L.R.C.P., etc., Lecturer and Surgeon to St. John Ambulance Association. Pp. 131. Price 2s. 6d. net.

BEMROSE & SONS, LTD. (London).
Beautiful Biskra: The Queen of the Desert. By C. Howard Tripp. Illustrated. Pp. 93. Price 1s. net.

CASSELL & CO., LTD. (London).
Elements of Surgical Diagnosis. By A. Pearce Gould, M.S.Lond., F.R.C.S.Eng. Third Edition. Revised and Enlarged. Pp. 607 Price 7s. 6d.

CHAPMAN & HALL, LTD. (London).
Mankind in the Making. By H. G. Wells. Pp. 429. Price 7s. 6d.

J. & A. CHURCHILL (London).
Diseases of Women. By Alfred Lewis Galabin, M.A., M.D., F.R.C.P. Sixth Edition much enlarged. Illustrated. Pp. 695. Price 16s. net.
A Short Practice of Midwifery. By Henry Jellett, B.A., M.D., etc. Fourth Edition, revised and illustrated. Pp. 557. Price 8s. 6d.

WILLIAM F. CLAY (Edinburgh).
Practical Text-Book of Midwifery for Nurses. By Robert Jardine, M.D., etc. Second Edition. Illustrated. Pp. 268. Price 6s.

GEORGE GILL & SONS, LTD. (London).
First Aid in Accidents. By R. J. Collie, M.D., and C. F. Wightman, F.R.C.S. Pp. 125. Price 6d. net.

H. K LEWIS (London).
Cancer and Precancerous Changes: Their Origin and Treatment. by G. H. Fink, M.R.C.S., L.S.A.Lond. Pp. 105.

LONGMANS, GREEN & Co. (London).
A Manual of Pathology. By Joseph Coates, M.D. Fifth Edition, revised by L. R. Sutherland, M.D. Illustrated. Pp. 1,287. Price 28s. net.

GEORGE A. MORTON (Edinburgh).
The Care of Infants: A Manual for Mothers and Nurses. By Sophia Jex-Blake, M.D. Second Edition. Pp. 109. Price 1s. net.

OLIVER & BOYD (Edinburgh).
Gynæcological Nursing. By Netta Stewart. Pp. 174. Price 2s. 6d.

REBMAN, LTD. (London).
An Atlas of Human Anatomy. By Carl Toldt, M.D., assisted by A. D. Rosa, M.D. Translated from the third German Edition by M. Eden Paul, M.D.Brux. First Section A., The Regions of the Human Body. B., Osteology. Pp. 160. Price9s. net.

W. G. AITCHISON ROBERTSON (Edinburgh).
Contributions to the Physiology of Digestion and to Dieteties. By W. G. Aitchison Robertson, M.D., etc.

W. B. SAUNDERS & Co. (London).
A Thesaurus of Medical Words and Phrases. By Wilfred M. Barton, M.D., and Walter A. Wells, M.D. Pp. 534. Price 12s. net.
A Text-Book of Operative Surgery. By W. S. Bickham, Phar.M., M.D. Illustrated. Pp. 984. Price 25s. net.
A Text-Book of Obstetrics. By J. Clarence Webster, M.D.Edin., F.R.C.P.E., etc. Illustrated. Pp, 800. Price 21s. net.

THE "PRACTITIONER," LTD. (London).
Congenital Dislocation of the Hip, and Lorenz' Method of Treating It. By J. Jackson Clarke, M.B., F.R.C.S. Reprinted, with additions, from the *Practitioner* of March, 1903. Pp. 25. Price 1s. net.

JOHN WRIGHT & Co. (Bristol).
Essentials of Pelvic Diagnosis with Illustrative Cases. By E. Stanmore Bishop, F.R.C.S., and an Appendix on Examination of Blood, etc., by Chas. H. Melland, M.D., M.R.C.P. Pp. 297. Price 9s. 6d.
The Medical Examination for Life Assurance. By F. de Havilland Hall, M.D., F.R.C.P. Third Edition. Greatly Enlarged. Pp. 112. Price 4s. net.

Medical News.

The King's Sanatorium.

HIS MAJESTY THE KING yesterday laid the foundation stone of the King Edward VII. Sanatorium at Midhurst. Elaborate preparations had been made to give a thoroughly Royal character to the proceedings. The King travelled by special train from Waterloo, and was received at Haslemere Station by Viscount Midleton, Lord Lieutenant of Surrey, the Sheriff and the Under Sheriff, and Sir William Broadbent, Bart., M.D., Chairman of the King's Advisory Committee. A distinguished company of visitors left Victoria by special train at nine o'clock, reaching Midhurst a little before eleven o'clock, and were conveyed in carriages to the site of the sanatorium. Sir Wm. Broadbent read a brief address, and the actual ceremony was short, simple, but impressive. Luncheon was served in booths erected on the ground. The King's Sanatorium has been founded under most auspicious circumstances, and it may well be that its career will prove one of incalculable usefulness to the consumptive poor of these isles.

Enteric Fever Outbreak at Merthyr.

DR. THOMAS, the medical officer, reported to the health committee of the Merthyr Urban District Council on Wednesday last that sixty-three cases of enteric fever had been notified during the four weeks ended October 24th.

Anti-Vivisection in Austria.

IT is reported that the Austrian Anti-Vivisection League has prevailed on a group of deputies to bring up a motion in the Reichsrath tending to make vivisection in every case illegal. The committee of the Lower Austrian Landtag has conveyed to Professor Chrobak orally an order to remove all animals kept for experimental purposes. The Professor is said to have retorted that he would take his orders from the Ministry of the Interior only.

Cork Medical and Surgical Society.

THE annual dinner of the Cork Medical and Surgical Society was held on October 24th. The chair was occupied by the president, Dr. J. Cotter. After the usual loyal toast had been duly honoured, Professor J. J. Charles and Professor W. E. A. Cummins replied to that of the "Cork Medical School." Professor Charles referred to the numerous important posts occupied by past students of the Queen's College and the desirability of maintaining the medical school at its present high standard. "Our Guests" was responded to by Sir Abraham Sutton and Mr. O. C. Cowan. The former in his speech referred to the rumoured proposed settlement of the University question, and commented on the loss it would be to the people of Cork if the medical school were swept away as the result of any political manœuvring. Mr. Cowan (Local Government Board) expressed his admiration for the medical profession and his sympathy with the grievances of the Poor-law medical officers, but pointed out that unjust odium had attached to the Local Government Board, as its action is necessarily limited by the amount of the funds received from the Treasury.

Royal Academy of Medicine.

AT the annual general meeting, held in the Royal College of Surgeons, on October 30th, the following officers were appointed:—President—Sir Thornley Stoker; general secretary, John B. Story; secretary for foreign correspondence, Sir J. W. Moore. Medical Section—president, Sir A. V. Macan; council, J. B. Coleman, James Craig, W. R. Dawson, H. C. Drury, T. P. Kirkpatrick, J. O'Carroll, G. J. Peacocke, R. Travers Smith, W. Langford Symes, William J. Thompson. Surgical Section—president, Sir Lambert H. Ormsby; council—Arthur Chance, T. E. Gordon, G. Jameson Johnston, John Lentaigne, R. B. M'Causland, R. C. B. Maunsell, E. H. Taylor, W. Taylor, R. H. Woods. Obstetrical Section—president, Alfred J. Smith; council—R. H. Fleming, R. A. Flynn, J. H. Glenn, J. Jellett, F. W. Kidd, J. L. Lane, A. D. Purefoy, W. J. Smyly, E. Hastings Tweedy, T. H. Wilson. Pathological Section—president, H. C. Earl; council—A. H. Benson, F. C. Crawley, E. J. M'Weeney, H. C. Mooney, W. C. Neville, A. C. O'Sullivan, A. R. Parsons, J. C. Purser, J. A. Scott, A. H. White. Section of Anatomy and Physiology—president, E. H. Taylor; council, A. Birmingham, D. J. Coffey, A. F. Dixon, A. Fraser, W. Taylor, W. H. Thompson. Section of State Medicine—president, Sir J. W. Moore; council—W. R. Dawson, N. Faulkiner, E. J. M'Weeney, F. C. Martley, J. M. Redmond, W. A. Winter.

The following resolutions were passed:—"That the Fellows of the Royal Academy of Medicine in Ireland, assembled at this annual general meeting, wish to record their regret and sorrow at the death of Sir George F. Duffey, an original Fellow of the Academy, and one of the trustees of its funds. Sir George was one of the most steadfast and faithful supporters of the Academy. Year after year he submitted to one or other of the sections communications of great scientific, clinical or pathological interest and value, and on all occasions he shed lustre upon the Fellowship of the Academy by the high standard of professional honour which he set before him, and up to which he consistently lived. The Fellows of the Academy also desire to convey to Lady Duffey, Dr. Arthur Cameron Duffey, and the other members of the family of their friend and colleague an expression of sympathy with them in their bereavement and sorrow." "That the Presidents and Fellows of the Royal Academy of Medicine in Ireland desire to record their sense of the loss which hospital work has sustained by the death of Mr. Henry Gray Croly, who has been for so many years an active teacher of surgery, and a prominent Fellow in this Academy. The Academy desires to express condolence with the members of his family."

Royal University of Ireland.

THE Senate of the University met on Thursday, October 29th. The reports of the recent examinations were submitted and awards made. Upon the motion of the Most Rev. Dr. O'Dwyer, Bishop of Limerick, seconded by the Rev. Dr. Hamilton, it was unanimously resolved:—"That while we are satisfied that the Royal University of Ireland under its present constitution has done good work within the limits of the powers committed to it, we are of opinion that the finding of the Royal Commission on University Education in Ireland must, unless followed by some measure of reform giving promise of permanency, react injuriously upon the University, and through it upon the most vital educational interests of the country, and therefore we beg most earnestly to represent to the Government the urgent need of taking this question into their immediate consideration." It was ordered that copies of this resolution be forwarded to his Excellency the Lord Lieutenant, the Prime Minister, and the Chief Secretary. The several committees for the ensuing year were appointed, and the Senate adjourned.

Memorial to the late Mr. C. W. Chubb.

ON October 17th the Archdeacon of Bodmin dedicated a stained-glass window in the chancel of St. James's Church, Torpoint, as a memorial to the late Mr. Charles William Chubb, M.R.C.S. Eng., L.S.A., who was churchwarden for about twenty years. The Archdeacon, who also preached, alluded to the unselfish and genuine life of the deceased and to his devotion to suffering humanity.

Birmingham University and Vivisection.

THE National Anti-Vivisection Society recently held a meeting at Birmingham to protest against a licence being granted to the Birmingham University to conduct a laboratory for vivisectional purposes. The following letter was read from Mr. Chamberlain, Chancellor of the University:—"Highbury Moor Green, Birmingham. Dear Madam,—I beg to acknowledge the reception of your letter of the 19th inst., and to say that I am most certainly opposed to the torture of animals, but that I entirely approve of the application of the authorities of the University of Birmingham for a licence to promote scientific research. I think it is a cruel libel upon men like Sir Oliver Lodge, Dr. Windle, and others to attribute to them the possibility of any act of cruelty.

I shall be obliged if you will read this letter to the meeting which you propose to hold.—I am, Madam, yours truly, J. Chamberlain." Mr. R. Somerville Wood moved a resolution appealing to the Home Secretary not to grant the licence, and this was seconded by Dr. G. H. Brand, and carried.

Death under Chloroform and Ether.

A tuberculous patient died under an operation last week at the Southwark Infirmary. The anæsthetic used was chloroform and ether mixture. The patient was in a feeble condition, and after death the heart was found to be extensively degenerated.

PASS LISTS.

The Royal University of Ireland.

The Examiners have recommended that the following candidates be adjudged to have passed the M.B., B.Ch., B.A.O., and M.D. degrees examinations respectively :—

The M.B., B.Ch., B.A.O. Degrees Examination.—Upper Pass : Samuel K. Adams, Michael Cagney, Henry M. Johnston, B.I., George Kelly, Thomas Killen, B.A., Charles G. Lowry, Francis McDonald, James N. Meenan, James H. Moore.

Pass : Lily A. Baker, Charles J. Boucher, Robert J. Cahill, Dudley Forde, Daniel Gillespie, James McA. Holmes, Edward B. Kenny, Michael J. Landy, Francis A. McOstrich, William Minford, B.A., Michael J. O'Flynn, Edward J. O'Hanlon, Francis C. Sampson, William A. Simpson.

The M.D. Degree Examination.—David P. Barry, M.B., B.Ch., B.A.O., David Kernohan, M.B., B.Ch., B.A.O., Frances O. C. S. McDade, B.A., M.B., B.Ch., B.A.O., Marriott L. Rowan, B.A., M.B., B.Ch., B.A.O.

The following candidates have passed the Third Examination in Medicine :—

Upper Pass.—Patrick T. Cawley, Arthur G.Cummins, James S. Dickey, James Donnelly, David H. C. Given, William Irwin, B.A., Robert Jamison (Sch.), Robert J. Lytle, Timothy O.Driscoll.

Pass.—John J. Clarke, John W. Dale, B.A., Michael J, Donovan, B.A., John Dowling, William P. Farrell, Adam Hill, Robert S. Kennedy, William J. Leighton, James Macarthur, William T. McCutcheon, James Magill, Michael J. O'Grady, John J. O'Mahony, B.A., Edward M. O'Neill, Herbert S. Sims, Patrick Steen, John P. Waters, Thomas West.

Royal College of Physicians, Edinburgh, Royal College of Surgeons, Edinburgh, and Faculty of Physicians and Surgeons, Glasgow.

The quarterly examinations of the above Board, held in Edinburgh, were concluded on the 28th ult., with the following results :—

First Examination (Four Years' Course).—Daniel Joseph O'Connell passed the examination.

First Examination (Five Years' Course).—Of twenty-five candidates entered the following seven passed the examination : Henry Ronald Leonard, Oliver David Gunasekara, Harold Hilton Bradley, John Patrick Synnott, Timothy John Vaughan, Robert McConnell Blair, and William James Valentine Curtain ; and one passed in physics, three in elementary biology, and one in chemistry.

Second Examination (Four Years' Course).—Of four candidates entered the following two passed the examination : Frederick Francis Middleweek and James Ringland Lawther ; and one passed in anatomy.

Second Examination (Five Years' Course).—Of thirty candidates entered the following fifteen passed the examination : William Murphy, Robert Johnstone Crawford, Charles Henry Arthur Alderton, Archibald Randolph Fulton Douglas, James Silvester Morris, Angus Cameron Mackay, John Fergus, Maine O'Flaherty, John Hugh Simpson, Duncombe Steele Perkins, Michael Albert Mulrain, Bernard William Dakers, James Stirling Macdonald, Thomas Maine Reid Waddell, William Hanna Clarke, and William Alexander Huston ; and one passed in anatomy and two in physiology.

Third Examination (Five Years' Course).—Of twenty-nine candidates entered the following sixteen passed the examination : Alan Cunliffe Vidal, John William Pell, Lester Ernest Ashley-Emile, William Nicholas Alexander, William Montgomery Johnston, Denham Cecil Woods, James Taylor, William Dick, Edward Ernest Murphy, Edward Francis Nyhan, Michael Philip Desmond, Sorabji Jamasji Bhathena, Gunamal Santdos Thadani, James Dow Kennedy, Daniel Michael Donovan, and Capel Geary Dyer ; and two passed in materia medica.

Final Examination.—Of eighty-three candidates entered the following forty passed the examination and were admitted L.R.C.P.E., L.R.C.S.E., and L.F.P. and S.G. : James Victor Connell, Herbert Cunningham Featherston, Arthur Joseph O'Leary, Matthew John Perkins, Henry Alexander Hagenauer, Hugh Edwin Munroe, Evelyn Neville Lea Wilson, Leo Levi, Jamshijd Dadabhai Munsiff, Thomas Frederick Bayfield, Robert Septimus Walker, Katharine Mary Chapman, Evelyn Morris Franklin, Angus Calder Mackay Macrae, William Dalziel Sutherland, Fitzroy Keyt, Samuel John Graham, William Thomas Williams, James Howard Munro, George Alexander Paulin, Khandu Ganpatrao Gharpwrey, William Adams, William Ness, Stanley George Allwood, Cecil James Todd, Irene Mabel Dewey, Richard William Chester, Robert Carroll Hiscock, Lester Ernest Ashley-Emile, Leo Ambrose Ekanayaka, David Gilbert Gellatly, Mary Lucinda Calderwood, Charles Stewart Hunter, Fritz George Heyer, Ernest Goodwin Rawlinson, Andrew Farm Bell, Robert McLeod Watson, Charles Spencer Buck, John Joseph Uniacke, and John David Jones ; and seven passed in medicine and therapeutics, one in surgery and surgical anatomy, eleven in midwifery, and ten in medical jurisprudence.

At the October sittings in Glasgow of the Conjoint Board in Public Health constituted by the three Scottish colleges above-named, the following candidates were admitted Diplomates in Public Health (D.P.H.) : Robert Vacy Clifford Ash, M.B. ; George Herbert Clark, M.B. ; Clarance Griffiths Evers, L.M.S.(Madras), &c. ; Alexander Maclean, M.B. ; John Thomson Malloch, L.R.C.P. and S.Ed., L.F.P.S.Glasg. ; Philip Gray Marshall, L.R.C.P. and S.Ed., L.F.P.S.Glasg. ; Archibald Mason, M.D. ; Shripat Govind Ranaday, L.M.S.(Bombay), &c. ; Michael Wm. Robertson, M.B. ; Albert Sophron Sieger, L.R.C.P. and S.Ed., L.F.P.S. Glasg. ; James Wilson, M.B. ; and William Robert Wylie, M.B.

Conjoint Examinations in Ireland.

The following candidates have passed the Second Professional Examination (new and old regulations) as undernoted :—

Honours.—J. R. Tobin. *Pass.*—G. W. N. Anderson, A. P. Barrett, T. A. Burke, F. P. Byrne, G. H. Caldwell, M. Cohen, A. J. Faulkner, A. Hogan, W. P. Kelly, T. H. Massey, F. J. Morris, R. V. Murphy, J. M. O'Connell, G. Petit, E. P. Punch, W. Roche, C. R. Wallace, R. Welply, Geo. F. Wright.

The following candidates have passed the third professional examination as undernoted :—

Old Regulations.—J. S. Ashe, P. Donnellon, S. B. Hanbury, D. F. Hegerty, H. R. C. Rutherford.

New Regulations.—J. M. Alcorn, J. R. P. Allin, W. Ambrose, E. A. Bernar, E. C. Byrne, S. Clare, J. J. Connolly, D. E. Crosbie, M. T. Donovan, J. S. Dunne, H. B. Evans, G. H. Gallagher, E. P. Harding, R. W. D. Leslie, T. C. Leslie, M. Lochrin, K. P. Neay, Alf. O'Reilly, E. Purcell, T. J. Ryan, W. W. Stuart, A. J. Swanton, S. W. Talbot, W. J. Trimble.

Inadvertently omitted from list of second professional examination, W. S. Carter.

Cambridge is now officially declared to be free from small-pox. For four months the town suffered under the epidemic, and in all there have been 146 cases. An extraordinary feature of the epidemic was that it was not at first correctly diagnosed, and the disease, being treated as chicken-pox, spread rapidly. Fifteen deaths have occurred.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

CONTRIBUTORS are kindly requested to send their communications if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland, to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

DR. B. T. S.—We do not think the rule applies, but will make further inquiries and let you know.

DISEASES OF WOMEN DUE TO CLOTHING.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

Sir,—"Practitioner" writing in your issue for Oct. 14th, 1903, page 434, would be best answered by being referred to your issue for June 24th, for an article on Chlorosis, page 638.

I am, yours faithfully, W. WILLIAMS.

BLOOMSBURY.—Your question is not particularly definite, but we think Ince's "Latin Grammar of Pharmacy," an eighth edition of which is now before us, would answer your first requirement. The second would probably be met in Underwood s "Comparative Odontology."

SUING FOR FEES.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your answer to R. M. O., in your issue of Oct. 28th, page 494, you state in answer to a correspondent that "Members and Fellows of the Royal College of Physicians sign an undertaking not to sue for their fees." This is true with respect to Fellows, but not correct as to Members; the latter have a perfect legal right to sue for fees for professional attendance, and have done so repeatedly to my knowledge with success in English Courts. The bye-law of the Royal College of Physicians is only restrictive as to Fellows.—I am, Sir, Yours truly, A. GEORGE BATEMAN.

SURGEON MAJOR H. (Malta.)—With much pleasure.

RUD YEAR.—The best short, yet practical book on the subject with which we are acquainted is "Anæsthetics," by Dr. Blumfield, in the Medical Monograph Series issued by Bailliere & Co. You should lose no opportunity that offers itself of administering an anæsthetic, under skilled supervision, as it is only in that way that the necessary experience and confidence can be gained.

"BARE FACED ASEPTICISM."

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

Dear Sir—A contemporary contained in its last issue some lines on the "Aseptic Mare's Nest." Perhaps you would kindly insert the following:—

A surgeon who'd shaved off his beard
In the midst of his colleagues appeared
When asked, why he shaved
The reason he gave(d)
Was "the microbes he really feared!"
The surgeons named Susan and Bess
Should of course have the greatest success,
And if those ladies feared
The Bacilli in beard,
The bare faced they'd only caress.

Yours, &c., A. D.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, NOVEMBER 4TH.

OBSTETRICAL SOCIETY OF LONDON (20 Hanover Square, W.).—8 p.m. Specimens will be shown by DR. Lewers, Mrs Stanley Boyd, and others. Short Communications—Dr. W. H. B. Brook—On Ovarian Cyst which had made its Way between the Layers of the Meso-sigmoid, both Broad Ligaments, and the Meso-cæcum.—Dr. E. A. Barton—A Fœtus Compressus. Paper—Dr. G. J. Maguire—Acute Contagious Pemphigus in the Newly-born.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. J. Smith—Clinique. (Surgical.) 5.15 p.m. Mr. C. B. Keetley—Unreduced Dislocations.

THURSDAY, NOVEMBER 5TH.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road, W.).—8.30 p.m. Dr. D. B. Lees—The Treatment of some Acute Visceral Inflammations. (First Harveian Lecture.)

RONTGEN SOCIETY (20 Hanover Square, W.).—8.30 p.m. The President—Opening Address.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. Hutchinson—Clinique. (Surgical.) 5.15 p.m. Dr. G. E. Herman—Retroversion of the Gravid Uterus.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7 Fitzroy Square, W.).—5 p.m. Dr. George Johnston—"Heart Diseases in Relation to Phthisis" (Illustrated by Cases.)

FRIDAY, NOVEMBER 6TH.

WEST KENT MEDICO-CHIRURGICAL SOCIETY (Royal Kent Dispensary, Greenwich Road, S.E.).—8.45 p.m. Dr. W. H. Payne—Case of Osteitis Deformans. Paper—Mr. G. B. Smith—Menstrual Pain and its Treatment.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—8 p.m. Clinical Evening. Cases will be shown by Dr. S. Taylor, Dr. H. Tilley, Dr. E. A. Saunders, Mr. C. B. Keetley, Mr. McAdam Eccles, and Mr. G. Simpson.

SOCIETY OF ANÆSTHETISTS (20 Hanover Square, W.).—Dr. Moritz—On the Administration of Ethyl Chloride with Nitrous Oxide.

LARYNGOLOGICAL SOCIETY OF LONDON (20 Hanover Square, W.—5 p.m. Discussion on the After-treatment of Nasal Operations (excluding Pharyngeal) introduced by Sir Felix Semon, C.V.O.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.)—4 p.m. Dr. J. Horne—Clinique. (Ear.) 5.15 p.m. Dr. J. E. Squire—Pleural Effusion—Causes and Treatment.

HOSPITAL FOR DISEASES OF THE THROAT (Golden Square, W.).—4.30 p.m. Mr. Parker—Diseases of the Larynx.

Appointments.

BROWNE, OSWALD A., M.D.Cantab., F.R.C.P.Lond., Consulting Physician to the Metropolitan Hospital, Kingsland Road, N.E.

CAUTLEY, EDMUND, M.D.Cantab., F.R.C.P.Lond., Physician to the Metropolitan Hospital, Kingsland Road, N.E.

GREENHILL, EDWARD FOWLER, M.R.C.S.Eng., L.R.C.P.Edin. Medical Officer to the Bristol District of the Great Western Railway Provident Society.

JACOB, F. H., M.D., M.R.C.P.Lond., Assistant Physician to the Nottingham Children's Hospital.

MASSIE, THOMAS, M.B., C.M.Aberd., Medical Officer at the St. George's Workhouse, Southwark Union, London, S.E.

PEGLER, L. HEMINGTON, M.D.Edin., Honorary Surgeon for Diseases of the Ear, Nose, and Throat to the Home in Harley Street belonging to the Governesses' Benevolent Institution.

SAVILL, MRS. AGNES F., M.D.Glasg., Clinical Assistant to the New Hospital for Women, Euston Road.

THURSFIELD, HUGH, M D.Oxon, M R.C.P.Lond., Assistant Physician to the Metropolitan Hospital, Kingsland Road, N.E.

WATERSTON, DAVID, M.D., F.R.C.S.E., F.R.S.E., Senior Assistant in Anatomy and Lecturer in Regional Anatomy in Edinburgh University.

Vacancies.

Brentford Union.—Dispenser. Salary £100 per annum, with dinner and tea daily. Application to William Stephens, Clerk to the Guardians, Union Offices, Isleworth, W.

City of Liverpool Infectious Diseases Hospitals.—Assistant Resident Medical Officer. Salary £120 per annum, together with board, washing, and lodging at the hospital. Applications to the Chairman of the Port Sanitary and Hospitals Committee, under cover to the Town Clerk, Municipal Offices, Liverpool.

Gravesend Hospital.—House Surgeon. Salary £100 per annum, with board and residence. Applications to F. H. Stevens, Hon. Secretary, 146 Milton Road, Gravesend.

Lancashire Inebriates Acts Board.—Inebriates' Reformatories, Langho, Whalley, Lancashire.—Director and Medical Officer. Salary £500 per annum, with residence, coal, light, and washing. Applications to Harcourt E. Clare, Clerk to the Board, County Offices, Preston.

Leeds General Infirmary.—Resident Casualty Officer. Salary £100 per annum, with board, lodging, and washing. Applications to Secretary to the Faculty, General Infirmary, Leeds.

Manchester Royal Eye Hospital.—Junior House Surgeon. Salary £90 per annum, with residence, board, and washing. Applications to the Chairman of the Board of Management.

Royal College of Surgeons, Edinburgh.—Conservator. Salary £105 per annum. Applications to James Robertson, Clerk to the College, 54 George Square, Edinburgh.

Royal Dental Hospital of London, Leicester Square.—A Dental Superintendent. Salary £250 per annum. Applications to J. Francis Pink.

Royal London Ophthalmic Hospital (Moorfields Eye Hospital), City Road, E.C.—Senior House Surgeon. Salary £100 per annum, with board and residence in the hospital. Applications to Robert J. Bland, Secretary.

Sheffield Royal Hospital.—House Surgeon. Salary £120 per annum, with board, washing, and apartments. Applications to the Secretary of the Hon. Medical Staff, Dr. Stanley Riseley, 389 Glossop Road, Sheffield.

Sussex County Hospital, Brighton.—House Surgeon. Salary £140 per annum, with board and residence in the hospital, with washing. Applications to the Secretary.

Western Dispensary, Rochester Row, Westminster.—Resident Medical Officer. Salary £105 per annum, with furnished rooms, coal, gas, and attendance. Applications to the Secretary.

Birth.

PRESTON.—On Oct. 29th, at 120 Cheetham Hill Road, Manchester, the wife of J. M. S. Preston, M.B., of a son.

Marriages.

HOGG—RINGWOOD.—On Oct. 28th, at St. Ann's Church, Dawson Street, Dublin, Thomas P. Hogg, of Craigmure, Blackrock, co. Dublin, to Violet M., eldest daughter of John Ringwood, M.D., of Kenlis, Kells, co. Meath.

Deaths.

MURPHY.—On Oct. 30th, at The Oaks, Duffield, Derby, James E. Murphy, L.D.S., R.C.S Eng., in his 67th year.

PARR.—On Nov. 2nd, at 18 Upper Phillimore Place, Kensington, Louisa, widow of the late George Charles Parr, M.D.

REYNOLDS.—On Oct. 27th, at Amen Court, Ottery St. Mary, Devon, after a long illness, the wife of F. Mortimer Reynolds, M.B., and daughter of the late T. Spencer Cobbold, M.D., F.R.S.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVII. WEDNESDAY, NOVEMBER 11, 1903. No. 20.

Original Communications.

THE IDEAL PHYSICIAN:
HIS EARLY TRAINING AND FUTURE PROSPECTS. (a)

By SIR LAMBERT ORMSBY,
President of the Royal College of Surgeons, Ireland.

To be an ideal physician should be the aim of every man who embraces medicine as a profession. Everyone is not gifted with the same requirements for a successful career. Some few, indeed, may be born with considerable ability, and at the same time be endowed with a rough, overbearing manner, yet by sheer determination they may force their way into the front ranks of their profession. But such disregard for the feelings of others and such lack of politeness must always tell against their success in the long run. Others adopt this Abernethian style from ignorance. I regret to say it appears to be an age where young men are prone to pay but scant courtesy to their seniors, under the mistaken idea that having been born in a more enlightened age they could not possibly learn anything worth knowing from those who have gone before. This is a popular fallacy, and the outcome of youthful presumption and want of experience and common sense, for the more a medical student or young practitioner learns the more he appreciates those master minds who have been the pioneers in his profession.

The early training of the ideal physician, as for any other ideal, must be undertaken with very great care. It is, in fact, a preparation for a great and serious struggle —a most momentous battle. A man must start as a student determined to succeed. Fix, then, in your own mind some successful model, and ascertain the means by which he succeeded, whether by tact, industry, skill, or a combination of all these, and then strive with all your might to acquire the same qualities.

Take care in starting that you are equipped with all the necessary armour and weapons for the encounter upon which you have entered. Be industrious, punctual, cheerful, kindly, courteous to your seniors, respectful to your teachers, and prune off those small objectionable asperities which might hereafter be the means of retarding your progress. And, above all, avoid that sorry band of wasters and drifters whose ways and means are so well known to you all. Let your one aim and end be always to achieve the enviable reputation of a good doctor and a courteous gentleman.

As I stand here I see before me a body of stalwart young men, burning with the generous sympathies of youth, strong with robust qualities both mental and physical, standing in the shadow of this old and respected seat of learning, upon the brink of the arena into which they are so soon to enter. Let me now briefly allude to your future prospects. You will ask me what are your future prospects. In answer, I may mention the Navy, the Army, the Indian Medical Service, foreign appointments, ship surgeoncies, Irish Poor-law Medical Service, and, lastly, private practice.

(a) Abstract of an Address delivered at the Winter Session of the Royal College of Surgeons, Ireland, 1903-1904.

Of these, I fear I will only have time to make a brief allusion to three. Last year I spoke at length of the favoured conditions of the home Army Medical Service as a career, and I am still in favour of this service, notwithstanding there are yet a few grievances in the R.A.M.C. to be remedied. To commence with

THE NAVAL MEDICAL SERVICE.

This Service is the oldest Service of all, and ought to be one of the most popular. But it is not popular, and you may ask me why. Well, I will try to enumerate a few of the defects of the Royal Naval Medical Service up to six months ago, and point out certain of the grievances which in the recent regulations have been remedied.

Grievance No. I.: Late Promotion.—At present the average age of a surgeon entering the Naval Medical Service is 25, he serves until he is 37 before he becomes a staff surgeon, and 45 before he becomes a fleet surgeon, and he may be selected for the higher branches at about the age of 52. No other branch of the Navy has to wait so long to attain corresponding rank; comparison of ages with the executive or combative branch of equal relative rank will clearly show this:—

Surgeons, 25; staff surgeons, 37; fleet surgeons, 45; deputy-inspector-general, 52.

Lieutenant, 21; lieutenant (after eight years' service), 29; commander, 33; captain, 40.

Under these conditions the naval medical officer may be placed in a position of having to ask leave from a man who is considerably his junior in the Service. To make the Service popular I consider promotions to staff surgeons should be after eight years' service, and to fleet surgeons after sixteen years' service. This change, I am informed, on the best authority, will be made in regulations about to be issued in a very few weeks.

Grievance No. II.: Foreign Service.—It is urgently needed that some reform should be made as to the regulation of home and foreign service. At present a staff surgeon returning home after eight years' foreign service (which may be in the unhealthy climates of the East Indies or West Coast of Africa, for which he gets no extra pay), after six weeks' leave (that is, only fourteen days for each year spent abroad) is most probably appointed to either the home, cruiser, or Channel squadrons. These fleets have no fixed ports, and are continuously cruising about. Consequently, the staff or fleet surgeon, if married, sees little or nothing of his wife and family, and after from eighteen months to two years of this so-called home service he is again sent abroad for another term of foreign service. To remedy this there should be a fixed regulation that every medical officer returning from a foreign station should be entitled to a period of shore or harbour service.

Grievance No. III.: Compulsory Half-Pay.—This has by no means been done away with. The great objection is not so much the loss of annual income, which is bad enough, but also the loss of time. The time spent on half-pay has to be made up before retirement.

Grievance No. IV.—Another grave injustice is that a number of medical officers wait patiently until they have completed twenty years' full-pay service (the time

spent on half-pay having to be made up), this being the earliest period when they can retire with a pension. But when this long-looked-forward-to time has arrived it sometimes happens that the unfortunate medical officer is serving abroad. He is informed on applying for retirement that his services cannot be spared, even if he offers to pay his own passage home and his successor's passage out. He is therefore liable to be retained on a foreign station for a period of three years longer.

Grievance No. V. : Control of Sick Berth Staff.—The P.M.O.'s of naval hospitals have no power to deal with breaches of discipline on the part of the sick staff that serves under them. An inspector-general, who is supposed to rank with a rear-admiral, before he can get a man punished has to report him to the executive authorities of the local depôt, and much time is wasted before the charge is heard or the offender punished. Surely the sick pay staff ought to be under the control of the naval medical officer just as the men of the R.A.M.C. are under the control of their officers in the same corps.

Grievance No. VI. : Medical Guard.—It is the recognised custom in the present day, where two or more ships are in harbour together, for the naval medical officers to take it in turn day about to keep medical guard. This means that a medical officer of the ship having the medical guard has to remain on board his ship to be ready to go to any emergency case in any of the other ships should they arise, and always available if required by any of the other ships in harbour. Although this is practically the custom and works admirably, still it is not as yet embodied in the King's Regulations, and the result is that some captains still insist on always having one of the two medical officers belonging to their ship on board, although the medical officer of the guard is close alongside and capable of being on board in five minutes on signal being made for him. To be kept on board every alternate day for the whim of an individual captain is very galling, more especially as it is only done in one or two ships in a fleet. To obviate this grievance it should be clearly laid down in the Regulations that medical guard is to be recognised in all ships.

There are many other petty disadvantages which irritate the naval medical officer, that a little rearrangement could easily remedy without any loss of discipline or efficiency. For instance, there is no encouragement of individual responsibility at medical surveys. An inspector-general, ranking as rear-admiral, is forced to sit under the presidency of a post captain or even a commander who is years his junior in service. Of course, I do not wish to deny that the captain should command his own ship, but I do think that if the status and position of the naval medical officer is to be upheld he should have entire control of the sick and the sick bay staff, and should be able to punish them for breach of discipline in their special work, should necessity arise, the same as in the R.A.M.C. A new set of regulations has just been issued, and some of the matters I have complained of have been remedied ; but many grievances still exist which, I fear, if not removed, will act as a barrier to the entrance of efficient men into the Service. The present Director-General, Sir Henry Norbury, K.C.B., has done more to remove defects than any of his predecessors, and, I know, has the interests of the Service at heart, and is only too anxious to see his branch brought into efficiency and popularity ; but I have no doubt that when he suggests improvements he is stopped by the Treasury, which will not sanction any improvement that costs additional money. The Government yearly expends millions on the building of war ships intended to inflict death and suffering on our fellow-men. How much more in the cause of humanity should they be willing to expend, then, on a branch of the Service whose mission it is to prevent or cure disease and alleviate the suffering inflicted by shot and shell on their fighting men !

If the distinguished Director-General, Sir Henry Norbury, fails to induce the Admiralty and the Treasury to amend these grievances by mild expostulation, they will be forced in the long run to yield, because men will not go where discontent and limitation of status are maintained. In the end the Admiralty will have to follow the example of the Army, and at once accede to the suggestions of an energetic and independent civilian Advisory Board constituted on the same lines as the R.A.M.C., but called in the Navy the Medical Consultative Board.

The R.A.M.C. now gets plenty of well-qualified candidates, but in the Naval Medical Service there is a deficiency of over fifty surgeons. But I hope before long to see these grievances removed and good and efficient men once more induced to enter it in large numbers.

I would now like to say a few words about another Service which has somewhat grown into disfavour,

THE INDIAN MEDICAL SERVICE.

I have just read an official memorandum dated India Office, October, 1903, in which certain alterations are effected for the improvement of the Service.

First, I find by the new regulations that the pay of the Indian military medical officer is increased, although the increase sanctioned is not very large. A lieutenant's commission will in future date from the date on which his course of instruction commences, and he may be promoted to captain on completion of three full years' service, the same as the R.A.M.C., but he will be required after eighteen months' service to pass an examination in military law and military organisation.

The unemployed pay of a lieutenant in India will be in future Rs.420 a month, instead of Rs.350 ; while, when placed in permanent medical charge of a regiment his pay will be Rs.500, in place of Rs.450. On promotion to captain, if in substantive charge, he will receive Rs.550 in place of Rs.450. After seven years' service there is an increase from Rs.600 to Rs.650 ; and after ten years' service, from Rs.600 to Rs.700. The pay of a major after fifteen years' service, who is in substantive charge, is increased from Rs.800 to Rs.900 ; and of a lieutenant-colonel from Rs.1,000 to Rs.1,250. A lieutenant-colonel who has twenty-five years' service will in future receive Rs.1,300 if in substantive charge, and if specially selected for increased pay, Rs.1,400. The pay of the one surgeon-generalship is raised from Rs.2,700 to Rs.3,000. In justice to the officers now serving it is hoped that the regulations will be retrospective as far as they are concerned, and that the regulations will have a retrospective effect from the date on which increased pay under the recent warrant granted to officers of the R.A.M.C. serving in India, to which change I alluded in my address last year.

Following the precedent set in the case of the R.A.M.C., it is now provided that specialist pay at the rate of Rs.60 a month will be granted to officers below the rank of lieutenant-colonel who may be appointed to certain posts, and another clause provides that extra furlough may be granted to officers desirous of pursuing special courses of study, at the rate of one month's furlough for each year's service, up to twelve months in all. There are other important improvements set out in this memorandum, but there are grievances and drawbacks still remaining. When these are removed I believe the Service will be popular again, and many efficient young qualified men will be eager to enter it. The next and last Service I will allude to is nearer home. It is

THE POOR-LAW MEDICAL SERVICE.

Last year I thought I said all that the head of a college could possibly say to you on the subject. But twelve months has proved to me that if the Poor-law medical officers are to be supported in their manly fight against injustice and dishonour, it behoves all those in any position in the profession to speak in season and out of season against the gross treatment which is meted out day by day to our brethren, whose unfortunate lot it is to serve in the Irish Poor-law Medical Service. The Right Hon. Mr. George Wyndham, the able Chief Secretary for Ireland, has since this time last year piloted a most successful Bill through Parliament for the " better union of hearts," and for the settlement of the land question in Ireland, and for the satisfaction and contentment of all parties concerned. But if I am

asked what has been done for the Irish dispensary doctor, I regret to be obliged to say—nothing.

Now let me enumerate the grievances and disabilities which an Irish dispensary doctor labours under at the present time, as related to me by one who has been an Irish dispensary doctor for over twenty-five years. His first and most pressing grievance is that in many instances the salary is not sufficient to pay the expenses of working the district. Then the law declares him qualified for superannuation, but leaves him entirely in the hands of men who are a changing body, liable to be swayed by the transient influences of the moment, and who, perhaps, resent a dispensary medical officer as being, in the words of a popular Irish M.P., a "blue-blooded official."

When such is the feeling of a Member of Parliament towards our dispensary medical officers one can easily guess in what estimation they are held by the rank and file. The dispensary officer becomes sick and tired of the everlasting abuse showered upon his colleagues at the different weekly meetings of the Boards of Guardians throughout the country, and the treatment of the Local Government Board is no better. They heap new duties on their medical officers, and when for once a generous and reasonable Board of Guardians grants an increase of salary, they will not sanction it. Then the mode of election is corrupt, root and branch. Think for a moment of the degradation involved in having to solicit the votes of the class of men who now administer the public affairs of the country, where the most inexperienced member of the profession who had local or political influence would beat the President of the Royal College of Surgeons for a dispensary or union if he were a candidate for one.

The pressing grievances of the Service are therefore narrowed down under six heads:—(1) Insufficient salaries, which should be raised to at least £200 a year. (2) A medical officer ought not to be compelled to pay the travelling expenses incurred in the discharge of his public duties. No other Service is asked to do so without payment. (3) To amend Dispensary Rule 28 so as to give to medical officers the leave the Local Government Board intended as a matter of right they should have, *viz.*, a full month's holiday in the year. (4) To repeal Clause 6 of the Local Government Amendment Act, so as to permit the recoupment from Imperial sources of the full half of the salaries paid to medical officers and not to limit it as it does now to the salaries previously paid. (5) Superannuation—That superannuation to medical officers be paid on the Civil Service scale, and that it be mandatory and not optional. (6) To alter the present mode of election and have it placed under Civil Service rules, and that each candidate enter the Service by competition after examination.

The amelioration of these conditions rests with yourselves. Many of you will be shortly qualified, vacancies occur nearly every week, but I urge you in the strongest manner to refuse to enter a Service which imposes such degradation on its officials. Never before in the history of Ireland has the profession risen as one man to revolutionise old traditions by joining the Irish Medical Association, and so enrolling recruits who before were afraid to utter one word of complaint lest dismissal should follow. You ought to prefer to break stones on the roadside sooner than enter a Service which employs you on starvation terms, and the recreants who are mean enough in face of such a warning to compete for dispensaries at a lower salary than £200 a year deserve to be regarded as unworthy of the name of men. If they are subsequently treated badly it is only the proper punishment of persons so far forgetful of the duty they owe to their profession and the respect they owe to themselves. I am well aware of the responsibility I incur as President of this College in speaking in such condemnatory terms of a Service, even though I believe it to be the worst in Europe. But I urge you to stick together. Become members of the Irish Medical Association; be determined, and the Government must give way, if the sick poor are to be properly relieved and the Service made efficient. I would also impress on those of you who will soon be qualified the necessity of joining as members

The Royal Irish Medical Benevolent Fund,

an object to which every practitioner should at once begin to subscribe. It is, in fact, a form of personal insurance, which, like the widow's cruse of oil, will never fail to be of use and advantage.

None can tell when adversity will overtake him, in the form of loss of money or post, through ill-health or death, and it is comforting to know that, if you are a subscriber to the Medical Benevolent Fund, before such calamity overtake you, the committee will always give your wife and children preference. Let the first money, therefore, that you earn after qualification be handed to the Royal Medical Benevolent Fund, and lay up there a treasure which in need and distress will be at the disposal of those who are near and dear to you. Another piece of advice I will give you. The moment you are a member of the profession join a

Medical Defence Association.

It only costs ten shillings a year, and may be of vast importance to you later on in the practice of your profession. The value of insuring against attacks which are often made against medical men by unscrupulous persons for the purpose of levying blackmail is well known. And there is no doubt that if all members of the profession would join the Medical Defence Association, many legal actions and many cases of threatening would be done away with. A doctor in this city who had a personal charge levelled against him by a former patient was mulcted of a large amount in defending his character against an unfounded charge. If he had been a member of the Medical Defence Union the case would have been taken up by its solicitors and defended by its funds. Members of the profession are liable at any moment to be assailed by the attacks of evil-disposed persons, and it behoves all those who value their reputations to prepare and insure against such a contingency. We must also continue to fight ignorance and misconception until the general masses are educated to understand correctly the grades and social position the profession and its members ought to occupy. One depreciating influence is the absence of suitable State recognition for the leaders of medicine and surgery. In the constitution of our governmental system there should be (and it is imperatively called for) the appointment of a Minister of Health or Sanitary Science, who should occupy a seat in the Cabinet, only to be filled by a physician or a surgeon of eminence and ability, not bestowed upon some worn-out practitioner when his energies are effete and his brains past their work. My suggestion may be Utopian, but if England intends to take a creditable place in the future among the great nations of the world, she will set her house in order, for government in the present day and government a hundred years ago are very different matters. Scientific medicine must, and will, take an exalted position in the world when the component parts of the great ship of State are properly constituted. The profession of law, with its legal peers and lord chancellors, the Army and its military lords, and the Church with its spiritual peers, must, in justice, make room for their Cinderella sister, medicine. Therefore the Minister of Health and Sanitary Science must be an appointment in the near future. I presume there is no one among us who will doubt my assertion that the entire community, from the peer to the peasant, stands indebted to scientific medicine and surgery. Have not all our investigations from the earliest times been directed towards the preservation of man's best interests—*viz.*, health and the alleviation of human suffering? Again, the Privy Councils of England and Ireland have been apparently reserved from time immemorial for lawyers, judges, military men, some divines, and peers of the realm; but, again, class prejudice comes in, and doctors are excluded from taking their seats on the Privy Council. Would anyone with a grain of sense give the reason of this? Why should the leaders of our profession not be entitled to be called Right Honourable as well as many other men far inferior, it may be, in birth, position and scientific attainments? On what grounds are we excluded as a class? Simply, I would say, because

we as a body have been over modest and have never attempted to break down that ignorant prejudice and prove our own importance, and insist that science will, and must, have a place in every arena in the Kingdom.

I have mentioned the word "ideal" in describing a physician; let me tell you in a few words what I mean by the term. The profession of a doctor is a noble one, and should ennoble those who practise it, deepening the sympathies and idealising the life. No man knows better the frailties of his fellow-creatures than the doctor—no man has more reason, perhaps, to think pitifully or severely, or even contemptuously, of mankind. But there is no man more broad in his charity, more lenient in his judgments, than the ideal doctor. He hears everything, yet he betrays no confidence. In many families the doctor is held in as great love and reverence as the priest. He is with them in trouble and in joy, and from his lips issue the fiats of life and death. He must bend his ear to catch the first wailing cry when the infant takes up the burden of life, the last tired sigh when the old man lays it down. He has to wrestle with the great foe of humanity at every turn; to him the blanched mother may owe her fluttering life when giving birth to another; it is he who, when friends are paralysed with fear of contagion, must face the hideous features of cholera, typhus, small-pox; he must show a calm front to the demands made upon his vital energies and the exaggerated expectations formed of his power to aid, while science stands humbled and impotent in the presence of death. With all his deep learning the ideal doctor is modest, with all his knowledge of the world he is tolerant, he is wise as well as witty, gentle as well as powerful, a tower of strength to the weak, and ever on the alert to shield the reputation of a brother practitioner. It is a life of splendid opportunities for good, if lived as the ideal physician may live it, and it is open to you all to aspire, at least, to that ideal.

Many of you are now, as I have said, on the threshold of active life. There is always something that disposes to reflection in the communion of mind between one who is on the verge of manhood and one who has already passed its meridian. It is natural at my age, when looking back at a long life of professional toil and anxiety, that many things should wear a more serious aspect, I might almost say a sadder one, than at yours. Yet I confess that when I see around me so many robust frames and ardent spirits, trained with so much care for the service and commonweal of King and country, I am disposed to view your future prospects as hopefully as you do yourselves. May all success attend you in your future endeavours. May the name of Irishmen, in your safe keeping, continue to be held in high honour amidst the nations of the world. And if in the days of your matured success your thoughts should wander back to this day and to the memory of him who, through the favour of the Fellows of this College, is in the position of addressing you, think of him as of one who while he lived never ceased to entertain a warm sense of your kindness and a lively interest in your welfare as true gentlemen, and, as nearly as you can attain, ideal physicians.

THE TREATMENT OF CONSUMPTION BY TREATED AIR.

By GEORGE STOKER, M.R.C.P.I.,
Hon. Medical Officer, Oxygen Home, Fitzroy Square.

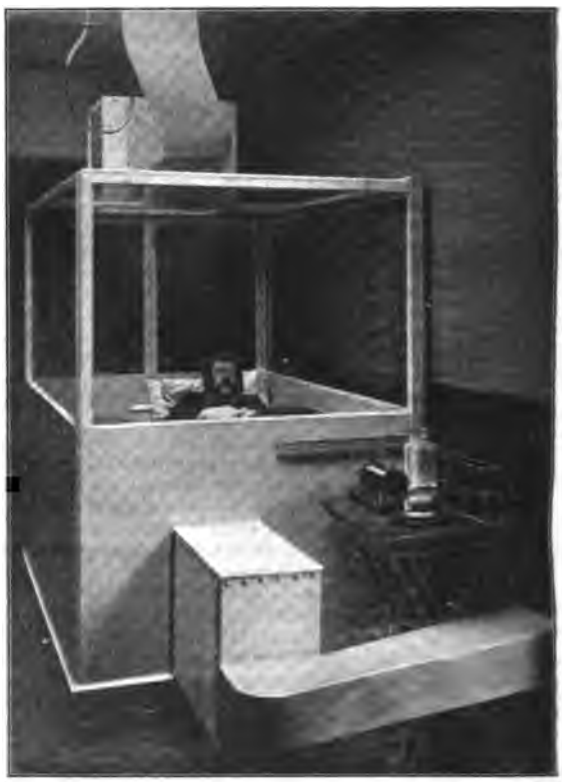
ONE of the most recent treatments for consumption to which medical science has resorted is what is popularly known as the "open-air treatment."

The special principle of the treatment is not so much to rely on the use of drugs, &c., as to place the patient in those surroundings of atmosphere which enable him most successfully to combat the disease; these conditions are found to the highest degree in such places as Davos, Colorado, or the Peak of Teneriffe.

The air in these localities is distinguished by its purity, dryness, the presence of ozone in considerable quantity, and its comparative rarefication.

The other characteristics of the "open-air treatment," such as diet, sanitary surroundings, exercise—active or passive—cheerful society, &c., can be and are obtained elsewhere, but the peculiar and essential characteristics of the sanatoria above mentioned must be sought in their atmospheric surroundings.

But under the most favourable circumstances, the open-air life and constant exposure necessary to ensure the full advantages of the treatment may themselves be a source of danger to the patient. This is especially the case in the English climate; it is obviously impossible to pursue a manner of life in England which is possible and beneficial in more favoured climates. The object, therefore, must be to adopt a form of treatment which will avoid the disadvantages inseparable from the English weather, and at the same time to secure the atmospheric surroundings which are the chief curative



agency in those sanatoria where the open-air system is successfully carried out.

In considering how this end might be best accomplished, it became apparent that the most practical means would be to enclose the patient in a limited air-tight space, into which air possessing all the necessary characteristics could be passed.

With this view, cubicles were constructed in which patients could conveniently spend the greater part of their time, and into which a constantly renewed supply of prepared air could be drawn. These cubicles have been in use for over two years, and have answered all expectations. They are now working, and are at all times open to the inspection of those who desire to examine them.

A cubicle is constructed of wood and glass, the lower part of the walls being made of wood, and the upper part of polished plate glass. At one end is a single door which closes with a joint that renders it air-tight, and at the opposite end, attached to the wooden part of the wall outside, and opening into the cubicle, is the small chamber in which the air is treated. This chamber is connected with the outer air by a ventilating shaft 12 in. by 6 in. On top of the cubicle at the door end is a square chamber which contains

the "exhaust fan." An exit ventilating shaft leads from this chamber through the roof of the building in which the cubicle is placed.

The air, as will be understood, is drawn into the cubicle, passing through the preparing chamber. It is first filtered through layers of cotton-wool, in order to remove all mechanical and organic impurities. It is then dried by passing through perforated trays charged with chloride of calcium, and lastly it is ozonised just before entering the cubicle. The ozonising is effected by an ozoniser placed in the chamber, and which is called into action for five minutes for each quarter of an hour by means of an automatic clock, which makes the necessary electrical connection at the times stated.

Owing to the fact that the output is a little more than the inlet, the atmospheric pressure inside the cubicle is somewhat reduced and the air comparatively rarefied. The patients spend about eighteen out of the twenty-four hours in the cubicle, and so far from feeling any inconvenience from their somewhat limited surroundings, are unwilling to return to the ward, as they find a difficulty in breathing when there as compared with the time spent in the cubicle.

Such, in a few words, are the principal characteristics of the cubicle as it now stands.

It is not anticipated that the time now spent by the patient in the cubicle should be much, if at all, extended. Two and a half hours are necessary for meals, and three and a half hours should be devoted to exercise and recreation, &c. It may at first sight seem somewhat like solitary confinement for a long period, but it must not be forgotten that the whole and sole reason for a patient's treatment is to try and get well, and within reasonable limits everything must be subordinated to that end. In the summer months, and in exceptionally dry and clear weather, the time spent in the cubicle would naturally be less than above indicated, being alternately spent in the open air.

The essential principle of the present scheme is to ensure a full control of the air respired by the patients. It is for this reason the cubicle system has been adopted. The larger the space the more difficult it becomes to control the air supply, and especially to regulate the artificial introduction of ozone or oxygen. Both these gases are very volatile and extremely diffusible, and ozone certainly cannot be stored, but must be used as soon as it is generated. Even in a small room these difficulties exist, and therefore, within reasonable limits, the cubicle provides the most essential solution of the difficulty.

The beneficial influences of the rest in the treatment of pulmonary tuberculosis must not be overlooked. While, on the one hand, a certain amount of muscular exercise, active or passive, walking or massage, is not only desirable, but necessary; on the other hand, rest for long periods in the recumbent or semi-recumbent position is equally to be desired, as these latter circumstances relieve the strain on the circulatory and respiratory organs, both of these systems being more or less impaired by the presence of tuberculosis.

To this end the system of treatment under consideration offers every facility, as practically for eighteen out of every twenty-four hours the patient is resting.

Speaking generally, the cubicle system offers a new field for the treatment of tuberculous cases. Many patients suffering from incipient consumption are at work during the day in what may be considered as fairly sanitary surroundings, but at night sleep under conditions that can only conduce to the rapid advance of the disease in the patients themselves and to the infection of those about them. So large is the number of infected persons that to send them all into pure country air seems almost a Utopian idea. Many must go on working on account of those dependent on them and for other reasons. Is it not possible that the cubicle system might be extended to many districts in towns by the foundation of institutions of very simple construction, where such workers as must live near their places of employment could at least spend their sleeping hours under the most favourable conditions, or private persons suffering from chest complaints could have cubicles constructed in their own homes, and thus obtain the advantages of the "open-air" treatment without its drawbacks?

The following are notes of cases that have been treated.

1. J. M.—This case may be described as one of chronic phthisis. The patient, æt. 35, had suffered for some years from chronic bronchitis and emphysema. Three years before coming under our treatment pulmonary tuberculosis had set in. The lungs were more or less infiltrated throughout, and there were cavities in the apices of both lungs, profuse muco-purulent expectoration amounting to ten ounces in twenty-four hours, with slight hæmoptysis. There was intense dyspnœa, and it was with difficulty the patient could walk up a short flight of stairs. Tubercle bacilli were present in large quantities in his sputum. There was slight hectic fever, which soon disappeared. The patient weighed on entry 7 st. 2 lb. The patient was four months under treatment. The expectoration had been reduced to about a quarter of an ounce in twenty-four hours, and the purulent character had quite disappeared. The breathing had greatly improved, and examination showed that the cavities had cicatrised. The tubercle bacilli had quite disappeared, and the weight had increased to 8 st. 12 lb. Considering the nature of the case, these results cannot but be regarded as remarkable, and later accounts of the patient show that this improvement has been maintained.

2. Female, æt. 33.—Two brothers and one sister had died of consumption. The patient suffered with cough, muco-purulent expectoration, and had had hæmoptysis. Tubercle bacilli were present in small quantities. She was under treatment for one month. The purulent character of her sputum and the tubercle bacilli quite disappeared, the hæmoptysis ceased, and the patient gained 4 lb. in weight.

3. Female, æt. 24.—Had hæmoptysis, night-sweats, loss of weight, cough and muco-purulent expectoration. The patient was seven weeks under treatment and gained 7 lb. during that time, and all the symptoms above mentioned disappeared. The apex of the left lung was affected, there being prolonged expiration with jerky respiration and dulness on percussion. All these signs cleared up and the doctor who sent the patient to us confirmed our examination and expressed himself surprised at the remarkable change that had taken place.

4. Girl, æt. 15.—This was a case of so-called "incipient" consumption. Patient suffered from purulent expectoration with hæmoptysis, no tubercle bacilli could be discovered. With one month's treatment, symptoms above mentioned disappeared and patient gained 6½ lb. in weight.

5. Male, æt. 22.—Several near relations died of consumption. He had large cavities in the apices of both lungs, repeated hæmoptysis, profuse muco-purulent expectoration, night-sweats, severe cough. His average evening temperature was 102°, and tubercle bacilli were present in large quantities. He was six months under treatment; at the end of that time his evening temperature was normal, the hæmoptysis had ceased, the expectoration was healthy, the tubercle bacilli had disappeared, and he gained 10½ lb. in weight. The cavities had cicatrised and contracted, so much so that the top of the left chest was fixed.

The most remarkable results of this system of treatment are to be seen in the reduction of the temperature and the diminution and disappearance of the tubercle bacilli. It may be stated that the patients had the usual meals, breakfast, lunch, tea and dinner or supper, in fact, had an ordinary diet, and the so-called "stuffing" system was not practised.

A quantity of pure radium has been generously placed at the disposal of a member of the staff of the Cancer Hospital, Fulham Road, S.W., and the staff are making arrangements for an extensive trial of this new method of treatment to be undertaken. With the number of inoperable cases at their disposal the staff will be able to give this new treatment a fair trial.

PROTARGOL
IN THE TREATMENT OF
GONORRHŒAL OPHTHALMIA.

By ARTHUR GREENE, B.A., M.D., &c.

GONORRHŒAL ophthalmia is undoubtedly one of the most terrible diseases which the ophthalmic surgeon has to combat. The most careful and constant attention on the part of the surgeon and nurse only too frequently ends in disaster; this makes me think that it might be useful to report the successful results obtained in three consecutive cases treated, during their acute stages, with protargol. I may say that the gonococcus having been found left no doubt as to the true nature of these cases.

The first case was a little boy, æt. 3, with the mother's history that his little sister, of about the same age, had a "discharge" from her vagina, and that the children used to bathe at the same time in one bath and use the same towel, &c. The eyes had been bad some three days at least before admission; there was a very profuse discharge from both eyes with a considerable amount of ocular conjunctival œdema, swelling of the lids, and the other usual signs of the disease; the right cornea showed at its lower part a small ulcer. The child was put under treatment as follows:—Washing out every two hours with the following lotion: Acid. boric., gr. 15; zinc sulph., gr. 1; aq. destil., oz. 1; on every alternate occasion—*i.e.*, every fourth hour; after being washed out with the boric lotion, a 10 per cent. solution of protargol was kept in contact with the conjunctiva for three or four minutes. This can be best effected as follows:—A small (holding about ½ oz.) rubber nozzled bulb is used to drop the protargol solution into the eye, held open, and in this way the eye can easily be kept in a puddle of protargol for several minutes; finally, some vaseline was smeared along the lid margins to keep them from sticking. After forty-eight hours' treatment the discharge was markedly less, and washings out were done three-hourly with use of protargol six-hourly, or more frequently if on any occasion there seemed to be more discharge than usual; after a further period of twenty-four hours, four-hourly washings were used, and protargol some three times in the twenty-four hours, as purulent discharge had almost entirely stopped. On the seventh day, counting the day of admission, the child was discharged from hospital, with eyes free from discharge, an injected ocular conjunctiva, and the ulcer on the cornea not any larger than on admission. This ulcer was somewhat troublesome to get to heal, which it did in about fourteen days under treatment with pad and bandage, atropine, and warm boric bathings.

The next case was that of a lad, a clerk, æt. 15, who contracted his eye trouble from a gleet, the result of gonorrhœa contracted some five weeks previously. He gave a history that three days ago, when at work in his office, his left eye became very painful, so much so that he had to give up work in a few hours, and that there was much discharge. On admission there was free muco-purulent discharge with œdema of conjunctiva with no involvement of cornea. He was treated with four-hourly washings out with zinc chloride lotion, gr. 1 to oz., and application of protargol solution twice a day for four days; there was then a good deal of discharge, but not at all purulent, and much injection of the ocular conjunctiva. Protargol was then stopped. The eye was slow to quiet down, and even on his leaving hospital, eleven days after admission, there was still much conjunctival injection, although all discharge had ceased. I am inclined to think that a more frequent use of protargol in the commencement might have effected a more rapid cure in this case. The cornea was not at any time involved. The eye was quite normal when seen ten days after leaving hospital.

The third case was one of great virulence. Patient, a clerk, æt. 35, contracted gonorrhœa about a week before admission. He presented himself late on Christmas Eve night last, stating that his eye had been bad two days. In this case the œdema of conjunctiva and swelling of lids was very great, the eye only being opened a little with difficulty. At this stage the cornea was unaffected. He was put on two-hourly bathings with the same boric acid and zinc sulphate lotion as Case I., followed on each occasion by the application in a similar manner of 6 per cent. protargol. On the evening of the day following admission, an ulcer commenced to form on the lower part of the cornea close to the limbus. Two days later the ulcer had got larger, discharge still plentiful; hourly bathings during the day (two-hourly at night, as before), with the application of protargol (now 12 per cent.) two-hourly, as usual. Gutt. eserinæ (gr. 2 to oz.) twice daily. The next day, December 28th, the ulcer was still larger, now occupying practically all the lower half of the cornea; perforation seemed imminent, there was still plentiful discharge and much swelling of the conjunctiva; indeed, as regards saving the eye, the case looked hopeless. However, I determined to persevere to the utmost, and that evening, at the expense of his sleep, put him on hourly bathings night and day, still using the protargol two-hourly. The following evening the ulcer apparently had not increased in area, and discharge was certainly somewhat less. The one-hourly bathings were kept up until the evening of December 31st, when the ulcer appeared more healthy, and the discharge was markedly less, bathings were changed to three-hourly, with protargal six-hourly, and in a day or two treatment was reduced to six-hourly bathings and protargol about once in twenty-four hours for some three days. All discharge had stopped by January 7th, by which time the conjunctival swelling had gone, but there was much injection. The ulcer healed very slowly under usual treatment, and it was not until January 27th that it no longer stained with fluorescin at its centre. It left a very dense opacity, which, when the patient was again seen, the end of the first week of February, appeared a little clearer, and the patient himself says the sight is "getting clearer." A Buller's shield was, of course, used in both above cases. The bowels kept very free, and the latest case was given quinine sulph., gr. 1, every two hours.

The chief points to attend to in the use of protargol in these cases are, first, strength of solution; secondly, method of application; thirdly, when to stop it. A 10 per cent. solution appears to be the most suitable, a less potent solution acts more slowly and with much less certainty. The method of application described under Case I. allows one to keep the conjunctiva in continuous contact with the solution for a considerable time. Stop protargol when purulent discharge ceases. The great danger of too much protargol is the fact that it tends to clot the œdematous conjunctiva, forming it into a sort of membrane, thus seriously endangering the blood supply and nourishment of the cornea.

ENTERECTOMY
FOR
TUBERCULOUS STRICTURE
OF THE
INTESTINE. (*a*)

By FRANCIS M. CAIRD, M.B., F.R.C.S.,
Assistant Surgeon to the Edinburgh Royal Infirmary, Lecturer on Surgery in the Edinburgh School of Medicine.

THE author remarked on the comparative paucity of English medical literature on the subject, papers for the most part dealing with isolated cases only. This communication was based on an experience of eleven cases. Tuberculous stricture was generally a fibrous hyperplastic change, and might be divided into three varieties:—(1) that due to a papillary outgrowth in the lumen of the gut, (2) one in which an annular fibrous diaphragm occluded the bowel, and (3) a bobbin-like obstruction, where the wall of the intestine was thickened

(*a*) Abstract of Paper read before the Edinburgh Medico-Chirurgical Society, November 4th, 1903.

over an inch or more of its length. As to the age of the patients, in most cases the condition was found before the thirtieth year, though in several of his cases the sufferers had been in advanced life. The ileo-cæcal region was most commonly affected, and in making a diagnosis chronic inflammatory conditions arising in connection with the appendix and malignant disease were the most important of the other possibilities which had to be considered. The history of cases of tuberculous stricture was usually one of chronic ill-health extending over a number of years, with constipation, colicky pain, abdominal tenderness, borborygmi audible both to the patient and his neighbours, and vomiting as its most prominent symptoms. Hæmatemesis, diarrhœa, melæna, and hæmorrhoids were less frequently met with. On examining the abdomen peristaltic movements giving rise to ladder patterns could usually be made out. The principles of enterectomy for tuberculous stricture were very much those governing the proceeding when undertaken for other conditions, but in the cases under consideration the operation was usually rendered difficult by the existence of adhesions. Sometimes it might be possible, as in cases of malignant disease, to shell out a loop of bowel from a mass of surrounding tissue, but there was frequently too much infiltration to allow of this. Often, too, many of the mesenteric glands were diseased, and their removal necessitated the excision of a large area of the mesentery with consequent sacrifice of a considerable length of healthy bowel. It was always desirable to cut wide of the disease, so that the sutures might pass through the walls of healthy intestine. Clinically, cases as they presented themselves to the operator fell into three groups—(1) Where the lesion was local, the stricture should be removed freely for fear of infection of neighbouring parts; in cases of multiple local stricture it was generally advisable to deal with each stricture separately rather than resect a large tract of bowel of which a great part was healthy. (2) In cases where there were great masses of adhesions the whole might be removed entire, the mesentery being divided close to the vertebral column, partly because by doing this infected glands could be removed simultaneously, and partly because fewer (though larger) vessels required ligature than if the mesentery were cut near the bowel. (3) When the gut was surrounded by quantities of inflammatory material, and the mass attached as well to the adjacent viscera, it might be found advisable after dividing the bowel above and below, and uniting the healthy ends, to bring the two cut ends of the gut opening into the tuberculous area to the skin surface and allow them to discharge there. In either case an intestinal anastomosis, short-circuiting the bowel, might be better. Of his eleven cases four had died, seven recovered, three being alive from five to ten years after operation. Three of the oldest patients had died; it thus appeared that the prognosis was better in young patients. Dealing with some of the post-mortem results in his cases he instanced the case of an elderly man in whom enterectomy had been performed, and who died of syncope a year later. In this case it was of interest that there was absolutely no contraction of the lumen of the gut at the site of union. In a second case, from which about five feet of small intestine were removed, the appearances of the growth very closely resembled malignant disease. A gummatous nodule was found in the liver, and while histologically tubercle was undoubtedly present there remained some doubt as to whether it was not complicated by sarcoma. Death took place from caseation of the mesenteric glands some months after enterectomy. In the third fatal case double enterectomy had been done; death ensued within the year from glandular infection. In one of the cases after excision of the ileum and greater part of the ascending colon, a fistula ultimately developed and, notwithstanding attempts to close this, the patient was gradually going down hill. Commenting on the post-mortem results attention was drawn to the comparative frequency with which tuberculous lesions of the abdomen were complicated by malignant disease, and the difficulty which sometimes existed in differentiating between them, even histologically. Thus in his series he had one probably associated with sarcoma, another with colloid cancer. The ileo-cæcal region was by far the commonest site, the affection being rarer as one passed up. Bearing in mind the resemblance it might present to malignant disease it was suggested as a point worthy of consideration whether some cases of cancer of the pylorus might not be really tuberculous. In all of his post-mortems tubercle of the lungs had been present.

The Out-Patient Department.

CARDIFF INFIRMARY.

Some Clinical Remarks on the Diagnosis of Aneurysm and other Causes of Intra-Thoracic Pressure.

By W. MITCHELL STEVENS, M.D., M.R.C.P.Lond.,
Assistant Physician and Pathologist to the Cardiff Infirmary.

IN the out-patient department of a hospital, and in private practice, the chief function of the physician who is seeing a large number of cases is "to pick out the wheat from the chaff," and there is no class of cases which is liable to give rise to more difficulty and mistakes in diagnosis than those which come under the above head.

The diagnosis of the presence of intra-thoracic pressure is founded upon symptoms and physical signs, both of which are often more or less obscure. The special symptoms are the so-called "pressure-symptoms" due to pressure by the new formation upon nerves, air tubes, œsophagus or blood-vessels, and in some cases these symptoms are very striking, while in others they are much less evident. The patient may complain of *pain* in the chest, shoulder, neck, or arms which is often spoken of as "rheumatic" or "neuralgia," and consequently its real significance is apt to be overlooked, though its presence and its usually obstinate character should never fail to draw attention to the possible presence of "pressure," and, therefore, lead to a careful examination. *Dyspnœa* is a symptom frequently complained of, and this, in some cases, is markedly paroxysmal in character, and its prominence out of proportion to other symptoms or to physical signs in the chest will often point to pressure on the air tubes. In some cases the dyspnœa is markedly inspiratory and accompanied by "stridor." In some cases *dysphagia* is a more or less well-marked symptom, and may, indeed, be the earliest one. *Laryngeal symptoms*, due to pressure upon the recurrent laryngeal nerves, are in some cases well marked, and the voice may be aphonic or husky, while the cough, which is frequently present, may have peculiar characters, often spoken of as "brassy," "clanging," &c. *Expectoration* may or may not be present, or may be "bronchitic" or more or less stained with blood. In some cases hæmoptysis is a marked symptom, while in others, from pulmonary complications, there may be spitting of pus or even of gangrenous matter.

These are briefly the symptoms on account of which the patient is liable to come under observation, and the most characteristic are the laryngeal ones, which

if present, would immediately arrest one's attention, but in the majority of cases they are absent or more or less obscure when the patient first consults the physician. Inspiratory dyspnœa with stridor would also at once suggest pressure on the air tubes, and, therefore, lead to further examination. In the majority of cases, however, the patient, when he first comes under observation complains either of pain, shortness of breath, or dysphagia, and though the latter symptom would suggest pressure the two former (especially dyspnœa) often do not draw one's attention to the possible nature of the affection, as they may be complicated with so-called "bronchitic" symptoms. In all cases in which the symptoms are suggestive of intra-thoracic pressure it is important to make a very careful and detailed examination on the following lines:

(1) History. There may be a history of syphilis or of removal by operation of some growth. (2) Other signs of pressure, as inequality of pupils or pulses, laryngeal paralysis, presence of œdema or enlarged veins. (3) Physical examination of the chest. In this, particular attention should be paid to the heart and aortic arch and the presence or absence of "tracheal tugging" should be noted. The neck and axillæ should be carefully searched for the presence of enlarged glands and an examination of the chest by the X-rays may be helpful.

I shall now illustrate the above remarks by brief reference to a few cases which have come under my observation.

CASE 1.—A man, æt. 42, a labourer, no history of syphilis, complained of slight difficulty in swallowing solid food for a period of three months, and of some shortness of breath. He was a well-nourished man, and physical examination failed to throw any further light upon the case, but in a short time the dyspnœa became very marked, cough with muco-purulent offensive expectoration came on, and laryngeal signs appeared. Examination of the chest then showed signs of pressure on the left bronchus At the autopsy I found cancer of the œsophagus with pressure on the left bronchus accompanied by dilated bronchi containing a purulent secretion.

CASE 2.—A man, æt. 52, a labourer, good history, complained of difficulty of swallowing, wasting, cough, and expectoration. Examination showed pressure on the recurrent laryngeal nerve and signs of cavitation and consolidation at the apex of the left lung accompanied by fœtid expectoration. The post-mortem showed cancer of the œsophagus with enlarged mediastinal glands with gangrenous inflammation of the apex of the left lung.

CASE 3.—A woman, æt. 35, complained of pains in the right shoulder, dyspnœa, and cough. In this case there was marked dulness over the right side of the chest with weak breath-sounds and no fluid in the pleura. Later, larvngeal symptoms became marked, as well as œdema, and cyanosis about the neck and upper part of the chest appeared. In her case a mediastinal tumour was present.

CASE 4.—A boy, æt. 5, had not been well since suffering from measles a year ago. He suffers from shortness of breath, which is sometimes in attacks like "asthma," and from a "croupy" cough. Physical examination points to enlargement of the bronchial glands.

CASE 5.—A man, æt. 38, complained of severe pains for the last six months in the right shoulder and back of the neck, but no shortness of breath. He then complained of pain in the chest, slight shortness of breath, and loss of voice, and on examination an aneurysm of the ascending part of the arch of the aorta was found. There was scarcely any pulse at the right wrist.

(To be continued.)

MR. W. J. WALSHAM, F.R.C.S., surgeon to St. Bartholomew's Hospital, whose death was recently recorded in these columns, has left property to the gross value of £31,245, appointing his wife, Mrs. Edith Maria Walsham, sole executrix of his will, and giving to her all his real and personal estate for her own absolute use and benefit.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—XIX.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

THE OCKLEY SANATORIUM, SURREY.

IN the mild, sheltered, and peculiarly charming village of Ockley, situated in one of the most picturesque districts of Surrey, Dr. Clara Hind has recently established a small sanatorium for the treatment of early cases of pulmonary tuberculosis.

A large, well-placed, excellently constructed modern house has been modified to meet the requirements of a hygienic home. The rooms are of convenient form and size, well lit, with ample window space, and provision has been made whereby comfort may be enjoyed and yet a practically open-air existence always secured.

The house stands at a short distance from the road, and is surrounded by lawns and gardens; and in close proximity are fields which offer ample opportunity for the conduct of carefully regulated exercise.

From the house charming views of Leith Hill and the well-wooded surrounding country may be obtained.

The climate is particularly mild, much sunlight is usually enjoyed, shelter is secured from the north, and by a little arrangement protection can also be provided from the prevalent south-west winds. The air is pure and bracing, and the climatic conditions generally are such as allow of practically a constant existence in the open. A large day shelter, open to the south, is very popular, and forms an admirable sun trap. There is also a good revolving shelter. The grounds are suitable for the erection of many similar structures.

On the occasion of our visit towards the end of October, we found all the patients out of doors, and were informed that it had been the custom for them to have all meals, except breakfast and dinner, served in the open. We carefully inspected the accommodation provided for the patients, and are of opinion that the Ockley Sanatorium is well fitted for the treatment of early cases of phthisis. Advanced cases, we were told, are not admitted.

Dr. Clara Hind, the proprietor and resident physician, has had much experience in the conduct of a sanatorium, having been resident medical officer for two years at Dr. Annie McCall's well-known establishment at Rudgwick. Treatment, as far as we could gather, is carried out on sound rational lines, and in accordance with, and strict adherence to, modern hygienic principles. Dr. Hind shares the life of the patients, personally supervises the details of treatment of each individual, and since the number of cases admitted is necessarily small, the comfort and convenience of every patient is carefully studied.

The water supply is obtained from a well in the grounds; and the sanitary arrangements are apparently good. Lighting is provided by oil-lamps. Each room has an open fireplace, but artificial heating is not resorted to in the sanatorium to any extent.

Southfield, as the sanatorium is called, is a good example of a hygienically conducted home particularly suited to the needs of middle-class patients of both sexes.

Dr. Hind informed us that she is contemplating a considerable extension, whereby it is hoped provision may be made for patients unable to pay more than 30s. a week.

The present fees are two and a half guineas weekly inclusive, except personal laundry.

Ockley is situated twenty-nine miles from London on the main line of the L. B. & S. C. R. The sanatorium is a mile from the station.

SIR GEORGE T. GOLDIE presided at the opening dinner and meeting of the thirty-sixth session of the Royal Colonial Institute at the Whitehall Rooms yesterday (Tuesday), when Major Ronald Ross gave an illustrated lecture on 'Malaria in the Colonies and India."

Transactions of Societies.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD NOVEMBER 4TH, 1903.

SIR T. R. FRASER, President, in the Chair.

DR. NORMAN WALKER showed a woman suffering from "Multiple Rodent Ulcers" on the face. It was usually stated that one of the diagnostic features of rodent, as against tuberculous, ulcers was that the former were single, the latter frequently multiple. In this case, however, no less than twelve undoubted rodent ulcers were present.

Mr. STILES showed a patient after transplantation of tendons for talipes equino-varus due to an attack of acute anterior poliomyelitis at one year old. The peroneal muscles, and all the extensors except the extensor longus hallucis, were completely, and the calf muscles partially, atrophied. The latter reacted to galvanism only, not to faradism. He had united the tendon of the extensor longus hallucis to the common extensor tendon, and reinforced the paralysed peroneal muscles by grafting to their tendons half of the tendo Achilles and the tendon of the gastrocnemius. He proposed to show the patient again at a future date, so that the amount of improvement might be judged of.

Dr. EDWIN BRAMWELL showed a case of "Hemiplegia," in whom some of the special physical signs recently described were easily demonstrable. The patient had right hemiplegia of some standing; he also showed the Argyll-Robertson pupil and other symptoms of pre-ataxic tabes. The signs to which special attention was directed were (1) increase of the knee-jerks; (2) an extensor response of the great toes, yet, when the left sole was stimulated and gave this reflex, the right toe flexed, though when the right sole was tickled the response was extensor; (3) if the patient lay down on his back with his arms flexed across his chest and tried to rise up without the aid of his hands both legs were involuntarily raised, the paralysed one to a greater degree than the sound side. This was an important distinguishing mark between functional and organic hemiplegia, in the former of which the limbs were raised equally, while in the latter the paralysed limb rose higher; (4) the patient being recumbent and the examiner holding an arm across the knees so as to fix them to the ground, the patient is then told to attempt to raise the legs. In the case of the paralysed side the effort produces slight inversion of the foot and prominence of the tendon of the tibialis anticus if the case is organic, but not if it is functional.

Mr. SCOT SKIRVING showed two patients (1) after non-infective and (2) after infective wound of the knee-joint. The former, a man, æt. 52, had sustained an extremely dirty wound, opening the cavity of the knee-joint just above the patella. Treatment consisted in purification of the external wound, irrigation of the joint cavity for five minutes with sublimate lotion, and closure without drainage. Union by first intention was obtained, the results as regards movement being perfect. Such a case showed that temporary drainage was not always necessary when thorough purification had been carried out. In the second case, a boy, æt. 6½, acute septic arthritis occurred as the result of kneeling on a needle. The knee was opened and the joint washed out, and the capsule closed in the hope that possibly an arrest of the septic process might be obtained. The continuance of the symptoms, however, necessitated the routine treatment being adopted two days later, numerous tubes being inserted. Passive movement was begun early, and as a result the boy had now movement of the joint beyond a right angle, and the range was increasing daily. Mr. Skirving thought that in cases of suppurative arthritis the attempt to get a movable joint was not made as often as it might be, possibly owing to the cautious statement in the text-books that ankylosis was the best possible result.

Mr. DAVID WALLACE showed (1) a man, æt. 19, with "Congenital Hemihypertrophy of the Tongue." There was considerable papillary outgrowth, and excision was advised in view of the possibility of subsequent epithelioma. (2) A case of dislocation of the acromial end of the clavicle treated by wiring.

Dr. ALLAN JAMIESON showed (1) a case of "Parakeratosis Variegata"; (2) a case of "Mycosis Fungoides in the Erythrodermic Stage"; (3) a very severe case of "Ichthyosis," in which surprising benefit followed the application of resorcin; and (4) a case of "Ichthyosis," showing an unusual distribution, in that the palms and soles, flexures of elbows, axillæ, and mamillary regions were affected to the exclusion of the rest of the body.

Mr. COTTERILL showed a "Recurrent Fungating Sarcoma" of the shoulder which was quite inoperable, and was now accordingly under treatment by X-rays.

Dr. GEORGE GIBSON showed microscopical specimens from a case of "Addison's Disease," demonstrating the freedom of the suprarenal bodies from tubercle.

Dr. HILL BUCHAN showed two microscopical preparations from a case of "Asthma," showing an unusual degree of eosinophilia.

Mr. SCOT SKIRVING showed (1) a number of stereoscopic photographs of syphilitic lesions, including a series of extragenital changes of the hand, fingers, and eye. (2) The trachea and lungs of a lad, æt. 15, in whom death had resulted from gangrene of the lung due to the impaction of a piece of locust bean in the left bronchus. Operative interference had been abstained from in the early stage of the case owing to the absence of serious symptoms, and in the late stage, owing to the development of septic pneumonia.

Mr. COTTERILL showed (1) large "Multiform Ovarian Cyst." (2) "Hydronephrosis," due to occlusion of ureter. (3) Tumour removed from gluteal region of a child, æt. 5. (4) Specimens illustrating longitudinal splitting of the internal semilunar cartilage in so-called dislocation of that structure.

Mr. CAIRD showed specimens of stricture of the intestines illustrating his paper on

ENTERECTOMY FOR TUBERCULOUS STRICTURE OF THE INTESTINE,

a full abstract of which will be found in another column under the heading of "Original Communications."

Sir THOMAS R. FRASER, the retiring president, then delivered a short valedictory address. Among the losses which the Society had sustained during the two years of his tenure of office was that caused by the death of an honorary member, Professor Virchow. His name had now been replaced on the roll by that of Sir William Turner. Of the ordinary members who had passed away special reference was made to Drs. G. W. Balfour, Peel Ritchie, and Stewart Stirling. A *résumé* of the work of the past two sessions was then given, and allusion made to certain alterations in procedure—*viz.*, the circulation of abstracts of papers prior to the meetings at which they were read, the adoption of the system of "card" specimens, and the introduction of clinical meetings at the infirmary and sick children's hospital.

The following office-bearers were elected for the current session:—President, Mr. John Chiene; vice-president, Sir Halliday Croom; councillors, Drs. E. Carmichael, T. B. Darling, W. Stewart, W. G. Sym, Underhill, Dawson Turner, Norman Walker, and Fraser; treasurer, Dr. Harvey Littlejohn; secretaries, Mr. Alexis Thomson and Dr. Gulland; editor of "Transactions," Dr. W. Craig.

ULSTER MEDICAL SOCIETY.

OPENING MEETING HELD IN THE MEDICAL INSTITUTE, BELFAST, ON THURSDAY EVENING, NOVEMBER 5TH.

The President, DR. JOHN CAMPBELL, in the Chair.

THE PRESIDENT gave an address on the

TREATMENT OF SOME MINOR GYNÆCOLOGICAL AFFECTIONS.

Dr. Campbell said that we were very prone to dwell

on the great advances in abdominal surgery in recent years, but these advances had been chiefly in the treatment of gross disease, and many minor ailments remained still without any satisfactory remedy. In dealing with these minor ailments he did not propose to give a list of "things they might try," but would give the result of his experience in seeking a useful treatment in each case. It was necessary to remember that pelvic and abdominal diseases were seldom simple entities; we were too prone to forget their complications. Pruritus vulvæ was often most troublesome, and only yielded to minute personal care on the part of the medical attendant. Pediculæ were sometimes overlooked, owing to the social position of the patient rendering them unsuspected. When that cause and diabetes had been excluded, many cases remained in which he advised the free use of the douche and careful attention to diet. He had had very successful results by making the patient keep for many weeks a diary of her food and of her pruritus, from which it appeared that certain articles of food invariably aggravated the trouble. The gonococcus wrought havoc in all parts of the genital tract. For the endometritis caused by it he preferred crystals of carbolic acid applied on a probe to any other form of treatment. Other forms of metritis and endometritis divided themselves into three classes—those requiring the curette, those requiring caustic, and those requiring a stimulant. Dealing with perineal troubles, Dr. Campbell advised that in rectocele one should operate, and in cystocele use a ring pessary. Cervical lacerations when marked should be repaired. In displacements of the uterus it was necessary to remember that the pain often accompanying them was not due to the displacement, but to the complications that followed it. Prolapse of the uterus was in reality a pelvic hernia. Among minor measures in its treatment he placed the rubber ring first, and if this did not succeed, Napier's pessary. If this could not be borne he tried a pneumatic pad at the vulva, and if this did not answer he advised operation. While prolapse was generally the result of a tear, in long-standing cases repair alone was not generally sufficient. Pain without tangible cause was often a source of great trouble. One was tempted to regard it as neurotic, but he did not think it was. It might be a reminder of an old ovaritis, or arise from a varicose condition of the broad ligament. If no disease was found to account for it, he tried the effects of fresh air and exercise, which were often very satisfactory. Pelvic massage had not attained the same reputation here as on the Continent, being looked on a little doubtfully, and rightly so, but it might be very useful where there was no marked lesion. Backache he believed to be generally uterine in origin. In treating urethral carbuncle he did not find the scissors and cautery satisfactory. His plan was to excise freely and then stitch up with catgut sutures, and examine every few months to see if there were any signs of return. If such should be seen he used fuming nitric acid, applied on a piece of stick. One point he would emphasise: if a carbuncle or inflamed patch on the genitals was not painful, do not touch it. The days might come when the caustic stick and the pessary would be superseded and laid on the shelf, but if he lived to see those days he should put them away as old friends which, though often misused, were true friends still.

At the conclusion of the address a hearty vote of thanks was passed to Dr. Campbell on the motion of Professor Byers, seconded by Dr. Dempsey.

CORK MEDICAL AND SURGICAL SOCIETY.

THE opening meeting of the Society for the Session 1903-4 was held on Wednesday, October 28th, when the Inaugural Address was delivered by the President, Dr. J. COTTER, M.D., F.R.C.S.I., who took as his subject, "A Plea for Earlier Operation in Certain Abdominal Cases." While commending the generosity of the physician in handing over these cases to the surgeon, he deprecated the fact that such generosity was sometimes shown at too late a stage to be of benefit to the patient. He maintained that as soon as a grave abdominal lesion of an acute nature was diagnosed, the services of the surgeon should be requisitioned, and with him should rest the decision as to the necessity of operative interference. Every practising surgeon could recall numerous instances in which valuable lives had been lost by temporising, and while the blame did not always rest on the physician in charge, there was no doubt that there was, even still, too great a tendency to procrastinate in these cases. Now that the dangers of abdominal section had been reduced within such narrow limits, the continuation of ordinary medicinal remedies, in cases which did not quickly respond to them, was inadvisable, and the question of operation should be boldly faced at once. The continued administration of opium in these cases was especially to be condemned, as obscuring the symptoms of the disease, and giving rise to a false sense of security. It was especially in cases of appendicitis that these questions were likely to arise, and fortunately there was now practically a consensus of opinion as to the proper mode of treatment in these cases. Unless the case were of a mild type, or unless it improved rapidly on medicinal treatment, an operation should be undertaken, and even if recovery took place without operation, one should be performed subsequently during a quiescent period, if a diagnosis of appendicitis had been confidently made. In concluding his paper, Dr. Cotter referred briefly to the excellent work now being done by Freyer in prostatic cases, and urged the earlier and more general adoption of the operation devised by that surgeon.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, November 8th, 1903.

LOCOMOTOR ATAXY.

THE diagnosis of locomotor ataxy in its initial stage is far from being easy, and requires a great deal of attention on the part of the medical practitioner. Professor Fournier, who is regarded as an authority on the subject, says that when the malady was confirmed the diagnosis presented but little difficulty. The locomotor troubles were so characteristic that it was sufficient to see the patient walk a few moments to recognise the nature of the disease. Not so, however, in the incipient stage; consequently it was indispensable to have recourse to the examination of certain signs, which he enumerated as follows:—The sign of Westphal, the sign of Romberg, the sign of the stairs, the sign of crossing the legs, the walk at the word of command, the sign of standing on one leg.

The sign of Westphal was know to all, and consisted in the abolition of the patellar reflex. It existed in three-fourths of the cases as a premonitory sign. Yet some persons in the normal state did not possess patellar reflex.

The sign of Romberg could be found by the following experiment:—The patient was told to stand straight like a soldier at attention and with closed eyes. In a few moments he was seen to oscillate backwards, forwards and laterally. The equilibrium being unstable, the muscular system needed a regulator, which was wanting; vision. The eye was a supplementary agent coming to the aid of a defective muscular co-ordination.

Sign of the stairs. All ataxic patients, even at the initial stage of their malady, experienced considerable difficulty in descending the stairs. That exercise which was difficult, complex and dangerous required all the co ordinating faculties of motion, revealing more than any other the imperfection of the muscular system. Ataxic patients descend the stairs slowly, holding on to the balustrade and fear to fall.

Sign of crossing the legs. An ordinary person seated, who wished to cross the legs, raised the leg simply to the height desired, and the operation was effected without hesitation. Not so with a patient suffering from locomotor ataxy. He hesitated, put his leg up with a certain vivacity, to an exaggerated height, by a kind of jerky movement, making it describe an arc of a circle larger than necessary, thus indicating a fault in the play of the muscular system.

Sign of walking at the word of command. Under this denomination Professor Fournier comprised three probatory experiments. In the first, the patient being seated was told to get up and walk immediately. The man would rise, but at the moment of walking he staggered and found it necessary to steady himself before going. If the patient, while walking, was told to halt, he could not stop suddenly, as he was carried away by the impetus of motion. If he were asked to turn to the right or to the left he could not obey promptly; he hesitated, and sometimes a fall was imminent.

The sign of standing on one foot, the eyes open at first and then closed, was important. The patient could not, even with the eyes open, maintain his equilibrium; he staggered, and would fall if he did not place the other foot on the ground to steady himself. Naturally, when the eyes were closed the phenomena were much more exaggerated.

When a patient is suspected of having ataxy, all these signs should be sought for to establish the diagnosis.

Treatment of Chancre.

M. Barthelémy advises the following treatment in syphilitic chancre:—If the chancre is of recent date and situated on the free edge of the prepuce (of the labium in woman), excision, followed by aseptic suture, might be advised. If the sore is ulcerated and of long duration, two months for instance, and that excision was impossible, a few drops of a soluble mercurial preparation (benzoate, biniodide or sublimate) might be injected around the chancre. Having washed the parts with a solution of nitrate of silver, 1 in 50, the following ointment should be applied:—

White precipitate	grs. xx
Resorcin	grs. x
Vaseline	drs. iv.
Lanoline	drs. i.

The same ointment can be used for the normal chancre.

The internal treatment should consist as much as possible in mercurial injections. If these were not accepted the ordinary classical treatment should be given.

Germany.

[FROM OUR OWN CORRESPONDENT.]

Berlin, November 10th, 1903.

At the Gesellschaft f. innere Medizin, Hr. Westenhoeffer showed

Four Interesting Cancer Cases.

The first was that of a patient who had gastro-enterostomy performed in 1902. The Murphy button remained behind and could not be found, although an exploratory laparotomy was performed afterwards and the whole abdomen carefully searched.

At the autopsy it was found in the fundus of the stomach.

In the second case closure of the cervical canal of the uterus and hydrometra developed in consequence of malignant disease of the cervix. At the autopsy cauliflower growths were found over the whole mucous surface of the interior.

The third was a medullary tumour of the sternum. Bony substance was almost completely absent. Metastases were found in the liver and the cardia of the stomach. The disease was an endothelioma; the metastases must have followed the blood tracts.

In the fourth case the clinical features were chiefly central. The autopsy showed cancer of the stomach, proceeding from an ulcer, carcinomatous infiltration of the pancreas, growth of malignant masses in the branches of the portal vein, pachymeningitis hæmorrhagica purulenta, leptomeningitis, thrombosis of the vein of the pia mater, otitis media, cadaverous emphysema of intestinal walls, carcinomatous nodules in the filum terminale, &c. The dura was a carcinomatous mass. The bacterium coli was found in the meshes of the pia mater and in the spinal fluid.

The Treatment of Uterine Gonorrhœa of Prostitutes.

A paper on this subject in the *Archiv f. Dermat. u. Syph.*, by Dr. F. Parádi, declares that the prospects of successful treatment of this affection are not so unfavourable as has generally been believed. His conclusions are based on 244 cases treated in Klausenburg. In the clinic of that city the chief object of treatment is the uterus itself, and the cavity is treated actively from the commencement of the disease whenever gonococci are found in the cervix. With strict antiseptic precautions, the cervix being dilated if thought necessary, a syringe holding about 2 c.cm. is passed into the cavity, and half the contents of the syringe is injected into the uterine cavity, the remainder being used for the cervix. For the past few years a 5 per cent. solution of sodium lygosinate, recommended by Professor Fabinyi, has been used, and the applications have generally been made twice weekly. The preparation is made by condensation of salicylaldehyde with acetone, and it possesses the advantage that with a proved high germicide power as regards the gonococcus it has no irritating properties, and does not in any way injure the tissues. Success or non-success was determined by bacteriological examination of the secretions. Of 128 cases treated with sodium lygosinatum, 111 were cured, the usual number of applications being ten; of the remaining seventeen ten were finally cured by other means, so that only seven remained uncured.

At the Surgical Congress, Hr. Riese read a paper on

Subcutaneous Injuries to the Kidneys.

He said it was the general opinion that such injuries should be treated expectantly; they gave, however, a mortality of 30 per cent. He had collected 491 published cases, and had from them drawn the conclusion that when such injuries were surgically treated, a better result was obtained. The chief dangers from the injuries were hæmorrhage, peritonitis, and suppuration. There was danger of the latter-named affection when the expectant treatment was too long persisted in, for the urine at first did no harm, and if the injuries were extensive death soon took place from hæmorrhage. Suppuration could generally be avoided; hæmorrhage was the chief danger, and this caused 41 per cent. of the deaths. Intra-peritoneal injuries to the kidneys did not always lead to serious hæmorrhage. The symptoms of it were anæmia and collapse, rarely shock. The case should be treated surgically at once without worrying about shock. Patients did not bleed right off, but might remain fairly well for forty-eight hours. Secondary hæmorrhage took place fourteen days afterwards. In intra-peritoneal injuries of the kidneys it was advisable to perform laparotomy, as other injuries might also be found. This alone was, however, but rarely sufficient; nephrotomy was generally necessary. The speaker had found the lumbar operation sufficient. With even free laceration tamponnade and suturing

were often all that were required. Such a course could only be recommended when operation was performed early; if put off, nephrectomy was necessary.

Hr. Körte, Berlin, had treated thirty-one cases in hospital in thirteen years, of which twenty-six had recovered and five died. Nineteen isolated ruptures of the kidney had all recovered; of twelve in which there were graver complications, five had died. In fourteen cases the rupture was caused by falls from a height or simple falling, and seventeen times the injury was direct. Twenty-seven cases were treated expectantly, and amongst them severe cases with free hæmorrhage. Operation was postponed because the condition was aseptic and the patients were much collapsed. Laparotomy was performed in four cases; three cases recovered, amongst them a case of nephrectomy for rupture with a renal culculus; in one case in which the injuries were severe death took place. The speaker had seen movable kidney follow injuries in two cases, and once hæmoglobinuria. All three cases recovered.

Hr. v. Beck, Carlsruhe, had observed twenty-two cases, in none of which was a primary operation performed. As complications, he twice saw rupture of the spleen, once rupture of the bladder, and once laceration of the ureter. All the cases were treated expectantly and all recovered, one case dying three months later of osteomyelitis. In a similar way six cases of fracture of vertebræ were treated conservatively and recovered. In two cases only an operation was performed for purulent infection; both cases recovered. He had never seen any special "shock" from rupture of the kidney; he had only seen it when complicated by rupture of the spleen. His treatment was: rest in the horizontal position, ice and ergotin.

Hr. Riese recommended early operation only in the severest cases; the milder cases should be treated expectantly.

Œsophageal Dilatation.

Hr. Etlinger related the case of a lady, æt. 32, who came under treatment in 1896, weighing only thirty-two kilogrammes. There was complete stenosis of the œsophagus. Gastrostomy was performed with such excellent effect that in four months the patient's weight had increased to sixty-five kilogrammes. When he saw the patient a year before she was a blooming woman. Then she was suddenly taken ill with rheumatism towards the close of 1902. Then she got pleurisy, and died in April last. The autopsy revealed an idiopathic dilatation of the œsophagus, a normal cardia, and the mucous membrane of the œsophagus was devoid of epithelium.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, November 10th, 1903.

Acetic Acid Poisoning.

PROKOP relates the history of a case of acetic acid poisoning that came into Professor Maixner's wards a short time ago with every local and general symptom, such as albuminuria and leucocytosis. The local effects were painfully demonstrated by the subsequent appearance of stricture in the œsophagus a short time after the occurrence, necessitating the use of the sound.

Heart Failure and Tuberculosis.

Feyfar recounts heart failure as one of the premonitory symptoms of tuberculosis, which, he affirms, is often to be found in conjunction with this disease. The opposite relations that exist between phthisis and valvular disease of the left ventricle are so diverse that few give the same explanation for the combination of lesions.

Professor Maixner now affirms that the combination of these two diseases is not so uncommon as was formerly announced, particularly on the right side of the heart, which is not only the result of the phthisis in the lung, but may proceed along with the disease of the lung from the same cause. As a proof of this he produced a series of cases where healing of the lung took place, leaving in its train valvular destruction of the right cardia due to the lowered nutrition in both cases.

The progressive form of tuberculosis and cardiac failure is not so common, but this occurs more frequently in females and associated with aortic destruction. Another point he mentioned as proof of his argument, that in families where hereditary tuberculosis existed valvular disease was very frequently met with.

Arterio-Sclerosis in the Nerve Centres.

Hnätek has contributed a lengthy article to a local journal on the early diagnosis of sclerotic alterations in the arteries of the brain. These symptoms, he affirms, may be reduced to headache, vertigo, and diminution of mental activity. Unhappily the diagnosis is often obscured by degeneration of the nerve system itself, as in the neurasthenic, where no arterio-sclerosis is present. In these cases the origin of the symptoms will have to guide the clinician. He cites two cases where arterio-sclerosis was typically portrayed in a tumour of the brain, which led to an erroneous diagnosis. In the second case the symptoms closely resembled bulbar changes, but were complicated with hæmorrhagica purpura, which would assign it, according to Faisau, to the category of purpura myélopathique généralisée.

Leuconostoc Hominis.

Hlava, in his classification of the bacilli, has some difficulty in placing Leuconostoc hominis in his nosology. The microbe is usually found in the buccal cavity when any of the following diseases are present:—Angina phlegmonosa, diphtheria, follicularis, scarlatinosa morbillosa, and typhus. It is also to be found in the blood of scarlet fever, measles, and typhus patients, as well as the surface of the tonsils in infectious coryza, carious teeth and hospital dysentery. The presence of this microbe in the acute exanthematous diseases leads him to believe that it has some pathogenic property, as the pneumo and diphtheria bacilli have to pneumonia and diphtheria. The leuconostoc is constantly present in measles, typhus, and scarlet fever, and is probably the degenerative agent as the bacterium septatum in diphtheria. He affirms that the leuconostoc is not identical with the streptococci.

Acetonuria and Typhoid.

Bernert relates his experiments of ninety-four cases of typhoid under Professor Neusser. Of this number, 11·7 per cent. were positive. This condition prevails in the febrile stage during defervescence, and sometimes long after the fever has passed off. Certain foodstuffs tend to increase this constituent.

The reduced nutrition is not the only cause, else a larger number would be affected. The presence of acetone in the urine cannot be accepted as a diagnostic symptom of the disease. It may be, however, valued as a symptom of auto-intoxication.

Autochthonous Thrombi.

Walko relates an obscure case of thrombus after the removal of a polypus from the uterus. The patient, æt. 49, suffered from hereditary tuberculosis and metrorrhagia. After the removal of a polypus she was suddenly seized with meningitis cerebro-spinalis e causa ignota, associated with nephritis, which ended fatally after eight days. The post-mortem revealed throm-

bosis of the perivaginal veins, emboli in the branches of the pulmonary artery, thrombi in the sinus transversi dextri, as well as the venæ magnæ cerebri, causing subsequent œdema and hæmorrhage; chronic Bright's disease, with marks of remote tuberculosis at the apices of the lungs.

So many probabilities exist in this case that it would be difficult to say which was the most fatal. The nephritis may have produced the morbid alterations in the vessels, or the marasmus from long-continued loss of blood from the uterus. The para-vaginal changes in the vessels after operation may also be cited as a cause. The colour of the thrombus in the transverse sinus was more autochrome than imported.

The Operating Theatres.

ROYAL LANCASTER INFIRMARY.

Nephrotomy for Suppression of Urine.—Mr. Stanley Barling operated on a man, æt. 19, sent to him by Dr. Shaw, of Windermere, with the following history:—For the last five years he has suffered, almost daily, from a severe aching pain in the left loin, increased by exertion and relieved by lying on the sound side. Two years ago he was laid up in bed for a week with what seems to have been a typical attack of renal colic, accompanied by hæmaturia. He is not aware of having passed any calculus. The present illness began four days ago. The patient went to bed in his usual health. In the middle of the night he was awakened by intense pain in the left side of the abdomen at a point two inches above and to the inner side of the anterior iliac spine. Dr. Shaw saw him in the morning and gave him an injection of morphia. When visited in the evening he was quite comfortable. Two days afterwards the friends sent suddenly to say that the patient had passed no urine since the onset. The introduction of a catheter revealed an empty bladder, and arrangements were at once made for his removal to hospital. On admission the man looked very pale and ill. Temperature, 101° F., pulse 112. The left kidney could be felt below the costal margin, and was exquisitely painful on pressure. Examination of the region of the right kidney was negative. There was no urine in the bladder. Here, then, Mr. Barling said, was a case of obstructive anuria caused by one of the following conditions:—(1) A disorganised left kidney and a recent blocking of the *right* ureter. Against this view was the fact that the left kidney was only slightly enlarged and, moreover, there had never been any symptoms pointing to the right side. (2) Sudden obstruction of the left ureter, the fellow-kidney at the same time ceasing to act. This is said by Osler to occur occasionally. (3) Sudden occlusion of the left ureter, the right kidney being absent. One of the latter, he thought, seemed the more probable, and accordingly the left kidney was exposed through a lumbar incision, freed from the surrounding fat, and brought into the wound. It was slightly enlarged, but there was no marked dilatation of the pelvis, nor could any calculus be felt. A free incision along the posterior border allowed a very thorough examination to be made, but although a long probe was passed down the ureter into the bladder, nothing abnormal was discovered. The kidney was fixed to the muscular walls, and a large drainage-tube inserted into the pelvis, this being tightly packed round with gauze to check the free bleeding. The same evening the discharge came through the dressing. It was blood-stained urine. On the following morning a large quantity of urine was coming away from the wound, and on passing a catheter five ounces of bloody urine were withdrawn from the bladder. Mr. Barling declined to make a definite diagnosis, but was disposed to think that the obstruction had been caused by a small stone, which was displaced during the operation and escaped. Another possible explanation was that there was kinking of the left ureter. The right kidney was probably absent.

The patient made a good recovery, and at the end of six weeks was discharged with the nephrotomy wound healed, and passing on an average 50 ozs. of urine in the twenty-four hours, free from albumin. On two occasions subsequent to the operation the bladder was sounded, but with a negative result.

FRENCH HOSPITAL AND DISPENSARY.

Multilocular Cyst of the Mesentery.—Mr. Clayton Greene operated on the patient, a large fat man, who was sent into the hospital suffering, it was said, from ascites. He had been ill for fourteen days, during which time his breathing had beome progressively worse. Beyond the fact that he had been an exceptionally heavy drinker nothing was known of him. Next morning the resident medical officer punctured with a trocar a dull area of the abdomen, which he thought was a loculated ascitic collection. Nothing was drawn off. The man appeared to get worse after this, and Mr. Greene saw him on the same afternoon, and considered an immediate operation necessary. His pulse was 130, and his respirations forty to the minute, his aspect, &c., suggesting general peritonitis. There was nothing abnormal about his lungs. On percussing the abdomen there were irregular areas of dulness both on left and right, but the chief pain and rigidity were on the right side. Mr. Greene decided to open the abdomen in the right semilunar line, having in view the possibilities of appendicular or duodenal trouble. On opening the peritoneum it was at once evident that there was general peritonitis, the cavity being filled with a quantity of purulent fluid with a sour, faintly urinous odour. There was no lesion of duodenum or appendix to be detected. So he passed his hand across the middle line through the wound and discovered a large fluctuating swelling extending across the middle line from left to right. Mr. Greene now pointed out that owing to the distension of the abdomen it was impossible to feel this mass from the outside, a proceeding which, indeed, he attempted after feeling it from the inside. He then plugged the first wound with a sponge and opened the abdomen up freely in the middle line. It was then discovered that this fluctuating swelling was an enormous multilocular cyst. From the urinous odour Mr. Greene thought it might be kidney, but, delivering it out of the wound and closely inspecting it, he found that it was a multilocular cyst of the mesentery with two feet six inches of the small intestine stretched over it. At one point there was a puncture made with the trocar, through which a fluid similar to that in the abdominal cavity poured out. It was evident that the cyst was suppurating, so it was determined to attempt its complete removal. Packing it round with gauze, the operator tried to draw off some of its contents so as to lessen its size; this was impossible owing to their colloid nature. He therefore closed the two punctures with forceps, enlarged the wound, and delivered the whole tumour. It was evident that removal of the cyst must be accompanied by resection of the intestine, as the vessels to the gut were incorporated in the tumour, which extended up to the wall of the bowel—in fact, the muscular coat of the intestine was blended with the growth. Mr. Greene therefore clamped off the gut, secured the vessels, and removed the tumour which weighed nearly twenty pounds. He then united

the cut intestine with three rows of sutures. The cavity of the peritoneum was then washed out with about four gallons of saline and the wounds closed, three drainage-tubes being left in in the angles. The patient's pulse on leaving the table, one hour and thirty minutes from commencement of operation, was 145 and his respirations forty-four. Mr. Greene remarked that the first point to which he would draw attention was the great danger of tapping loculated fluid in the abdomen, the source of which is unknown. Apparently there was nothing in the temperature or pulse to suggest that this cyst was suppurating, but the case, he thought, shows the great value of an exploratory incision. The cyst he looked upon as a mesenteric dermoid, formed between the layers of the dorsal alimentary mesentery. A similar case, he said, was described in the "Annals of Surgery" some years ago, operated on in New York. The case recovered, but the cyst was not suppurating. The urinous odour, he remarked, was peculiar, but there was no connection with any urinous organ. The source of the infection was obviously the intestine, and he thought it was interesting that since the man was such a heavy drinker there was some relation between the intestinal catarrh which this produces and the infection of the cyst associated with cirrhosis of the liver.

On the patient's return to the ward he was transfused with two pints of saline. He was dressed next day, and there was a quantity of discharge; he was not sick. Two days afterwards he became very distended, and died the same evening.

Post-mortem.—Liver cirrhotic, anastomosis secure, general peritonitis.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 11, 1903.

RACE SUSCEPTIBILITY TO INFECTION.

THE key to progress in the scientific world, broadly speaking, lies in the generalising of a vast number of laboriously collected and accurately investigated facts. Every now and then a master mind is enabled to imprint an indelible mark upon the pages of history by the discovery of a general law. Meanwhile, the ebb and flow of theory and speculation continue ceaselessly, and are themselves controlled in their apparently purposeless movements by unseen but immutable natural laws. In other words, abstract scientific speculation merely connotes, in the majority of instances, the existence of secrets hitherto hidden in the womb of Nature. The genius of the Anglo-Saxon is essentially practical, and has led him to the discovery of the circulation of the blood, the Baconian method of experimentation, and the triumphs of antiseptic surgery, to say nothing of other landmarks that stand out prominently in that part of the vast region of the unknown universe which has been explored by the human intellect. One of the great problems before the medical investigator is that of race susceptibility to infection. There can be little doubt that the correct estimation of the underlying conditions of race susceptibility, and of its converse, race immunity, to the inroads of infectious maladies will furnish material of the utmost value to the preventive and curative branches of practical medicine. An able essay on this subject was read at the recent meeting of the British Medical Association by Dr. R. J. M. Buchanan. The great value of his communication lies in the bird's-eye view it gives of race susceptibility throughout the nations of the world. To tuberculosis, for instance, the Gaelic and Cymric race are considered more susceptible than the Saxon and Scandinavian. Negroes, on the other hand, are very susceptible to tuberculosis, especially in countries not native to them. Cancer is said to be rife in China, while it is rare in Egypt, uncommon among negroes, but prevalent among the blond inhabitants of Norway. It is a well-known fact that small-pox is excessively fatal to people among whom it is introduced for the first time, as shown among the North American Indians, where the Mandon nation was entirely destroyed by it; and in Iceland, where in the earliest epidemic eighteen thousand out of fifty-two thousand perished. Negroes are very susceptible to sleeping sickness; other races are not so. Jews are believed to be prone to diabetes and nervous diseases; Chinese are exempt from chorea; the negro is almost exempt from yellow fever, in which the order of susceptibility runs: Scandinavian, Englishman, Southern European, creole, mulatto, negro. The unravelling of all these various conditions, apart from their general interest, is likely to have a most valuable application in modern therapeutics. The line of research that at present exercises the greatest attraction to scientific medical investigators is the discovery of preventive and curative serums and antitoxins. Clearly, the question of racial immunity or susceptibility is intimately involved in that of serumtherapy The problem of the cure of many specific infections has been already solved in not a few instances by the beneficent hand of Nature, which has caused the life of many pathogenic micro-organisms to be limited by the autogenic production of antitoxins. In the case of a nation immune against any one particular infection it may reasonably be concluded that immunity has been acquired by the natural law of evolution. In the further struggle of mankind against the evils of environment it seems not unlikely that he himself will be able materially to hasten and extend the action of evolution as applied to susceptibility, and that he

may even hope one day to establish universal immunity against infectious diseases among mankind.

THE PSYCHOLOGY OF THE CONSUMPTIVE.

In the enthusiasm born of a hopeful industry in the application of what we may call the gross hygienic treatment of consumption there is a danger of managing cases as animals to be hardened and fastened and made sleek and rosy rather than directing them as sorrowful and oftentimes harassed human beings needing much more than open air can supply or a vigorously conducted *regime* sustain. In short, we are of opinion that the psychological aspects of the situation are in danger of being overlooked and in some institutions almost neglected. In the first number of the Parisian *Archives de Neurologie* for this year there appeared an interesting symposium on this subject, and in recent numbers of the *New York Medical Journal*, Dr. G. A. De Santos Saxe has dealt with the psychical relations of tuberculosis. His conclusions are of much interest and of considerable suggestive value. The consumptive usually exhibits traits of mind and of temperament that have been made use of to a large extent in fiction, although they have not received much serious study from medical men. The mental and moral degeneration only too apparent in many consumptives, leading in some instances even to criminal tendencies, is thought by many to be dependent on a toxic condition of the central nervous system, states which certainly often play an important part in the etiology of neurasthenia, psychasthenia, hysteria, and insanity. We are inclined to think that in many sanatoria the habit of life initiated and maintained by the very course of treatment is detrimental to altruistic tendencies and rich in inducements to selfishness and sins of idleness. Certainly many consumptives manifest loss of control, animal self-centring, increase of susceptibility to suggestion, emotional displays, attacks of nervous irritation, and readily show evidences of nervous and psychical fatigue. Sexual irritability, at least in some cases, seems to be raised in the early stages of the disease. There is certainly a distinct connection between tuberculosis and insanity, but as to the causal relationship we are by no means clear. The medico-legal aspects of tuberculous intoxication merit serious study. Regarding the beneficent euthanasia which in many cases silently rings down the curtain we know but little ; it is perhaps mainly dependent on what we are pleased to term physical causes, but we are still in the dark when we seek to unveil the mysteries of dissolution.

THE SPECIALISM OF TO-DAY.—I.

We have already commented on Sir William Church's Address at the West London Post-Graduate College on "Medical Education and Post-Graduate Study." We return to the subject, inasmuch as the questions raised by him are of the greatest importance, whether viewed from the scientific and practical or from a purely ethical bearing. Only one inference can be drawn from his classification of present-day specialists. He divides them clearly into two classes—honourable men and dishonourable quacks; and he does not hesitate to infer that even amongst the former are to be found those whom we may fairly regard as dangerous, even though their motives be honourable, or he fears that they have lost all sense of proportion from their exclusive occupation with a limited range of subjects. This is a serious impeachment of a considerable body of the profession in whom the public reposes confidence from their very claim to a more exhaustive acquaintance with the diseases they profess to deal with, and an experience necessarily enlarged by the application of time and labour to a branch of their profession devoted to the affections of some particular organ or organs. Let us look at present day-facts. No one denies that in order to cover the whole field of study in the case of such organs as the brain, the eye, the ear, or the pelvic viscera of women, the surgeon who proposes to treat accurately, and with a skilful hand to operate upon, diseased conditions of these organs must have not only a special training outside his ordinary medical course, but that aptitude which only comes through repeated experiences of methods and technique which furnish him with that manipulative dexterity on which the success of his operation depends. And in medicine also there are departments in which the first step of an accurate diagnosis can only be made after the most precise and special study of the diseases of the parts which they embrace. Take, for example, the localisation of functional diseases of the nervous system, in which the diagnostic power of the physician must precede the operative hand of the surgeon. The same remark applies in great measure to the skin and to the kidney. Certain operations on the liver and gall-bladder, stomach, and intestines demand accurate diagnosis and an acquaintance with the minutest details of operative technique in the surgical procedures called for to deal with them. As much from his failures as from his successes does the surgeon acquire his power over unlooked-for complications and unforeseen difficulties. Impromptu readiness in meeting these, the outcome of an educated surgical instinct, is not the product of a day, and, as every true surgeon knows, grows from year to year as his work and experience advance. While such facts do not admit of any dispute, it is generally recognised that the educated and experienced surgeon or physician is quite competent to deal as successfully as any specialist with the great majority of diseases to which any organ of the body is subject. The eye, the ear, the brain and larynx afford the most distinct exceptions. And in medicine, while certain authorities, in consequence of more extensive research into, and their writings on, the affections of certain organs, will always secure a special pre-eminence and, consequently, more general confidence, still, the all-round cultured physician should be competent to dea with disease generally as successfully, save with such exceptions as we have mentioned, as any medical specialist. Prolongation of the course of medical study, increased facilities through

special departments in general hospitals, the multiplicity of special hospitals, post-graduate teaching, and the facilities of communication with Continental schools are gradually bringing to the surface a class of practitioner that did not exist twenty years ago. Such men are fully capable of treating conditions and completing operations that would then have been handed over to the consulting physician and surgeon or the specialist. Furthermore, all through the country such men are combining in practice, affording to each other that mutual assistance and sympathy which enable them to conduct most successfully the great majority of ordinary surgical procedures and many of exceptional gravity. Thus, at present, so far as specialism is concerned, we find a yearly increasing number of men who are devoting themselves entirely to one branch of the profession, not so much to one organ, as in the case of the eye, but who are gathering into their net all the parts ministering to the healthy discharge of some correlated vital functions. Otologists have annexed the nose and throat, while, on the other hand, the rhinologist deals with the ear and larynx; the neurological surgeon in his operative sphere includes not only the surgery of the brain and spinal cord, but all the ramifications of the nervous system, and the troubles that arise either directly or indirectly from their varied morbid conditions. The abdominal surgeon has a wide field in the surgery of the stomach, liver, spleen, pancreas, and intestines, but this does not satisfy him, for he also claims the female organs of generation as under his protective ægis. The urinary specialist regards with a jealous eye any interference with urinary disorder from the kidney to the urethra, and even here of late the physician finds his province encroached on through the treatment of Bright's disease by decapsulation of the kidney. The rectal surgeon has long since wandered outside the narrow limits of his speciality, and now treats all intestinal complications, such as hernias and appendicitis. This being the case, it is obvious that the specialists of to-day cannot successfully practise their art with a limited range of study and views of disease narrowed by such limitation. Certainly such men can in no sense of the word be said to trade on the ignorance of the public, nor can they be regarded as charlatans and a danger to the public. While it is common in general practice to find men who have devoted themselves more especially to one particular branch, the same is equally true of the ranks of the consultants. The old so-called "general hospital surgeon," excellent in his day, with a good all-round knowledge of his art, is rapidly making room for men with more exact knowledge in every department, and more highly specialised in one or two. How far any one man can presume to a special knowledge of various branches of medicine and surgery depends in great measure upon himself and the time, labour, and research he has devoted to them from his student days onwards. There can, of course, be no doubt that the surest foundation for such special study is to be found in a wide and general yet accurate acquaintance with general medicine and surgery and a foundation of anatomical, pathological, physiological, and chemical work. There is, we acknowledge, a danger which cannot be ignored from the multiplication of specialists, and this is, that in the race for distinction, and the necessary struggle for existence under the conditions which our English social surroundings impose, operative zeal is apt to outstrip surgical needs. It is an age of booms and vaunted successes. The public has daily foisted on it Will o' the Wisp cures, some emanating from professional sources and others from speculative frauds or enthusiastic fanatics outside its ranks. If Sir Selby Church had confined his observations to the latter class and denounced such impostures and impostors who daily utilise the columns of the lay Press to puff their wares, he would have done an important service to the public and profession, but we do not consider that he had any justification for suggesting that dishonourable practices are largely to be found within the ranks of those members of his profession who are "specialists."

Notes on Current Topics.

The German Emperor's Operation.

THE news of the operation performed on the German Emperor on Sunday, the 7th instant, fell upon the world with painful and dramatic suddenness. On the day in question Professor Schmidt, the well-known Frankfürt specialist, removed a polypus from the larynx of his Royal patient. The report of the microscopic examination of the growth was sent telegraphically by way of postscript to the announcement of the fact of operation. It states that "the polypus consisted of soft connective tissue, with few cells, covered by regular and sharply defined defined layers of scaly epithelium. One portion contained pigment granules, evidently the result of former slight hæmorrhages." The polypus also contained a large number of thin-walled corpuscles. The conclusion from these facts is stated clearly and emphatically, namely, that the growth is simply "a benignant connective tissue polypus." In spite of the reassuring nature of the microscopical report it is impossible to avoid a feeling of anxiety with regard to the future course of events. Family history and predisposition have to be taken into consideration in estimating the full bearings of the individual case. While, therefore, there is happily no cause for alarm as to the present welfare of the illustrious patient, we shall await somewhat anxiously the fuller report that will doubtless supplement the necessarily meagre details of the telegram. Meanwhile, it is comforting to know that his Majesty is under the care of so skilled a specialist as Professor Schmidt.

The Midhurst Sanatorium.

THE opening of the new sanatorium for consumptives at Midhurst, last week, by his Majesty the King will naturally attract a good deal of public attention to the value and the requirements of institutions of that kind. Speaking generally

of the palatial building and grounds at Midhurst, it may be at once acceded that they are great in conception, great in creation, and altogether form a majestic monument of the philanthropy of the present age. At the same time, it may be doubted whether the money has been spent to the best advantage. Can anyone acquainted with the inner life of the medical profession say that a few consultant physicians are the best judges of sanatorium treatment? Can anyone, on the other hand, acquainted with the architect's profession seriously maintain that any architect sending in plans for a sanatorium would be likely to lose the opportunity for projecting an elevation of stately size and proportions? Does anyone seriously think that the co-operation of a consulting physician and an architect would guarantee the production of the best possible plan for a sanatorium? We trow not. As someone has pointed out, the English are fond of exploiting amateurs. In the opinion of some competent authorities sanatoria for consumptives are best constructed as groups of small châlets, easily and cheaply constructed, spread over various parts of the country and open to all classes of the community. The suggestion of the formation of a colony for consumptives is worthy of careful consideration in the light of modern knowledge. It is difficult to defend the aggregation of large numbers of tuberculous patients within the walls of a huge building.

The Therapeutical Society.

The report published in our columns last week of the first meeting of the Therapeutical Society will, we think, be of interest to many members of the profession. Some doubt may have existed in the minds of our readers as to whether there was any need for an addition to the numerous societies that now exist for the promotion of medical and surgical knowledge and science. Among these societies, however, there was none founded for the purpose of promoting research into the interesting and important field of new plants and their properties medically considered, that is, in their uses for the treatment of disease. As new countries are being investigated and the researches of travellers are being brought to our notice, it is well to encourage the naturalist and the botanist to give his attention to the medicinal properties of new plants and to the uses made of them by the natives of previously unknown regions. This particular line of study does not belong strictly to botany, chemistry or pharmacy, and can be engaged in only by members of the medical profession. When a traveller returns now with the results of researches of the nature referred to, he will find in the Therapeutical Society the simplest means of communicating them to the profession, and we are glad to see that the Society of Apothecaries is giving its support to a branch of medical science which most certainly and appropriately comes within its functions. In electing Sir T. Thiselton Dyer as its president, great respect is shown by the Society to botanical science, and, as Sir T. Dyer is a member of the medical profession, the therapeutical value of the work carried on by it will not be disregarded.

Non-Notification of Infectious Diseases by Medical Men.

The failure to notify infectious diseases may bring most undesirable consequences upon the head of the defaulting medical man. During the past week that fact has been emphasised by the prosecution of two practitioners for that offence. In the first case a Ravensthorpe medical man was summoned for non-notification of three small-pox cases. It appeared that on September 2nd he attended a child suffering from what he regarded as chicken-pox. A second child was later infected and he made the same diagnosis. The mother took the disease and it was not until September 21st that he casually informed the Sanitary Inspector that he thought there was a case of small-pox in a certain house in the district. The Medical Officer of Health, who was not officially notified, found the patients to be suffering from small-pox and is reported to have said no medical man could have mistaken it for chicken-pox. The defence was that no proof had been offered that the defendant knew the disease was small-pox, and the case was dismissed on that ground. The second prosecution was in Birmingham, where a medical man was called to a patient suffering from scarlet fever on or about July 19th, but who did not give notice to the authorities until six or seven weeks later. Defendant was fined £2 and costs. It seems almost incredible that medical men could under any conceivable circumstances allow themselves to run the risk of so much public exposure and injury to pocket and reputation by the omission to fulfil what is simply a lawful and bounden professional duty.

The So-called New Cancer Cure.

The public Press has of late years devoted a good deal of attention and misdirected energy to the discussion of medical matters. In this way the Röntgen rays, the light cure, the crusade against consumption, and the cure of cancer have again and again furnished the foundation for more or less sensational and flamboyant journalistic treatment. Last week a semblance of novelty was thrown round the somewhat worn and derelict subject of cancer. The starting-point of the latest sensation was a lecture recently delivered before the Abernethian Society. In the course of his remarks the lecturer detailed the observations of Dr. Otto Schmidt, of Cologne, who claimed to have isolated the "cancer parasite" and to have produced an antagonistic serum capable of destroying the cancer cells. The attitude of scientific medical men will naturally be one of extreme caution with regard to statements of that kind. False hopes have been raised only too often by optimistic and self-deluding scientists. No cancer parasite has been hitherto found, but if Dr. Schmidt has succeeded in that direction he will deserve the gratitude of mankind. Some years ago, Dr. Russell, of Edinburgh, discovered certain "bodies" which

were supposed by some observers to be the cause of some forms of malignant disease. That theory, however, has never been established, any more than the further theory that cancer is a parasitic disease. To claim cure by a serum that destroys the cancer parasite is not only premature, but is likely to do great harm to the public by exciting false hopes. Why do not lay editors confirm or contradict such worthless rumours, by referring them to competent medical authorities before disfiguring their columns with such unworthy matter?

The Rejections at the Fellowship Examinations of the Royal College of Surgeons, England.

THE Fellowship diploma of the Royal College of Surgeons, England, is not only one of high academic distinction, but one, also, which adds greatly to the professional value of a surgeon's services. This is not always the case so far as academic degrees and diplomas are concerned. It does not, of course, necessarily follow that a man holding high distinctions, academically, is a good man in a practical sense. On the other hand, a Fellowship diploma of the nature of that of the Royal College of Surgeons carries with it the *imprimatur* of a practical man. None save those who can combine sound scientific surgical knowledge with the practical faculty of a surgeon can hope to attain to this distinction. That this is the case may perhaps be judged by reference to the exceedingly high percentage of rejections at the two Fellowship examinations. According to the latest returns for the First Fellowship there were in November, 1902, and May, 1903, 238 candidates; inclusive of this number, however, only 87 succeeded in satisfying the examiners, that is to say, no less than 63 per cent. were referred for further professional studies. Then for the Second or Final examination, held during the same months, there were 113 candidates; of these 58 only passed —in other words, 48 per cent. were rejected. These high percentages of rejections are noteworthy, inasmuch as they certainly seem to indicate the intention of the College authorities to maintain and to exact an exceptional standard for anatomy in these professional examinations In further.proof thereof even demonstrators of anatomy in the metropolitan medical schools have been known to present themselves for the First examination and to have been referred. Under such circumstances it is not surprising that other candidates should not infrequently fail whose opportunities for satisfying the examiners are less favourable. Meanwhile, we must confess agreement with those who hold that the standard of the examinations should be maintained; the tradition has existed for many years that even the best men may fail, and, as a matter of fact, any candidate may consider himself lucky who surmounts both tests without a mishap. The general rule is for failure to attend on the first attempts at both of the examinations, and there are probably few Fellows who have not had to endure the pangs of a rejection. It used to be said of one distinguished examiner, a high official at the College a quarter of a century ago, that having no time as a surgeon to keep pace with the new physiology of the period he contented himself with reading and learning ten pages of "Hermann's Physiology," and of examining the candidate therewith. By this means, no doubt, many rejections could be accounted for, since in those days the new physiology was as little known to the candidates as it was to the examiners.

Traumatism and Transposition of Viscera.

THERE are many errors of development which, so long as they do not involve any serious structural or postural change in the organ or tissue concerned, are absolutely without risk to the individual in whom they occur. The simplest form of transposition of the viscera, namely, that in which the thoracic and abdominal organs are merely reversed as to the side on which they are normally found, is frequently discovered accidentally during the course of a medical examination. When disease occurs in a transposed viscus, especially if such malposition happens to be more than a simple reversion, the diagnosis of the condition is often rendered exceedingly obscure. Some of the rare forms of internal herniæ, such as strangulation of a loop of small intestine which has been prolapsed through a congenital aperture in the diaphragm, must be included in this category. In a similar way, the effects of injury, either from direct or indirect violence, upon misplaced organs are often very difficult to gauge accurately. The recent death of an attendant at the Holloway Sanatorium two days after being "charged" at football shows the almost impossibility of correctly interpreting the symptoms in these cases. The post-mortem appearances revealed the fact that the chief abdominal organs were situated in the thorax, having entered thither through an opening in the diaphragm of congenital origin. The heart was thus forced upwards and to the right, and the left lung was very small and contracted. Though it was stated at the inquest that the man's death was not in any way due to external violence, yet it will probably be admitted that, if such a condition could have been determined beforehand, exercise of any kind involving sudden strain or jarring would be most undesirable. Football is now made the scapegoat for so many evils which would have equally occurred had it not been played that we are glad to see that the game was exonerated in the present instance.

The Risks of Cocaine.

THE great value of cocaine as a local anæsthetic is sometimes counterbalanced, in susceptible individuals, by its depressing action upon the vascular system, which may produce alarming, though happily not often fatal, results. In common with most drug idiosyncrasies it is impossible to foretell by examination of the patient how he or she will react to its administration—hence, in the use of such agents the thought of their toxic effects should ever be borne in mind. Considering how frequently cocaine is applied to the gums in dental practice it is surprising how seldom one

hears of any untoward effects resulting from its use. The case which appeared recently before the Gloucester County Court has, therefore, a special interest, not only to dental but to all other medical practitioners. A man suffering from toothache went to consult the defendant, a dentist, who, it is stated, did not advise immediate extraction, but stopped the tooth with a preparation of cocaine. When the plaintiff left the house he felt giddy and was seized with a sense of numbness in the limbs. He was conveyed home, where he was said to have been ill for six months afterwards, and on that account sued the dentist for loss of time and personal injuries. The defence was that there was a considerable nervous element in the case, and that the illness was not due entirely to the cocaine. After a prolonged hearing the jury were unable to agree and were therefore discharged. This incident serves to show that yet one more risk must be added to those already encountered by all classes of practitioners in their daily work, even when this is done in the best interests of their patients. If individual peculiarities are to be made the basis for legal proceedings we may soon expect antenatal changes to figure as the ground for some action at law.

Syphilis and Chorea.

The association of syphilis with chorea is one which has received comparatively scant attention on the part of physicians, but the connection of the ordinary Sydenham's chorea of childhood with the disease is far less definite, and the two affections have not been thought to bear any special relationship one to the other. A few cases of congenital syphilis in which chorea has supervened have been reported, but it is very rare for acquired syphilis to precede an attack of chorea. Dr. Harrison Mettler, of Chicago, writing in the *American Journal of the Medical Sciences*, believes that it is quite possible for the syphilitic toxin to cause disturbances of nutrition in the cortical cells and so produce chorea, especially in those varieties of the disease due to irritation dependent upon gross organic lesions of the brain. Attention is called to the existence of two forms of syphilitic chorea, the focal and the generalised, and the inference is drawn that these are expressive of a change in the functional activity of the motor neurons. That this may be the case when there is distinct evidence of syphilis will be acknowledged, but the term "syphilitic chorea" will hardly find favour with those who have long been accustomed to regard the disease as a specific rheumatic affection of the nervous system. In actual practice it is very seldom observed that the choreic child shows signs of congenital syphilis, and the presence of the acquired disease is so rare as to be practically unknown. However, the possibility of the influence of syphilis in the production or aggravation of chorea should lead to careful investigation in those cases in which rheumatism can be absolutely excluded, and should it exist, vigorous treatment must be adopted side by side with other anti-choreic remedies.

Ankylostomiasis in Cornwall.

The appearance of ankylostomiasis among the miners of Cornwall has caused, not unreasonably, considerable alarm and apprehension among the whole community who earn their living underground. The disease has been known under various names for a century and a half, and has been described in such widely-distant countries as Peru, the West Indies, Egypt, Gambia, Zanzibar, and India, besides various parts of Europe. The credit of discovering the causal parasite rests with Dubini of Milan, who found it *post-mortem* in a large number of bodies. His work did not receive universal recognition at the time (1843), and it is really to Bilharz and Griesinger that we owe our present knowledge of ankylostomiasis duodenale. Their work has been abundantly confirmed since, notably by the Italian and Swiss physicians who had to deal with the outbreak of ankylostomiasis among the workers in the St. Gothard tunnel. The disease is due, of course, to the introduction of the larva of ankylostoma into the intestine, and this occurs either through drinking water from warm and marshy places, where the eggs are germinating, or by contamination of articles of food by fingers soiled from similar sources. The Home Secretary has taken prompt and commendable action by sending Dr. Haldane to Westphalia to learn how the disease is dealt with there, but in the meantime if proper precautions with regard to water and food be observed by the miners, the risk of infection will be reduced almost to *nil*.

A Two-Edged Sword.

Whilst many interesting accounts of X-ray treatment in malignant disease continue to appear in the various journals, we note that the influence of the rays is far from well understood yet in relation to these conditions. Two disastrous results have occurred in those who have met with previous accidents from the rays. A tube-maker, who had an X-ray cicatrix on the forearm, has developed carcinoma in the scar, and a patient with an X-ray ulcer has had to have the limb amputated, for the ulcer was found to have become epitheliomatous. A measure that can (apparently) both remove cancer and cause it is one that may well give one reason for hesitation before employing it, and we trust that for the relief of those conditions in which it seems beneficial it may continue to be used without any of these *contretemps*. There is no doubt that the rays are capable of effecting profound nutritional disturbance in the tissues, and we hope that the nature of the change may be speedily ascertained. It would be a thousand pities if a measure so full of promise had to be abandoned because of the possibility of its causing such grave results.

Regenerating Expired Air.

A striking instance of Gallic ingenuity is to be found in the pages of *La Revue Minéralurgique*. This is no less than an invention whereby expired air may be purified and rendered fit for reinspiration, and its object is to secure for firemen, sewer-

workers, and miners a means whereby they can remain in a vitiated atmosphere for a considerable time without requiring fresh air. The clever device by which this is accomplished consists of a diver's helmet with sight-holes, to which is attached the regenerating case. The air is drawn into this latter by a clock-work fan and there meets with water in which dioxide of sodium is dissolved. The carbonic acid in the vitiated air combines with the dioxide of sodium, and oxygen is evolved to take its place in the air that passes back into the helmet. The renewed air is warm as the result of the chemical action, so a refrigerating contrivance worked by methyl chloride is introduced to cool it. If the invention be all, or even half, what is claimed for it by the inventors, it should be a valuable addition to fire-brigade appliances. Death results far more frequently from asphyxia and carbonic acid poisoning, produced by the products of combustion of a fire, than from actual burning, and with a helmet of the type described one of the greatest difficulties of rescue-work would be obviated.

Herpes.

AN attack of "shingles" is generally accorded scant recognition. Its diagnosis is generally straightforward; it runs its course with little respect to treatment; and the principal symptoms that demand attention are irritation and pain. The latter is certainly very severe at times. In the *American Journal of the Medical Sciences* Dr. Howard addresses himself to the question of the pathology of the condition, and his work tends to bring into line the two manifestations that we recognise clinically as herpes zoster and herpes labialis. The former he considers from his own work and that of others to be due to hæmorrhage in the posterior spinal ganglia, whilst herpes labialis is associated with apoplexy of the Gasserian ganglion. He divides these groups of herpes from those occurring in connection with such poisons as arsenic and carbon-monoxide, which again have to be distinguished from those occurring in the acute specifics. All, however, have the same fundamental pathological lesion. The common forms of herpes that accompany nasal catarrh and gastric disturbance he does not classify, as they have not yet been sufficiently investigated. It seems unlikely that all these can be unified, for herpes most certainly follows direct local irritation in some cases. For example, who has not seen herpes labialis follow a visit to the dentist?

The Local Government Board and Medical Work.

THE Report of the medical officer of the Local Government Board for the year 1901-02, published a few weeks ago, contains so many matters of great interest to the profession that we find considerable difficulty in endeavouring to deal with it in the space at our disposal. The activities of the medical officer's staff are by no means confined to the mere tabulation of sanitary statistics, important as such work is, but, securely hidden in appendices, we find papers of the greatest interest on purely scientific subjects. Indeed, our pleasure in reading such reports as those of Dr. Klein on, for example, the diphtheria bacillus and organisms liable to be confounded therewith, and on the bearings of agglutination to specificity, is only alloyed by the fact that, owing to their secluded position at the end of a "blue-book" they may not receive from men of science the full consideration they deserve. To medical officers of health, and, indeed, to all, lay and medical, interested in sanitary science, the reports of the various inspectors in regard to local outbreaks of disease into which they were sent to inquire are of great value. They are, in fact, models of how such reports should be done. No pertinent circumstance—sociological, bacteriological, sentimental—seems to have escaped the notice of the investigators, and the reports on, for instance, scarlatina at Weymouth and enteric fever at Whitehaven (we mention these simply as being the fullest) are masterpieces in their exactitude and completeness. The statistics comprised in the volume have for the most part reference to vaccination. It is satisfactory to note that taking the country as a whole the rate of abstention from vaccination has been steadily diminishing during the five years in which the present Act has been in force—this, in spite of conscientious objectors. London, however, lags far behind the rest of the country, and this condition is due, not to conscientious objectors, but to negligence on the part of the responsible authorities. We have said enough to show that we regard the report as one of value and interest. Its compilation reflects credit on the medical officer, Mr. W. H. Power, who is fulfilling his duties with a vigour and ability equal to that of his distinguished predecessor.

The Manufacture of Matches.

AT the last meeting of the Society of Chemical Industry an interesting discussion took place on the manufacture of matches. It was initiated by Mr. Muir, who described experiments he made some years ago with a new preparation of phosphorus, which he found made good matches. His preparation was a scarlet sulphide of phosphorus. It is described as a new chemically active and physiologically inert variety of red phosphorus. It is made by dissolving ordinary phosphorus in phosphorus tribromide and heating the 10 per cent. solution to the boiling-point for several hours. It makes a good striking match compound, and its use is not attended with the risk of producing phosphorus necrosis of the bones, especially of the lower jaw, which were so common in the early decades of the nineteenth century. Soon after Preschel introduced his igniting phosphorus composition maxillary necrosis became one of the commonest forms of disease on the Continent, and years later in England, where the phosphorus match displaced Mr. Walker's "Congreves" of sulphide of antimony and chlorate of potassium. The workers in match factories continued to suffer from the effects of the fumes until 1855, when

Bryant and May adopted the red or amorphous phosphorus, which is physiologically inactive, in their works. But the public still continued to demand a match that could be struck on any rough surface, and this, it is claimed, can be done by the scarlet variety of the element. If so, and that the product can be produced at a cost to allow of its commercial use, it is not unreasonable to conclude that necrosis as a result of the use of phosphorus in the manufacture of matches will cease to exist.

Open-Air Treatment for the Inebriate.

The ardent teetotaler has for long condemned the policy of the "open door" as regards the "drink-shop," but he has been slow to recognise the beneficial influence of "open-air" treatment in the restoration of the alcoholic. Moral efforts and secret cures both have their enthusiastic supporters, and it must be admitted that good influences often fail, while bad measures sometimes succeed. But no serious student of inebriety can fail to discover that behind this morbid state are physical disturbances and psychological derangements which call for rectification before "cure" can be secured. In the restoration of the inebriate a resort to hygienic measures is of the first importance. The life of the inebriate is essentially artificial. His greatest hope lies in a return to natural methods of living. The establishment of industrial farm colonies where an outdoor life can be assured, suitable work provided, and a healthy environment maintained is a step in the rational treatment of inebriety eminently scientific and likely to prove particularly satisfactory. The majority of retreats for the inebriate in this country are far from satisfactory, and we consider further legislation will have to be provided if the interests of this unfortunate class of patients is to be adequately protected.

Medical Men and Publicity.

In spite of every care which may be taken to prevent such an occurrence, considerable annoyance and inconvenience are frequently caused to medical men owing to the unpermitted use of their names in the public Press in connection with their treatment of patients. It is quite a common thing to read in the "Society" or "Personal" column of many newspapers announcements to the effect that "Sir William Jones has been successfully operated upon by Mr. Smith for appendicitis," or that "Dr. Clark has advised that Madame Louise should cancel all her engagements for the present." Such statements as these do not necessarily reflect any particular credit upon the practitioner concerned, while they certainly tend to compromise his position as a member of a dignified and learned profession. It is quite another matter when a member of the Royal Family is taken ill. The public have then a right to know who is in charge of the case, upon the treatment of which the future of an empire may be at issue. The bulletins which are published upon such occasions are read by millions of eager eyes, and the readers themselves place great importance not only upon the words contained therein, but also upon the signatures appended thereto. The majority of editors are fully cognisant of the principles of medical etiquette, and are very ready to withdraw anything appearing in their papers which might be to the detriment of any practitioner, and to do all in their power to prevent its recurrence. Seeing the need for an authoritative statement on the matter which would at the same time voice the general opinion of the profession, the Council of the British Medical Association have adopted the following very wise resolution, namely, "That a circular letter be sent to the principal London" (and we might say also "provincial") "newspapers, deprecating the mention in paragraphs relating to the illnesses of persons, other than members of the Royal Family, of the names of the medical men in attendance."

The Pupil in Diagnosis.

The somewhat intricate nervous mechanism by which the movements of the pupil are controlled in health is often a subject of difficulty to the student of physiology. The vascular connections of the iris are also of an arrangement peculiar to that body, and disturbances of the blood supply are quite as apt to give rise to changes in the size or mobility of the pupil as are disorders of its nervous fibres or centres. Our knowledge of the means by which these alterations are brought about has been derived, in the first place, from the laboratory, and the names of Petit, Valentin, Budge, Waller and Brown-Séquard will ever be remembered for their work in this domain of physiology. From the clinical side, the shape of the pupil in disease has always furnished an attractive field for observation and research. The classical pupillary symptom met with in locomotor ataxy, the Argyll-Robertson pupil, is one of the most important and universally known morbid conditions of that affection. In a paper read before the Canadian Medical Association in August, by Dr. J. T. Duncan, the necessity is urged for carefully examining the patient for tabes dorsalis in any case of abnormality of the pupils, as early evidence of the disease may often thus be detected before the appearance of any other symptom. The explanation which ascribes the anisocoria or inequality of the pupils occurring in cases of thoracic aneurysm to interference with the sympathetic nerve has been regarded as unsatisfactory, and Drs. Cecil Wall and Ainley Walker have shown (*a*) that alterations in vascular conditions can and do produce changes in the size of the pupils. Inequalities of blood pressure in the ophthalmic arteries resulting from abnormal vascular conditions are often responsible for inequality of the pupils. For this statement, both clinical and experimental evidence is forthcoming.

The next session of the General Medical Council will open on Tuesday, the 24th inst., under the Presidency of Sir Wm. Turner, K.C.B.

(*a*) *Lancet*, July 12th, 1902.

The Mastership of the Rotunda Hospital.

THE election to the important post of Master of the Rotunda Hospital was held on Friday last at the Hospital, with the result that Dr. E. Hastings Tweedy, Gynæcologist to Dr. Steevens' Hospital, was appointed by a very large majority. Dr. Tweedy held the post of Assistant to the Master of the Hospital from 1892 to 1895, and on leaving the Rotunda was appointed to Dr. Steevens' Hospital. In former days he was a most successful teacher, and he will undoubtedly attract a large class to the Rotunda Hospital, of which he will prove a strong and capable Master.

PERSONAL.

DR. FRED. KIDD, late Master of the Coombe Hospital, has been appointed Gynæcologist to the Meath Hospital.

DR. H. PRINGLE has been elected a Surgeon to Mercer's Hospital, in succession to Dr. H. Croly, who has resigned.

MR. J. G. CRAGGS, who has acted as Honorary Secretary of King Edward's Hospital Fund since its foundation, has received the honour of Knighthood from his Majesty.

DR. ROBT. BELL, D.Sc., LL.D., F.R.S., Acting Director of the Department of Geological Survey, Canada, has been appointed a Companion of the Imperial Service Order.

THE appointment has been officially announced of Captain H. V. Prynne, of the Royal Army Medical Corps, as specialist in ophthalmology in the Thames and Woolwich districts.

The Council of King's College, London, has just elected Dr. C. S. Myers to the lectureship on experimental psychology at the College rendered vacant by the resignation of Dr. W. G. Smith.

WE understand that Dr. Charles J. Martin, F.R.S., has now entered upon his duties as Director of the Lister Institute of Preventive Medicine, and that in future the administrative work of the Institute will be under his control.

THE annual dinner of the staff and past and present students and friends of the Royal Dental Hospital of London will take place on Saturday, November 21st, in the Whitehall Rooms of the Hotel Métropole, under the presidency of Mr. F. J. Bennett, M.R.C.S., L.D.S. Eng.

PROFESSOR GEORGE PIRIE will preside over the November dinner of the Aberdeen University Club in London, to be held at the Trocadero Restaurant, Shaftesbury Avenue, W., on Wednesday, November 18th, at 7 p.m.

DR. EDMOND F. TREVELYAN, of Leeds, delivered the Bradshaw Lecture at the Royal College of Physicians, Pall Mall East, on November 5th. Sir W. S. Church, the president of the College, was in the chair. Dr. Trevelyan's subject was "Some Observations in Tuberculosis of the Nervous System," based upon 114 cases which had been treated in the Leeds Hospital.

MR. PERCY DUNN, F.R.C.S., the well-known ophthalmic surgeon, has recently retired from the editorship of the West London Medico-Chirurgical Society's *Journal*. The idea of founding the journal originated with Dr. Symons Eccles, the late president of the Society. It was carried out by Mr. Dunn, who, in the course of a few years, achieved phenomenal success in what is admittedly a difficult task—namely, the organisation of a successful medical journal.

THE will of the late Mr. Forster Green has just been made public. Among many other legacies to medical charities he leaves £500 to the Samaritan Hospital, Belfast. After the death of his widow the trustees are empowered to pay £10,000 to the Forster Green Hospital for Consumption and Chest Diseases as an endowment to extend the benefits of its treatment, and £10,000 for building and endowing almshouses for the respectable poor of Belfast or counties of Antrim and Down.

Special Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

[FROM OUR SPECIAL CORRESPONDENT.]

BELFAST.

BELFAST CORPORATION.—At the quarterly meeting of this body on the 3rd inst., several matters of medical interest were discussed. An elaborate report on the flooding of the city was presented to the meeting, from which it appears that nothing has yet been done to prevent a repetition of the great flood of September, 1902, and, indeed, the rainfall of Sunday, October 25th, would have produced quite as bad a state of things if it had continued a few hours longer. About an inch fell in four hours. A new city surveyor is just about to enter on his duties, and one of the first and most urgent will be to deal with this question. Two important resolutions were discussed relating to public health. One was: "That the Council authorise the Public Health Committee to advertise for suitable sites, not exceeding ten acres, for the erection of shelters for the use of consumptive patients." The other resolution was to approve of a memorandum of an agreement made between certain members of the Public Health Committee and of the Committee of the Forster Green Hospital for Consumption. This runs as follows:—"The committee of the Forster Green Hospital to erect the buildings necessary to accommodate twenty patients, to be sent by the Corporation, in consideration of an annual payment of £200 a year for seven years, and if the Corporation determine to continue the arrangement, they to be at liberty to renew it for a further period of seven years, for an annual payment of a sum to be decided upon by the City Surveyor and an architect nominated by the hospital authorities, to cover the upkeep of that portion of the buildings allotted to Corporation patients. The Corporation to pay 25s. per week for each bed for the maintenance, medical attendance, nursing, and all other expenses incidental to the treatment of the patients sent to the hospital by them. The admittance of all patients to be subject to the existing regulations of the hospital, and the Corporation to have a representation of five members on the committee of management. The foregoing arrangements to be subject to the approval of the Public Health Committee, the Committee of the Hospital, the Corporation, and the Local Government Board." As will be seen, this is a most important new departure, and one of deep interest to the whole medical profession of the northern province, and it is therefore greatly to be regretted that on the large Committee of the Hospital there is only one representative of the medical staff. The plan may work excellently, but it requires no great foresight to see numerous difficulties in its way, which any medical man could point out to the Committee. Of these two resolutions the first was passed, and the second referred back to the Public Health Committee

for further discussion. A lengthy but singularly barren discussion on the typhoid question followed.

Correspondence.

OPERATIONS FOR RECURRENT DISEASE OF THE FRONTAL SINUS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In Mr. Mayo Collier's case of recurrent disease of the frontal sinus, in your issue of November 4th, p. 507, a very important point in the treatment of disease of the frontal sinus receives notice, namely, the influence of the condition of the turbinated bodies and other structures in diminishing the lumen of the nasal cavity. In this particular instance, where for a third time an operation appeared to be called for, he "removed the anterior end of the middle turbinated body, and with a curette took away a mass of granulations from the opening of the infundibulum; a small curette could now be introduced into the frontal sinus, which took away a quantity of thick, creamy pus." He felt sure that in this case the larger operation of opening the frontal sinus again from above was not requisite. I beg to recommend the removal of the anterior end of the middle turbinal *as a preliminary measure* in all cases of frontal sinus empyema. I would, in addition, draw attention more definitely to the frequency with which, in such cases, there is present a hypertrophic condition of the tissues covering the uncinate process of the ethmoid bone and forming the anterior lip of the hiatus semi-lunaris; this is sometimes so large as to simulate a middle turbinated body, from which, however, it can be distinguished by means of the probe. When hypertrophied it forms a kind of scoop in which pus from the frontal or maxillary sinuses may accumulate, while, at the same time, it may, from its increase in size, act as an obstacle to the exit of the normal and abnormal secretions from the sinuses. This "rhinological" treatment of the empyemata of the sinuses will, I am sure, commend itself to the general as well as to the "special" surgeon.

I am, yours truly,

DUNDAS GRANT.

"THE DAILY ROUND FOR THE COMPLEXION."

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Among a column or so of advice, good, bad, and indifferent, printed under the above heading in the first number of your lively new contemporary, the *Daily Mirror*, the following passage holds a place:—"Pale women may obtain a colour by washing the face with a hot gruel of oatmeal and water, *afterwards sponging it with pure alcohol*"!! If any readers should follow this advice, will the editor of the paper render himself liable to an action for damages to compensate for the suffering and injury certain to be inflicted? The *Daily Mirror* is introduced as a paper for women with lofty promises. If it proposes to publish "medical" columns, will it not be well for the proprietor, in order to protect himself from the consequence of such a lapsus, to engage a medical editor, preferably a

LADY DOCTOR.

November 2nd, 1903.

[The so-called medical columns of not a few of the journals for women are calculated to inflict endless injury and suffering among their readers. To puff quack and proprietary articles is to recommend quacks and charlatans, and to advise the following of fantastic methods of treatment is to spread disaster with ample and universal hand. In our opinion the publication of such false and spurious medical advice should be made a punishable offence.—ED.]

THE MIDHURST SANATORIUM.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The opening of the new sanatorium at Midhurst suggests to my mind the question whether the nation has, so to speak, got its money's worth. That the sum given by Sir Ernest Cassel to his Majesty has been expended with the very best motives and under the best obtainable advice can hardly be doubted. The result, however, is a palace on the Kentish hills, so organised that it will be available only for patients who can afford to pay £1 a week or more for their treatment. Was that the intention of Sir Ernest Cassel? Anyway, I myself do not see if well-to-do patients want treatment why they should not provide the funds for a sanatorium out of their own pockets. The urgent need of the present day is to weed out of our poor population the consumptives who form the centres of constant infection to their fellows—not to build palaces for those who are well-to-do, and who are clearly less likely to be dangerous distributors of infection.

As a medical practitioner of long standing I must earnestly protest against the congregation of consumptives under one big roof. A scattered cottage or hut system is the ideal, somewhat on the plan of a military camp.

Yours truly,

L.R.C.S.

Reading, November 7th, 1903.

THE PROVISION OF DENTAL RELIEF.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—With reference to your admirable leader under the above heading this week, I would like to point out that the question of dental relief in London and most large towns might be to some extent met by the establishment of a properly equipped dental department in every general hospital. At present Guy's is the only hospital in the Kingdom possessing such a department. Forty thousand pounds were spent on the site and building of the Dental Hospital of London. This sum would have sufficed to provide accommodation, equipment, and the nucleus of an endowment for a complete dental service in half a dozen hospitals at different parts of the Metropolis. This would have been much better for the poor, much better for the dental profession, and much better for students of medicine, who would have been provided with an opportunity of seeing the practice of conservative dentistry, of learning dental hygiene and understanding the measures available for preventing or relieving crowded jaws, one of the main predisposing causes of dental decay.

We possess no scientific data to prove that dental decay is more common now than in previous generations. It is only within recent years that any systematic attempt has been made to inquire into the condition of the teeth in masses of the population. Examination of the teeth of school children has latterly been carried out sufficiently widely to prove the almost universal existence of caries; but no earlier statistics exist for purposes of comparison. There is gradual decrease in size of the jaws and teeth from the gorilla through savage and primitive races to those of the highest civilised type; and there is good reason to believe that the teeth also are of relatively inferior structure. Innate structural weakness and defects in the enamel, and crowding and irregularity of the teeth due to smallness of the maxillæ, form the two chief predisposing causes of decay; and in so far as these are the results of civilisation, to civilisation may be ascribed the causation of dental decay.

I am, Sir, yours truly,

A CONSULTING DENTAL SURGEON.

Lectures at the Royal College of Surgeons, England.

TO-DAY (Wednesday) and on Friday next, at 5 p.m., Professor Andrew Melville Paterson will conclude his course of lectures on "The Development and Morphology of the Sternum." On Monday, November 16th, at the same hour, Professor Arthur Robinson will commence a course of three lectures on "The Early Stages in the Development of Mammalian Ova and the Formation of the Placenta in different Groups of Mammals." All members of the profession and medical students are admitted to these courses on presentation of their address cards.

Special Editorial Notice.

THE WYRLEY CATTLE-MAIMING OUTRAGES.

WE feel it a public duty to call urgent attention to the cattle-maiming case at Wyrley.

A young Birmingham solicitor lies in prison condemned to penal servitude as the perpetrator of a number of senseless and absolutely brutal and wanton outrages on cattle. The evidence on which he has been convicted was purely circumstantial, and, as such, open to the fallacies that must necessarily attend that kind of evidence.

During his imprisonment and while awaiting trial a further cattle-maiming outrage was committed in Wyrley, the village where accused lived. Since his conviction still other cattle have been maimed and killed. On this ground alone, therefore, we submit that his sentence demands revision.

But if an educated solicitor killed cattle in the senseless and purposeless manner under which the Wyrley outrages were committed, we submit unhesitatingly he was, on conviction, fitted for a lunatic asylum rather than a prison.

There has been a grave miscarriage of justice, and we appeal to the Home Office for immediate action by way of revision of the sentence in this case.

If necessary, we are prepared to nominate the necessary scientific body of investigation as to the state of mind of a cattle-maimer of the kind involved on the assumption of the recent sentence.

On the grounds of probability, of evidence, of scientific assumption, and of everyday commonsense judgment, we maintain that the prisoner convicted of cattle-maiming at Wyrley should be forthwith either be made the subject of an inquiry *de lunatico* or be granted a Royal Pardon.

To take any other attitude appears to us to court a state of chaos in English justice.

Obituary.

FRAY ORMROD, L.R.C.P., L.M., L.R.C.S.Edin.

WE regret to announce the death of Fray Ormrod, of Hindley, Workington, Cumberland, at the age of sixty, from apoplexy. Mr. Ormrod was born in 1843, of an old and well-known Lancashire family, a branch of which settled near Bolton over 200 years ago. He began the study of medicine at Belfast, but afterwards went to Glasgow, and finally took the diplomas of L.R.C.P., L.R.C.S., at Edinburgh. Soon afterwards he settled in the district of Workington. Dr. Ormrod was beloved by his patients and esteemed and respected by his townfolk, but his name became known to the outside world at the time of the disastrous explosion at St. Helens colliery in 1888. As surgeon to the colliery he volunteered to be let down the shaft to explore the tunnels and to give assistance upon the spot to the survivors among the injured. The devotion to duty which he displayed upon this occasion attracted the attention of the British Medical Association, and it was decided by the Council to award him a gold medal. This was presented to him by Sir William Gairdner at the annual meeting of the Association at Glasgow in the same year.

DR. RICHARD F. B. HALPIN.

THE lamented death of Dr. Richard F. B. Halpin occurred at his residence, Ferrybank, Arklow, on October 19th, of pneumonia, at the early age of forty-five. He became a member of the Royal College of Surgeons in 1883, and afterwards a licentiate of the Royal College of Physicians, Ireland. He was for some time house physician to the Hospital for Diseases of the Chest, and afterwards surgeon in the service of the Eastern Telegraph Company. In 1885 he settled down in his native town of Arklow, succeeding to the extensive practice of his father, the late Dr. Stopford Halpin, in addition to holding many public appointments, including that of physician to Arklow Fever Hospital, of surgeon and agent to H.M. Coastguards, and of medical attendant to the Royal Irish Constabulary. Dr. Halpin leaves behind him three children and a widowed mother, with whom sincere sympathy is felt. His loss will be felt through an ususually wide circle of personal friends of all classes of society in County Wicklow.

Literature.

McKERRON ON PREGNANCY WITH OVARIAN TUMOUR. (*a*)

WE congratulate Dr. McKerron on being the first to publish in English a systematic monograph dealing with the important subject of ovarian tumours in their connection with childbirth. The present volume is indirectly the result of a paper on the same subject which the author read in 1897 before the Obstetrical Society of London, and is deserving of close perusal. The book is divided into three parts: "Pregnancy with Ovarian Tumour," "Labour with Ovarian Tumour," and "The Puerperium with Ovarian Tumour." At the end of each part come most important and full tables of recorded cases, which cannot fail to be interesting. Put shortly, the conclusions at which the author arrives are as follows:—In pregnancy, the recognition of an ovarian tumour should be followed as soon as possible by ovariotomy, save in the case of a very densely adherent tumour, the removal of which would almost certainly be followed by the onset of labour. In such a case, the author considers it wise to wait, in the interests of the child, until near full term. In labour, the author similarly considers ovariotomy to be the best treatment, if the patient can be placed without delay in the hands of an experienced operator. If this is not possible, reposition of the tumour may be tried, and, if this fails, the tumour if cystic must be tapped or incised. If it is solid and cannot be pushed upwards out of the pelvis it must be removed. In the puerperium, in all cases, Dr. McKerron considers ovariotomy should be performed as early as possible. If the tumour is detected during labour, he considers that its removal may and should be undertaken within a few hours after delivery.

With the treatment recommended in the first two cases we think few will disagree; but we are not quite so satisfied of the necessity for, or the advisability of, operating a few hours after delivery in uncomplicated cases. If a patient has passed through pregnancy with an ovarian tumour, and if the latter has escaped crushing, *i.e.*, has not descended into the pelvis during labour, we confess we do not see why there should be a markedly increased danger during the ten days or fortnight after delivery. Dr. McKerron's own tables substantiate this view. As we read them, out of thirteen patients who were operated upon during the first week after labour, five died; while, out of fourteen patients operated upon on or after the eighth day, only two died. Even if the high mortality in the first group only shows that the cases were complicated ones of great seriousness, the second table also shows that the fact of waiting

(*a*) "Pregnancy, Labour, and Childbed with Ovarian Tumour." By R. G. McKerron, M.A., M.D. Aberd. London: Rebman, Limited. 1903. Crown 8vo. Pp. 281. Price 7s. 6d. net.

for a week to a fortnight before operating does not lead to a high mortality. Personally, we consider that, while the occurrence of compression of the cyst or of other injury to it is an absolute indication for operation at the earliest opportunity, in the case of a tumour which has suffered no injury during labour, the time of election for operation is as soon as the patient has recovered from the effects of labour, that is, from the tenth to the twentieth day. An obvious answer, which may be made to this, is that the presence of a complication may escape diagnosis until it is too late, and that this is avoided by immediate operation. Our point, however, is that the whole question is one of diagnosis. If there is a doubt as to what is happening to the tumour, operate by all means; but if it is obvious that the tumour is undergoing no change and is causing no harm to the patient, it is better to wait.

We are confident that Dr. McKerron's book will be found of great value to all obstetricians, as it deals, in a clear and interesting manner, with a serious complication of pregnancy which has not before received the attention it ought.

HOLT ON DISEASES OF INFANTS. (*a*)

The time has passed when the works of American physicians were looked at askance by British readers. At the present time they, or some of them, compete on almost equal terms with native authors. This, indeed, is as it should be, for science knows no frontiers and merit is the sole criterion of success.

This portly volume, comprising upwards of 1,100 pages, copiously illustrated by means of photographic blocks and coloured plates, certainly deals exhaustively with the subject of the diseases more or less peculiar to children, or, shall we say, with diseases as they present themselves in the young. It is obvious that diseases also met with in adults present special features when they develop in the peculiarly receptive soil afforded by the young organism, while their limited powers of expressing their feelings and sensations renders diagnosis the more difficult.

The author introduces his subject by remarks on the hygiene and general care of infants and young children. These chapters deserve careful study at the hands of young practitioners, important points being made clear by tables and charts, which serve to emphasise the lesson which the author seeks to convey. It would be well if all intelligent parents could be made to understand the valuable guidance afforded by weight charts, for instance, and if they do not it is in great measure due to the fact that their medical advisers do not insist enough.

The chapter on infant feeding has been rewritten in the present edition, and there is a very telling chart giving the value in respect of the various nutritive principles of the principal artificial foods which compete for public favour. Better than any table of chemical formulæ this chart shows the immense difference between their composition and the normal infant pabulum. The author supplements this demonstration by directions how to utilise these artificial foods without infringing the elementary principles of infant alimentation.

The diseases of the various systems are described *seriatim*. We note the use of the term "lymph nodes" as an alternative for lymphatic glands, an innovation which does not commend itself to us. There is a very good coloured plate of Koplik's spots in measles. Under "Vaccinia," the author gives a very convincing diagram of the deaths from small-pox before and after the introduction of compulsory vaccination, and in contrast with countries where vaccination is not compulsory. We note, however, that no mention is apparently made of generalised vaccinia, a formidable, if rare, complication of protective vaccination.

We have nothing but praise for the work as a whole. The illustrations are numerous and for the most part of excellent quality. The text is lucid and is free from irritating Americanisms. The advice given in respect of treatment is very full and is characterised by sound judgment. It is distinctly a work worthy of commendation, and we know of no better treatise on the subject in the English language.

(*a*) "The Diseases of Infancy and Childhood." By L. Emmett Holt, M.D., LL.D., Professor of Diseases of Children in the College of Physicians and Surgeons, Columbia University, Consulting Physician to the New York Infant Asylum, &c., &c. Second Edition. D. Appleton and Co. 1903

SQUINT. (*a*)

This is a book of very exceptional value and importance. It possesses the three essential qualities—learning, style, and thought. It is impossible to do justice to the work in its entirety within the space at our command, but it suffices to say that it is as complete and trustworthy as industry and skill can make it. There is but one point over which we beg leave to differ from the author, and that is his theory as to squint being an anomaly of the fusion-power. It is the old, old story so admirably summed up by Tennyson: "the law within the law." There is a well-known fallacy discussed in books on logic—the *petitio principii*—which consists in calling a thing by another name and deluding ourselves into thinking we have defined it. What is the cause of the want of fusion-power? No really adequate explanation—that which covers the whole ground—has ever yet been given, and, like carcinoma, the actual *causâ causans* remains a mystery. Mr. Claud Worth's book on the whole may be regarded as the fullest and most authoritative study of the subject that has hitherto been presented to the profession. It is enriched with carefully drawn diagrams, and we advise all those engaged in ophthalmic work to obtain a copy.

HAIG ON URIC ACID AS A FACTOR IN DISEASE. (*b*)

This, the sixth edition of Dr. Haig's book, is a rather bulky volume of more than 900 pages, and as its title implies, it is entirely devoted to a study of the part which the author believes uric acid to play in the production of functional and organic disease. That this part is an important and comprehensive one may be seen by a glance at the list of uric acid diseases on pages 135 and 136. From beginning to end the book evidences close observation and careful though one-sided reasoning, and is of intense interest. It possesses throughout the merit of originality. Though few will accept one-half of the author's conclusions no one can fail to be struck by the freshness of his arguments, and to be pleased to recognise in his tone a healthy and agreeable reaction against what he terms the "microbe mania" of the present day. Latterly too much stress has been laid upon the *rôle* which micro-organisms play in pathology, and the personal element in disease—the constitution of the patient—has been almost entirely neglected. Against this error a few have raised a protest, but until the appearance of the first edition of this work in 1892, no one had attempted to scientifically circumscribe the popular and indefinite term constitution within the limits of a definition. Indeed, Dr. Haig himself does not do so in so many words, but we may extract his meaning and define it as "the uric acid content of the body." Those who possess the smallest store of uric acid within their bodies have the best constitutions, and *vice versâ*. Whether there is even a germ of truth in this conclusion or not awaits further and more convincing proof, but meanwhile the hypothesis used as a working one is valuable.

The research which is elaborated in the volume was first suggested to the author by observations and experiments upon himself. He was accustomed to suffer from severe migraine, and in seeking a cause and cure for his condition discovered that his attacks of headache were always accompanied by an increased excretion of uric acid in the urine, and by a diminution in the total quantity of the urine itself. Examination of the blood

(*a*) "Squint." By Claud Worth, F.R.C.S. London: Bale, Sons and Danielsson. 1903.

(*b*) "Uric Acid as a Factor in the Causation of Disease; a Contribution to the Pathology of High Blood Pressure, Headache, Epilepsy, &c." By Alexander Haig, M.A., M.D.Oxon., F.R.C.P. Sixth Edition, with 75 illustrations. London: J. and A. Churchill.

by a special method showed that its uric acid contents was also increased during the attacks. It was then found that the inhibition of acids tended to cut short the attacks and that at the same time they caused a diminution in quantity of the uric acid in the urine and in the blood. The conclusion followed that the cause of the migraine was the presence of excess of uric acid in the blood, and that the acids acted by clearing the blood and causing a precipitation of the acid in the tissues. This view was supported by the fact that the cessation of the headache was often accompanied by twinges of pain in the neighbourhood of the joints, and that these pains could in their turn be relieved by taking alkalies which dissolved the precipitated acid and again flooded the blood with the poison, leading to a recurrence of the migraine.

Starting from the these facts and working inductively, Dr. Haig has been led to conclude that there are two main groups of diseases associated with the presence of uric acid in the body. The first or "precipitation group due to the irritating presence of uric acid in a fibrous tissue," includes gout, rheumatism, lumbago, and numerous other diseases, the symptoms of which depend upon the particular tissue or organ which has become a uric-acid filter. In many cases, however, the uric acid by itself is not sufficient to cause disease, but by lowering the vitality of the invaded tissue it is supposed to pave the way for the entrance of pathogenic organisms, and since chill, either local or general, is a potent cause of precipitation, we find here an explanation offered of the relation of exposure to cold and wet to the onset of pneumonia and pleurisy.

The second, or solvent group he calls by the generic term collæmia, the essential feature of which is an excess of uric acid in the blood. Invariable concomitants of this condition are high blood pressure, slow cardiac rhythm, slow capillary reflex, diminished acidity, and lessened quantity of urine, and the factor which produces these states is supposed to be the separation out of the excess uric acid in a colloidal state in the blood, thereby causing an actual obstruction of the peripheral arterioles. Under this heading more than thirty different diseases are grouped, ranging from nervousness and hysteria to Bright's disease and leucocythæmia. The way to avoid both groups of diseases is to avoid the introduction into the body of purin substances in the food, for according to the author uric acid is always formed in the healthy body in the definite proportion to urea of 1 to 35, and disease only results when an excess is introduced from without. Dr. Haig would therefore exclude from our dietaries all animal food except milk and cheese, and would even cut off from pure vegetarians the pulses, tea, coffee, mushrooms, and asparagus, all of which he characterises as deadly poisons. Even oatmeal is condemned.

That the theory in its entirety is untenable is readily proved, for Noel Paton and others have shown that Dr. Haig's important premiss, the production of uric acid in a constant relation to urea, is incorrect; but despite this the work is interesting, and besides giving some valuable therapeutic hints, affords food for much thought.

Faults of style are abundant, and explanations flow too readily from the author's pen. From among the seventy-five tracings which are presented, a considerable number are not in actual accord with his views, but in each case an explanation of the discrepancy, often totally inadequate, is forthcoming. If this style of reasoning were allowed to pass we fear that there is nothing which could not be shown to be the result of excess of uric acid, or, indeed, of any other urinary constituent. If the tracings are only a selection from among a much greater number, we are entitled to ask why a more convincing selection was not made. Dr. Haig has quite overlooked the arguments in favour of a flesh diet which may be drawn from a study of comparative anatomy and from a glance at the theory of evolution. One argument in favour of his own theory is omitted, and that is that tradition ascribes the commencement of the flesh-eating habits of man and the limitation of his years to three score and ten to the same epoch.

WILLIAMS ON MIDWIFERY. (a)

WHEN a writer of the power and genius of Dr. Whitridge Williams sets himself to produce a text-book of obstetrics, the result can be foretold before the book is published, and after publication the reviewer examines it more with the object of determining how far it exceeds his expectation than with any idea of submitting it to a careful criticism to ascertain whether it is suitable or not for its purpose. Everyone who knew that Dr. Williams' book was in preparation expected that it would be a success, and the volume before us assuredly promises to be. It is written in a clear and admirable manner, it is comprehensive and exact, and last, though not least, it is written in English. It is a pleasure to read an American work written as Dr. Williams has written his, it is a pain to read one in which solecisms of style strive for the mastery with solecisms of grammar.

The book is divided into eight sections—anatomy, physiology and development of the ovum, physiology of pregnancy, physiology of labour, obstetric surgery, pathology of pregnancy, pathology of labour, and pathology of the puerperium. We are sorry Dr. Williams did not add an additional section on diseases of the new-born infant, but perhaps he will do so in a subsequent edition. It is difficult to specify particular parts of the book, which are better than others, where all are so good. Dr. Williams is a pathologist and an anatomist of the first rank, and has done much original work in these departments. Naturally the chapters dealing with those subjects with which his name is especially identified are, perhaps, the most interesting to the specialist. Dr. Williams is well known in connection with work on the bacteriology of the vagina, placental infarctions, and puerperal infections, and the chapters on these subjects are most interesting. One of the few parts of the book which is not quite as full as we could wish is that dealing with accidental hæmorrhage. Here, in common with many other American writers, Dr. Williams is perhaps too summary, and scarcely devotes sufficient attention to this most serious complicaton.

The illustrations are the best of their kind which have been as yet produced, with, perhaps, the exception of Bumm's work on the same subject. They constitute an atlas in themselves, are beautifully drawn, and, like the letterpress, leave little to be desired.

Space and time prevent us from reviewing Dr. Williams' book in the manner it deserves. It may truly be stated to be one of the best books of its kind of the present day in the English language, and it may safely be regarded as the one which is not—like so many of its kind—an ephemeral production, written in order to bring its writer's name into prominence, but which will for many a year remain, like Winckel's classical work, a world-known treatise on the science and art of obstetrics.

FOODS: THEIR COMPOSITION AND ANALYSIS. (b)

THE changes introduced into the present edition of this well-known text-book testify to the progress that has been effected, not only in the purely technical details of food analysis, but also in the better and more complete recognition by the legislature of the obligations placed upon it in the matter of protecting the public against fraudulent adulteration. The extension of legislation on the one hand and the addition to, and modifications of, the various analytical processes

(a) "Obstetrics: a Text-book for the Use of Students and Practitioners." By Whitridge Williams, Professor of Obstetrics, Johns Hopkins University. Pp. 845. With 8 coloured plates and 630 illustrations in the text. New York and London: Appleton and Co.

(b) "Foods: their Composition and Analysis." By Alexander Wynter Blyth, M.R.C.S., F.I.C., F.C.S., and Meredith Wynter Blyth, B.A.Cantab., B.Sc.Lond., F.I.C., F.C.S., &c. Fifth Edition. London: Charles Griffin and Co., Ltd. 1903. Price 21s.

employed, have rendered it necessary to re-write the work in great measure.

The immense experience acquired in the North and Midlands during the recent wholesale arsenical poisonings has opened up a fresh chapter in the analytical research of arsenic and its congeners, and the volume bears testimony to much careful work in this department. The opening chapters, devoted to the history of adulteration at home and abroad, and the various measures adopted for its repression, are interesting and instructive. It is plain that though we are fond of calling this the age of adulteration, the practice was rife wherever commerce made its way. The progress of scientific knowledge proved at least as useful to the ingenious and unscrupulous manufacturer as to the chemist whose duty it is to reveal his delinquencies. Adulteration, however, is now regarded as disreputable, and is punishable at law—in certain of its phases; and this change of front renders it less profitable and less safe to cheat the public in this particular way. We may, indeed, congratulate ourselves on the fact that in no country has the legislature taken greater pains to stamp out this form of dishonesty. If the efforts of our legislators in this direction have not proved more uniformly successful, the fault lies with the local authorities, so many of whom are indifferent, and, indeed, hostile, to the application of the law. Chapter VI. gives a very good *résumé* of the present law in England relative to the adulteration of food, and may safely be taken as a guide by those entrusted with its administration.

In Part II. we have described the various forms of apparatus employed in the analysis of food, together with indications for the use of the microscope, spectroscope, and the camera in the detection of foreign elements therein. The remainder of the work is given up to the study of the various articles of food in detail, while Part IX. deals with the examination and analysis of water. It is impossible to speak too highly of the thoroughness with which this gigantic task has been carried out. The mere list of tables constitutes a library of reference, and the labour involved in their compilation must have been what our German friends would call "colossal." The authors rejoice in a lucidity of diction which is as praiseworthy as it is exceptional in highly technical work of this description. It may safely be affirmed that this volume will fully maintain the high reputation gained by its predecessors, for the instruction of those who aspire to the post of medical officer of health or public analyst, for the guidance of those who occupy such posts, and as an authoritative work of reference by those who have occasion to read up specific subjects.

HANDBOOK OF CLIMATOLOGY. (*a*)

The climatic treatment of disease now occupies such an important place in therapeutical measures, and of recent years so much accurate information has been forthcoming respecting the relative value of different health stations, that it is most desirable that medical men should be thoroughly acquainted with the principles of the science of climatology. And the book before us forms an admirable handbook to the subject.

The preparation of the present volume was undertaken in order to provide a suitable text-book for students. The first edition of Professor Hann's "Handbuch der Climatologie" appeared in 1883 in the "Bibliothek Geographischer Handbücher," edited by Professor Friedrich Ratzel. The second edition, in three volumes, was published in 1897. The first volume of the second German edition is the only one included in the present translation. Mr. Ward is to be congratulated on the excellence of his translation, and such additions and alterations as have been made have been done with judgment and discretion. Numerous references, especially such as are likely to be useful to English and American students, have been added, and the text brought up to date. It is pleasing to note that every change that has been made has the full approval of Professor Hann, who has been consulted in regard to all these matters.

Much trouble has been taken to make the work authoritative and absolutely trustworthy. Every reference, the original of which is accessible, has been verified and made as complete as possible.

The work is very technical, and medical men will find it of greater service for reference rather than continuous reading. Unfortunately, the distinctly medical references are somewhat meagre, but the work deals with the science of climatology rather than its application to the treatment of disease.

The work is a notable one, and is long likely to hold an authoritative position.

(*a*) "Handbook of Climatology." By Julius Hann, Professor of Cosmical Physics in the University of Vienna. Part I.: General Climatology. Translated with the Author's permission from the German Edition by Robert De Courcy Ward, Assistant Professor of Climatology in Harvard University. Pp. 437. New York: The Macmillan Company. 1903. Price 12s. 6d. net.

CAUTLEY ON THE FEEDING OF INFANTS. (*a*)

The second edition of Dr. Cautley's interesting book on the feeding of infants is a useful contribution to this important subject, which it discusses in a scientific manner, while at the same time entering fully into practical details. The book commences with chapters on the physiology of lactation, and the physiological chemistry of infantile dietetics; next come the characters of human milk, the contra-indications to nursing, the differences between cows' and human milk, and, finally, the practical part of the book, dealing with the different methods by which an infant can be fed. The book is written in a clear and comprehensive style, and one well suited to those for whom it is intended, namely, the newly-qualified medical man or general practitioner. It, however, possesses the somewhat serious fault in a book of this nature that it is not sufficiently definite. In the chapter dealing with the management of artificial feeding, some ten or twelve alternative methods of feeding the infant are recorded, but a sufficiently definite attempt is not made to specify to the busy practitioner who consults the work in haste, which of these different methods the author considers the most suitable. Consequently, the value of the book as a reference in such cases is impaired. This is a fault which is easy of correction and doubtless is the result of Dr. Cautley's dislike to being too dogmatic. Orthodox dogma is, however, always acceptable to the busy practitioner, and Dr. Cautley's dogma is sure to answer to that description. He might, therefore implant a little more of it in his next edition.

POEMS. (*b*)

It is not often that we are called upon to notice the works of poets in this journal, but the poems of the late W. E. Henley are rich in peculiar attractiveness to the medical mind, and appeal to the physician with a directness born of intimate knowledge of suffering. Henley's long and courageous fight with physical disabilities is not likely soon to be forgotten. His experiences when a patient under the present venerable Lord Lister in the Old Edinburgh Infirmary provided him with abundant material for his clean-cut delineations of hospital life with its curious blending of science and sympathy, pathology and pathos. The "In Hospital" series occupy the first portion of the present volume. They should be read by all practitioners of medicine. Old Edinburgh men will love to linger about his lines on "The Chief," and will understand the rapture breathing through "Discharged."

Henley's verse is full of an all-conquering courage. The bludgeonings of chance left him unbowed, unafraid, ready to meet disease and death with a spirit of masterful dignity. We know of no poems of recent date likely to be more helpful to the weary, dejected, overworked practitioner; they are rich in prophylactic and restorative influences; let every

(*a*) "The Natural and Artificial Methods of Feeding Infants and Young Children." By Edmund Cautley, M.D.Cantab., F.R.C.P.Lond. Second Edition. London: J. and A. Churchill. 1903. Pp. 418. Price 7s. 6d.

(*b*) "Poems" By William Ernest Henley, Sixth Edition. Revised. Pp. 256. London: David Nutt 1903. Price 6s.

physician keep this volume within arm's reach, thereby he and his patients may gain much.

The "London Voluntaries" are particularly attractive to Metropolitan residents; but the main beauty and helpfulness of this delightful collection lie in the "Rhymes and Rhythms," "Echoes," and "Bric-à-Brac," which in small compass contain the essence of much that is essential to life's happiness, and indicate the secret of long-sustained and successful service for others.

Literary Notes and Gossip.

PROFESSOR J. G. ADAMI furnishes the September number of our Canadian cousins' excellent medical periodical, *The Montreal Medical Journal*, with an attractive literary sketch of "William Ernest Henley—Poet and Patient," much of whose best work was written in the wards of the old Edinburgh Infirmary.

* * *

THE address delivered before the Medical Society of Manchester on October 7th, 1903, by Dr. Charles J. Cullingworth, F.R.C.P., Obstetric Physician to St. Thomas's Hospital, on "Charles White, F.R.S., a Great Provincial Surgeon and Obstetrician of the Eighteenth Century," will shortly be published by Mr. Henry J. Glaisher.

* * *

SIR ARTHUR CONAN DOYLE cannot well hide his indebtedness to medicine, and we do not resent his use of the possessive pronoun in "Yours, A. C. D.," which appears in delicate gilt lettering at the right-hand bottom corner of each volume of the new and uniform edition of his works being now issued by Smith and Elder.

* * *

DR. T. F. HARRINGTON contributes to the October issue of the *Bulletin of the Johns Hopkins Hospital* a study of much interest to antiquarians, on "Dr. Samuel Fuller of the 'Mayflower' (1620), the Pioneer Physician," describing, as it does, the life and practice of a self-sacrificing and broad-minded practitioner of medicine in rough and ready times.

* * *

THE Cambridge University Press are about to issue a new *Journal of Psychology*, which will deal with this rapidly extending field of knowledge in all its branches, analytical, genetic, comparative and experimental, and will be edited by Dr. James Ward, Professor of Mental Philosophy, and Dr. W. H. R. Rivers, Lecturer in Experimental Psychology in the University of Cambridge, with collaborators.

* * *

MR. C. HOWARD TRIPP has just issued an attractively illustrated booklet, "Beautiful Biskra" (Bemrose and Sons, price 1s. net), in which is graphically sketched the record of a health-restoring tour of a little over a month's duration to France's African "Queen of the Desert." The work should be studied by medical men desiring a comparatively and readily accessible winter resort. It is interesting to note that while the average temperature in January at London, Paris and New York is only 37° F., in Algeria it is 52.5° F. Patients with bronchitis and other respiratory difficulties find Algiers one of the best winter resorts within easy reach of England.

* * *

"THE Religious Sense in its Scientific Aspect," by Dr. Greville MacDonald (Hodder and Stoughton), is an extension of a short course of three lectures given before students of the several departments at King's College last year. Written by a student of biology, enjoying the wide outlook of the practical physician, it indicates clearly a strong apprehension of the religious aspects of life, and will appeal to a large circle of thoughtful readers. The volume consists of three lectures dealing with the religion of service, renunciation and freedom. Dr. MacDonald is an evolutionist and independent thinker who seeks to solve theological problems by an application of the results of scientific research. The evolution and manifestations of the religious sense offer subject for endless discussion and touch some of the deepest springs of being, and this monograph will be welcome to many who extend thought and would project action beyond the material manifestations of the day's work.

Laboratory Notes.

HEMISINE.

SUPRARENAL gland is in many ways one of the most remarkable of modern therapeutic weapons. It has proved useful in many inflammatory and hæmorrhagic conditions of the mucuous membranes, such as epistaxis, hay fever, and conjunctivitis. There will doubtless be a large and important field for this powerful agent in gynæcological and dental practice. Already the drug has been prepared in various forms, as might be anticipated in view of the restless activity that characterises modern business methods. One of the most convenient preparations that has yet come to our notice is the "hemisine soloid," of Messrs. Burroughs Wellcome and Co. Each soloid, when dissolved in 5 cc. (84 minims) of water produces a solution of "hemisine" in the strength of 1 in 1,000 of normal saline. That degree of solution is fitted for ordinary use, and the general practitioner who carries one of Messrs. Burroughs Wellcome and Co.'s tubes in his pocket case will be so much the more completely equipped against certain of the emergencies of his daily work. So far as the capillary hæmorrhages are concerned, suprarenal gland has apparently come to stay. We advise our readers to make a trial of the "hemisine soloid" on the earliest opportunity.

THE enterprise of the Toilet Novelties Company, Bristol, is now so well recognised as not to need more than passing mention. Their latest departure in the way of toilet boxes containing medicated paper should commend itself to medical men in the treatment of hæmorrhoidal and kindred conditions. Another most practical and valuable article is the silky fibre aseptic handkerchiefs specially meant for consumptive patients. These handkerchiefs are made in various sizes, and should command a large popularity in sanatoria devoted to the treatment of tuberculous patients.

New Instruments.

IMPROVED TONGUE DEPRESSOR AND THROAT INSUFFLATOR.

By ALEX. DUKE, F.R.C.P.I.

THE instrument illustrated will be found in practice a great improvement on the older patterns, as it is altogether made of metal. No rubber tubing or bellows to become useless in a short time!

This insufflator will be found useful for the application of bicarbonate of soda, &c., in cases of quinsy, or sulphite of magnesia in early stages of diphtheria; any powder preferred can be used, and blown on to tonsils and fauces (the concave surface of depressor keeping the tongue down at base, and the division of end of tube on convex surface directing the powder where most required). A small percentage of Eucaine B combined with the powder used will be found an advantage, and is to be introduced into opening by shaft-collar, then slid over fenesiba, and the instrument is ready for use.

It has been neatly made for me by Messrs. Arnold and Sons, West Smithfield, and will be found in practice handy, antiseptic, and trustworthy.

DR. J. FLETCHER LITTLE has been chosen Liberal candidate for East Marylebone, London, at the next General Election.

Medical News.

Medical Sickness and Accident Society.

THE usual monthly meeting of the Executive Committee of the Medical Sickness, Accident, and Life Assurance Society was held on the 30th ult., at 429, Strand, London, W.C. There were present Dr. de Havilland Hall in the chair; Sir Dyce Duckworth, trustee; Mr. J. Brindley James, Mr. F. S. Edwards, Dr. F. J. Palmer, Dr. A. J. Rice Oxley, Dr. Alfred S. Gubb, Dr. M. Greenwood, Dr. J. W. Hunt, Dr. Walter Smith, Mr. Edw. Bartlett, Dr. W. Knowsley Sibley, Dr. F. J. Allan, and Dr. J. B. Boce. During the year 1903 the Society has shown signs of vigorous growth, the number of new entrants being far in excess of the number obtained in the same period for many years past. At the same time the amount paid away in sickness benefit has been less than last year, notwithstanding the fact that the average age of the members and consequently the expectation of sickness is still growing. A valuation of the business will be made at the end of the current year, and any surplus found will be at the disposal of the members in May next. Prospectuses and all information of Mr. F. Addiscott, Sec., Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

Royal College of Surgeons, Ireland.

THE opening meeting of the winter session of the Medical School attached to the Royal College of Surgeons was held in the College, Stephen's Green, last week. There was a large attendance. The president of the College, Sir Lambert H. Ormsby, occupied the chair, and delivered an address, which appears in our present issue. Sir Charles Cameron then read out the list of prizes as follows:—

Winter Session, 1902-3.—Stoney Memorial Gold Medal in Anatomy—R. Bury. Descriptive Anatomy—Junior—D. Adams, First Prize and Medal; W. H. Carden, Second Prize and Certificate. Senior—W. St. L. Moorhead, First Prize and Medal; L. Lucas, Second Prize and Certificate. Practical Anatomy—First Year— P. G. M. Elvery, First Prize and Medal; J. Murray, Second Prize and Certificate. Second Year—T. A. Burke, First Prize and Medal; J. B. Kelly, Second Prize and Certificate. Practice of Medicine—J. Parker, First Prize and Medal; A. N. Crawford, Second Prize and Certificate. Surgery—C. A. Cusack, First Prize and Medal. Midwifery—R. Bury, First Prize and Medal; A. C. Adams, Second Prize and Certificate. Physiology—J. Prendiville, First Prize and Medal; C. W. Greene, Second Prize and Certificate. Chemistry—D. Adams, First Prize and Medal; W. H. Carden, Second Prize and Certificate. Pathology—J. S. Sheill, First Prize and Medal; W. B. Loughnan, Second Prize and Certificate. Physics—D. Adams, First Prize and Medal; W. H. Carden, Second Prize and Certificate.

Summer Session, 1903.—Baker Anatomical Prize.—£31 10s., A. N. Crawford. Mayne Scholarship—£15, R. W. Burkitt. Carmichael Scholarship—£15, I. Allaun. Gold and Silver Medal in Operative Surgery—Gold, A. N. Crawford; silver, F. J. Cairns; honour Certificate, C. A. Cusack. Practical Histology—W. St. Leger Moorhead, First Prize and Medal; S. H. Massey, Second Prize and Certificate. Practical Chemistry—D. P. Clement, First Prize and Medal; H. C. Carden, Second Prize and Certificate. Public Health and Forensic Medicine—Miss C. O'Meara, First Prize and Medal; T. W. Browne, Second Prize and Certificate. Materia Medica—R. M. Bronté, First Prize and Medal; A. J. Faulkner, Second Prize and Certificate. Biology—F. M. Hewson, First Prize and Medal; W. A. Ryan, Second Prize and Certificate. The prizes were then presented by the president, and the proceedings terminated.

The Late Mr. H. G. Croly.

ONE of the resolutions passed at the annual meeting of the Royal Academy of Medicine in Ireland was as follows: "That the President and Fellows of the Royal Academy of Medicine in Ireland desire to record their sense of the loss which hospital work has sustained by the death of Mr. Henry Gray Croly, who has been for so many years an active teacher of surgery and a prominent Fellow in this Academy. The Academy desires to express condolence with the members of his family."

Presentation to Dr. R. D. Purefoy.

ON the 3rd inst. the nursing staff of the Rotunda Hospital presented to the hospital a bronze bust of the late Master, Dr. R. D. Purefoy, in recognition of the many kindnesses they had received from him during his seven years of office. The bust was subscribed to by some three hundred nurses, who also presented to Dr. Purefoy an illuminated album containing a short address and their signatures. Dr. Purefoy, whose term of office is now finished, has undoubtedly done much to promote the welfare of the nurses as well as that of the whole hospital. During his period of office many improvements have been carried out, either directly by him or at his instigation. Amongst the works directly carried out by him may be specially mentioned the building and complete equipment of a pathological laboratory. We trust that the Board will perpetuate the work he has started by continuing the services of Dr. Neville, the present pathologist. Dr. Purefoy's natural regret at leaving the office must be tempered by the knowledge that he takes with him the good-will of the entire staff, and that he leaves many permanent memories of his mastership behind.

At the meeting of the Board of the Hospital held on Friday, November 6th, it was proposed by the Right Hon. T. C. Harrington, M.P., Lord Mayor, seconded by Mr. William Fanagan, T.C., High Sheriff of Dublin, and unanimouslv resolved:—"That the Board of Governors of the Rotunda Hospital, on the retirement of Dr. Richard Dancer Purefoy from the office of Master of the Hospital, sincerely tender our very best thanks to him for his devoted attention to the patients during his term of office and to the interests of the charity, and desire to assure him of our appreciation of the distinguished skill which he has shown, and we most warmly congratulate him on the great efficiency of the hospital and on the improvements in the institution which have been effected during his mastership, and which he has so materially assisted to have carried out. We further desire to convey to him our best wishes for his success in his future career."

The Death of the "Lady Doctor."

AT the adjourned inquest upon the body of Miss Hickman some important evidence was given by Dr. Thomas Stevenson, analyst. He said that he had received part of the stomach, intestines, and the left kidney. He had also received a six-ounce medicine bottle, a surgical scalpel, a hypodermic syringe in a broken case, a sponge, an eight-ounce medicine bottle. The organs were very much decomposed. The evidence of morphia was clear and definite. He estimated the amount at one-sixteenth of a grain. He was of the opinion that a large portion of morphia had been administered. One grain of morphia had been known to be fatal, but two grains were generally regarded as the fatal dose. He could detect no evidence of poison in the six-ounce medicine bottle. There was no blood on the scalpel, which was rusty and old. The hypodermic syringe was an ordinary one and inaccurate, and had been rinsed after being used for a solution of morphine sulphate, of which about one-fiftieth of a grain was left. Three morphia tabloids could be dissolved in the syringe full of water. Four tabloids of a quarter of a grain each would be about the minimum fatal dose.

The London Hospital.

ON November 2nd the Lord Mayor and Lady Mayoress of London attended to unveil the tablets over the beds in the Royal Ward founded in honour of the visit of the King and Queen to the hospital last summer. To the speech of the Hon. Sydney Holland, Chairman of the Hospital, his Lordship said that no more lasting memorial could be made to the memory of man or woman than was afforded by an endowment of that kind. The credit for the success of the appeal which had been made to the public was due to the King and Queen.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," 'Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

TAYLOR'S PRINCIPLES AND PRACTICE OF MEDICINE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—I have been requested by Messrs. Churchill to edit a new edition of Taylor's large work on the Principles and Practice of Forensic Medicine. Might I appeal through your columns to the profession, to send me accounts of interesting and instructive medico-legal cases that have been recently decided. Dr. Stevenson has, with the greatest generosity and kindness, placed at my disposal a rich collection of poisoning cases, so that I am more particularly anxious for other reports, such as rape, strangulation, etc., etc. Might I ask that dates and references to the trial should accompany any reports sent to me.

138 Harley Street London, W. Yours truly, FRED. J. SMITH.
9th November, 1903.

MIDHURST VISITOR.—Your views of the underlying wisdom of the palatial sanatorium, recently opened at Midhurst, reflect a somewhat widely distributed volume of criticism. A few of the points thus raised will be found among the editorial paragraphs in our present issue. Perhaps you will draw up, and send us a letter for publication, expressing your views, as clearly and tersely as the subject admits.

HASLEMERE.—The "remedy" you mention is widely advertised, and comes from an American source. We have no knowledge of its medicinal virtues, because we have never ventured to try experiments with unknown drugs. It would be impossible, moreover, for any single medicine to perform all the miraculous cures claimed for your particular nostrum. Our advice is to destroy the bottle, and consult a candid and competent medical man.

COUNTRY PRACTITIONER.—It is absolutely unwise to treat any injury of wrist or ankle as a "sprain," in the absence of a Rontgen ray examination. Suppose your "sprained" patient gets a radiogram showing a fracture, you may be liable for an action on the ground of negligence in not making a proper examination. Impacted fractures of the lower end of the radius, with little displacement, account for a comparatively large number of "sprains."

F. G. W.—The communication sent us is unsuitable for our columns. We regret, therefore, we cannot find space for it.

DR. MIDDLETON.—You will find an article on "Innsbruck as a Winter Health Resort," in our issue for December 12th, 1900. Having personal experience of the place, we know of no other to be compared to it as a restorer to health of anyone suffering from lassitude and insomnia from overwork or worry.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, NOVEMBER 11TH.

HUNTERIAN SOCIETY (London Institution, Finsbury Circus, E.C.).—8.30 p.m. Discussion on Appendicectomy. When and How it should be Performed (opened by Mr. H. L. Barnard). Mr. J. Berry, Mr. G. L. Cheatle, Mr. F. J. Steward, and Mr. J. Sherren will take part in the debate.

DERMATOLOGICAL SOCIETY OF LONDON (11 Chandos Street, Cavendish Square, W.).—5.15 p.m. Demonstration of Cases of Interest.

SOUTH-WEST LONDON MEDICAL SOCIETY (Bolingbroke Hospital, Wandsworth Common).—8.45 p.m. Dr. F. F Burghard—Modern Treatment of some of the Commoner Forms of Dislocation and Fracture.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. A. H. Tubby—Clinique. (Surgical.) 5.15 p.m. Mr. C. B. Keetley—Unreduced Dislocations.

ROYAL COLLEGE OF SURGEONS OF ENGLAND (Lincoln's Inn, W.C.).—5 p.m. Hunterian Lectures—Prof. A. M. Paterson.

THURSDAY, NOVEMBER 12TH.

BRITISH GYNÆCOLOGICAL SOCIETY (20 Hanover Square, W.).—8 p.m. Specimens will be shown by Dr. Purcell, Dr. Macnaughton Jones, and Dr. B. Fenwick. Cases by Dr. Hodgson and Dr. I. Parsons.

CHILDHOOD SOCIETY (Library of the Sanitary Institute, 72 Margaret Street, W.).—8 p.m. Lecture.—Mr. R. D. Pedley—Healthy Dentition, its Importance in Child Life.

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN (Leicester Square, W.).—2.30 p.m. Clinical Demonstration—Dr. Savill.

HOSPITAL FOR DISEASES OF THE THROAT (Golden Square, W.).—4.30 p.m. Dr. Tilley—Diseases of the Nose.

FRIDAY, NOVEMBER 13TH.

THE INCORPORATED SOCIETY OF MEDICAL OFFICERS OF HEALTH (9 Adelphi Terrace, Strand, W.C.).—7.30 p.m. Paper—Dr. S. Davies—The Source of Infection in Tuberculosis.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL ASSOCIATION (11 Chandos Street, Cavendish Square, W.).—Annual General Meeting. Papers will be read and Cases shown by the President (Dr. W. Wingrave), Dr. Lamb, Dr. F. Spicer, Dr. Kelson, Dr. Haslam and others.

CLINICAL SOCIETY OF LONDON (20 Hanover Square, W.).—8.30 p.m. Papers—Dr. F. E. Batten—A Case of Myositis Fibrosa.—Dr. G. Newton Pitt—A Case of Measles with Coma.—Dr. Pasteur—A Case of Pernicious Anæmia with Unusual Features.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. E. Clarke—Clinique. (Eye.) 5.15 p.m. Mr. E. P. Paton—Tuberculous Disease of the Knee-joint.

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN (Leicester Square, W.C.).—2.30 p.m. Clinical Demonstration. Dr. Morgan Dockrell.

HOSPITAL FOR DISEASES OF THE THROAT (Golden Square, W.).—4.30 p.m. Dr. Lack—Diseases of the Larynx.

ROYAL COLLEGE OF SURGEONS OF ENGLAND (Lincoln's Inn, W.C.).—5 p.m. Hunterian Lectures—Prof. A. M. Paterson.

TUESDAY, NOVEMBER 17TH.

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN (Leicester Square, W.C.).—2.30 p.m. Clinical Demonstration. Dr. Eddowes.

Appointments.

BROWNE, J. J., M.R.C.S., L.R.C.P.Lond., Certifying Surgeon under the Factory Act for the Wigton District of the county of Cumberland.

CHOLMELEY, MOUNTAGU ADYE, L.R.C.P.Lond., M.R.C.S., Surgeon to the Court "One and All," Ancient Order of Foresters, Truro

FARNECOMBE, W. T., M.R.C.S., L.R.C.P.Lond., Certifying Surgeon under the Factory Act for the Selly Oak District of the county of Worcester.

GROGAN, GERTRUDE A., M.B., B.A. R.U.I., Second Assistant Medical Officer to the Cambridgeshire County Council Asylum, Wilbourne, Cambridge.

HAMILTON ARTHUR, F., M.B.Lond., M.R.C.S., L.R.C.P., House Surgeon to the West London Hospital.

HANSON, Dr. F. C., of Bray, Certifying Surgeon under the Factory and Workshop Act.

HESLOP, A. H., M.B., B.S.Durh., Second Assistant Medical Officer of the City Asylum, Gosforth, Newcastle-on-Tyne.

TOSSWILL, LOUIS HENRY, B.A., M.B.Cantab., M.R.C.S., Honorary Consulting Surgeon to the West of England Eye Infirmary, Exeter.

Vacancies.

Brighton, Hove, and Sussex Throat and Ear Hospital, Church Street, Queen's Road, Brighton.—Non-Resident House Surgeon. Salary £75 per annum. Applications to E. W. Pilbeam, Secretary.

Brighton, Sussex County Hospital.—House Surgeon. Salary £140 per annum, with board and residence in the hospital, with washing. Applications to the Secretary.

Dublin Children's Hospital.—House Surgeon. Salary 50 guineas per annum, with apartments, fire, light, and attendance. Applications to H. C. Mooney, Hon. Sec., Medical Board. (See advt.)

Grimsby and District Hospital.—Resident House Surgeon. Salary £80 per annum, with board, lodging, and washing. Applications to J. F. Wintringham, Hon. Secretary, St. Mary's Chambers, Great Grimsby.

Manchester Royal Eye Hospital.—Junior House Surgeon. Salary £90 per annum, with residence, board, and washing. Applications to the Chairman of the Board of Management.

Mount Vernon Hospital for Consumption and Diseases of the Chest.—Assistant Physician. Applications to William J. Morton, Secretary, 7 Fitzroy Square, W.

Newcastle-on-Tyne Dispensary.—Visiting Medical Assistant. Salary £160 per annum. Applications to the Honorary Secretary, Joseph Carr, 41, Mosley Street, Newcastle-on-Tyne.

St. Mark's Hospital for Fistula and other Diseases of the Rectum, City Road, E.C.—House Surgeon. Salary £80 per annum, with board, lodging, and washing. Applications to A. W. Sowden Secretary.

Sheffield Royal Infirmary.—Matron. Salary £100 per annum, with board, and washing. Applications to the Secretary.

Births.

DYSON.—On Nov. 5th, at 25 Aldersgate Street, E.C., the wife of Malcolm G. Dyson, F.R.C.S., of a son.

STEPHENS.—On Nov. 7th, at Elderslie, Hoylake, Cheshire, the wife of J. W. W. Stephens, M.D Cantab., of a son.

Marriages.

ATKINSON—HICKS.—On Nov. 5th, at St. James's Church, Piccadilly, John Parkinson Atkinson, B.A., M.R.C.S., L.R.C.P., eldest son of J. P Atkinson, M.D., of Saffron Walden, to Dorothea, youngest daughter of Charles Francis Hicks, of West Lindeth, Silverdale, Lancs.

COMBE—WALKER.—On Nov. 5th, in the Lady Chapel of Chichester Cathedral, Nigel Victor Combe, only son of the late Surgeon-Major M. Combe, R.A., to Margaret Hornby, daughter of the late Archdeacon Walker and Mrs. Rushell Walker.

LLOYD—BAINBRIDGE.—On Nov. 2nd, at the Cathedral, Bombay, India, Captain W. E. Eyre Lloyd, Indian Army, eldest son of W. H. Lloyd, of Milton-under-Wychwood, Oxon, to Mary Alice, only daughter of Surgeon-General Bainbridge, I.M.S. (retired), of Clevedon, Somersetshire.

MACFARLANE—BARRACLOUGH.—On Nov. 5th, at All Saints' Church, West Dulwich, Robert Craig Macfarlane, of Roodeberry, Graaf Reinet, Cape Colony, and Winchfield, Hants, youngest son of the late Captain Macfarlane, Highland Borderers, to Mabel Tristram, younger daughter of Dr. and Mrs. Barraclough, late of Herne Hill.

Deaths.

EDWARDS-JONES.—On Nov. 4th, at 11 Enys Road, Eastbourne, Frances Anne Edwards-Jones, widow of the late Robert Edwards-Jones, F.R.C.S., of Long Melford, Suffolk.

LAWTON.—On Oct. 31st, at Poole, Dorset, Herbert Alfred Lawton, M.D., L.R.C.P., M.R.C.S., D.P.H., aged 52 years.

ORMROD.—On Nov. 1st, at Hindley, Workington, Fray Ormrod, L.R.C.P., M.R.C.S., aged 60 years.

THORNBURN.—On Oct. 30th, at Low Moor, Bothel, John Edward Thornburn, L.R.C.P., L.M., M.R.C.S., Sunnyside, Cockermouth, aged 64 years.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

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Original Communications.

ON THE DIFFERENTIAL DIAGNOSIS OF GENERAL PARALYSIS, ALCOHOLIC INSANITY AND SENILE DEMENTIA.

By E. G. YOUNGER, M.D.Brux., M.R.C.P.Lond.,

Senior Physician, Finsbury Dispensary; late Assistant Medical Officer, Hanwell Asylum; and formerly Assistant Medical Officer, Metropolitan Asylum, Caterham.

THE forms of mental aberration that come under the notice of the general practitioner are manifold and various. They are of importance to him from a professional point of view inasmuch as his reputation may be closely involved in the manner in which they are handled. Of their varying types, as they come under the attention of the alienist physician, it would be easy to write a large treatise. The present intention, however, is merely to sketch in brief outline a few points of practical interest likely to afford useful hints to those engaged in the varied and oftentimes exacting field of general practice.

At first glance it would seem that there should be small difficulty in distinguishing between the above three forms of mental disorder, but a little thought will remind us that they each have not only several symptoms in common, but also some causes as well; and here it may be mentioned that in the diagnosis of mental disease a knowledge of the cause or causes is often nearly as important as a proper recognition of the symptoms. I have seen a good many cases of general paralysis, alcoholic insanity, and senile dementia where it was impossible, after even more than one interview with the patient, to distinguish one from the other. I have seen a few where weeks and even months have elapsed before a correct conclusion could be arrived at; and a very few where the question whether the case was one of slow general paralysis or of premature senile dementia with marked muscular tremors has only been decided on the post-mortem table.

General Paralysis.—This disease is commonest between the ages of thirty and forty-five, and is rare after fifty, though cases have been reported as late as sixty. It is quite four times more frequent in men than in women. The principal causes are generally admitted to be sexual excess, long hours of employment with insufficient sleep, alcoholic excess, syphilis. Other causes, such as plumbism and excessive meat diet, have been spoken of. General paralysis is the only form of insanity in which heredity as a predisposing cause can be excluded.

The mental symptoms comprise loss of memory, hilarious and optimistic excitement, with grand delusions which vary almost from minute to minute. The patient is a duke, a king, an emperor; his house is a marble palace, and the pebbles in his garden priceless gems; he is going to build a railway across the Atlantic and run golden locomotives on it, and so forth. He is likely to commit some foolish theft under the impression that the article is his own, or to expose himself indecently or be guilty of a criminal assault. The physical symptoms include tremors, especially of the tongue and of the facial muscles, and these tremors are nearly always fibrillary in character. Difficulty in articulation and alteration in gait are common, both being due rather to inco-ordination than to actual paresis. The pupils may be unequal in size, or irregular in outline, or both. In due course epileptiform seizures, known as congestive attacks, set in. In these the convulsions are not so severe as are those of true epilepsy, and the patient rarely bites his tongue; but each seizure leaves him more paralysed than it found him. There is usually diminution of cutaneous sensibility, and the knee-jerks are abolished or impaired. During the earlier stages remissions may take place, and are sometimes of quite long duration; but these are always followed by relapse, and the tendency of the disease is towards increasing paralysis and death.

Alcoholic Insanity.—In speaking of this I do not refer to delirium tremens, but to the less transient mental alteration caused by long addiction to alcohol, where the patient before actual insanity has become apparent has already begun to manifest some of the psychical symptoms of chronic alcoholism, such as diminished will-power, untruthfulness, and cowardice. It is rather commoner in men than in women. In all cases of alcoholic insanity heredity must never be forgotten as a probable predisposing cause, the alcoholic excess being the exciting one. The hereditary factor is too apt to be overlooked, or to be over shadowed by the alcoholic one. In most cases of alcoholic madness, if careful search be made, a family history of insanity, epilepsy, alcoholism, or other neurosis can be traced, and here this form of mental disease differs widely from general paralysis. I believe that the drunkard with no hereditary neurotic history (if there be any such, which I am sometimes inclined to doubt) runs a far greater chance of ruining his liver and kidneys by his excesses than he does of becoming insane.

The type of alcoholic insanity I have now in my mind is the maniacal one with exalted delusions of wealth and position. The memory may or may not be affected. The mental symptoms are commonly accompanied by muscular tremors and halting alterations in speech. The tremors are often fine in nature, closely resembling those of general paralysis. The pupils are often unequal in size, but never irregular in outline, as in the paretic complaint. The knee-jerks may be abolished in one or both legs, and the gait impaired, but more from true paresis than from muscular inco-ordination. Moreover, cutaneous sensibility remains unaltered. Epilepsy is often an accompaniment of alcoholic insanity, thus importing another element of doubt in forming a differential diagnosis. On the other hand, hallucinations of hearing and touch, delusions about conspiracies and of poisoned food, all rare in general paralysis, are common in alcoholic insanity, and the dissatisfied and suspicious bearing of the alcoholic is in marked contrast to the restless condition of the general paralytic. Should doubt as to the

nature of the case still exist, it may be necessary to withhold any attempt at diagnosis until the results of treatment, with the suppression of all alcohol, have been watched, when the marked improvement in the alcoholic patient's symptoms will generally clear up all uncertainty. It must not be forgotten, however, that these cases may end in incurable chronic mania or dementia, especially where the patient has had several attacks. Where the attacks of alcoholic insanity follow closely on one another it is sometimes difficult to distinguish the intervals between them from the remissions so common in general paralysis.

Senile Dementia.—This is rare before the age of sixty to sixty-five, but it sometimes belies its name by appearing quite early in the fifth decade of life, thus reminding us of the excellent aphorism that we are all as old as our arteries. It is common to both sexes, and is a primary disease, having for its origin the degenerative lesions of old or worn-out tissues. Alcoholic intemperance in earlier life is one very common cause. Heredity, also, is a usual factor, the tendency to senile dementia running in some families. A few of these patients have grand and expansive ideas, associated with optimistic restlessness, in addition to the typical loss of memory which is always present, thus closely resembling general paralysis, but in senile dementia the maniacal attacks are often alternated with melancholic turns, which is not usual in the former disease. Tremors are common, but they are the typical coarse tremors of advanced age rather than the fibrillary ones I have already spoken of as being characteristic of general paralysis, and, in a lesser degree, of alcoholic insanity. The knee-jerks are usually unaffected, thus contrasting with their condition in the two above-mentioned states. Epilepsy may be present, a complication adding to the difficulty of arriving at a correct diagnosis, but *arcus senilis*, if apparent, will point to the probability of the case being one of senile dementia, as it is rare in general paralysis.

I append notes of two cases, both of which were seen by several physicians besides myself, but in neither of which was any certain diagnosis as to the form of insanity arrived at for two years in the one case and one year in the other.

Case 1.—In February, 1900, I was asked to visit and report upon the mental condition of a young lady, æt. 27, who had recently been admitted to a private asylum. No family history could be obtained, but the personal history, so far as I could get it from the friends, who were very untruthful, was that the patient had lived for a few years in concubinage with a gentleman, who had died a month or two before I saw her, and had left her in very comfortable circumstances, but that after his death she had taken to drink, soon becoming insane. Later on I learned from another source that she had been a hard drinker for many years, and that there was a doubt whether she had not led a life of prostitution prior to her falling in with the gentleman above mentioned. When I first saw her she was restless, mischievous, destructive and utterly incoherent. She talked incessantly, and there was some clipping of words as well as tremor of the facial muscles. No pupillary abnormalities could be perceived, but I thought of the possibility of general paralysis, especially as she was said to have had a slight epileptic fit. She was in poor physical health. I saw her again six weeks afterwards, when she was more composed, but still incoherent and incapable of sustained conversation. She talked about her personal appearance, and leered amorously at the solicitor who accompanied me and at myself. There had been no more fits. In the following May, when I visited her, she had become violent and unmanageable after an epileptiform seizure; she was again utterly incoherent, abused herself openly and shamelessly, yelling that she was getting younger and lovelier every day. I saw her again in October, when she was quieter and more imbecile, but still with an exaggerated idea of her loveliness. She had no recollection of ever having seen me before. She had had, I was told, occasional slight epileptic fits. I paid visits to this patient for a period of over two years, sometimes finding her quiet, imbecile, and forgetful, and at others maniacal, noisy, restless and disgusting, practising self-abuse, and smearing herself and her padded room with excrement. For a long time both the medical staff of the asylum and I myself were undecided as to whether this was a case of general paralysis or of alcoholic insanity. By degrees the patient's fits became more frequent—about one in three weeks—but her maniacal attacks became fewer and less acute, and she began to occupy herself. The delusions as to her personal beauty became less apparent, but her memory deteriorated, though her physical health improved. When last I saw her she was fat, amiable, forgetful, and silly, and there is little doubt that the case is one of true alcoholic insanity with epilepsy as a complication, passing into dementia.

Case 2.—Some years ago I was consulted as to a gentleman, æt. 60, already interned in an asylum, possessed of large property, but who had for some months past caused much anxiety to his friends by his altered demeanour and habits of life. There was no heredity of insanity, and no history of sexual excess, alcoholism, or fits. From being a man of most exemplary ways and placid disposition, he had become restless in habits and lewd in talk; he had squandered money in giving champagne to anyone who would drink with him; had bought a yacht for which he had no use, and which he re-sold at a great loss; had walked into the street in his night-gear and was altogether irrational and inconsequent in his actions. When I saw him he boasted of his superiority of mind and his success in all the financial ventures he undertook. He was hilarious and elated, greeted me as an old friend, though he had never seen me before, and invited me to luncheon. He rambled from one subject to another in a most irrational way, and his memory was greatly impaired. He had a delusion that he had come to the asylum of his own free will with a view of becoming part proprietor. His lips were tremulous, his speech was slurring, and gait shuffling. There were no pupillary abnormalities, but he had marked *arcus senilis*. In this case, although many of the symptoms pointed to general paralysis, the age seemed to contra-indicate this, and I, as well as the asylum physicians, were inclined to suspect senile mania with megalomania. The diagnosis remained in doubt for more than a year, when he was seized with undoubted congestive attacks, after which his paralytic symptoms became more marked, and there was then no doubt of the existence of general paralysis.

HEADACHES.

By N. BISHOP HARMAN, M.A., M.B.Cantab., F.R.C.S.Eng.,

Examiner in Anatomy at the University of Cambridge, Ophthalmic Surgeon Belgrave Hospital for Children, Chief Clinical Assistant Moorfields Eye Hospital, Oculist to the School Board for London. Demonstrator in Pathology at the Middlesex Hospital Medical School.

DESPITE the emphasis laid by writers of a romantic turn upon aches of the heart, it is doubtful if there is any ache so distressing and incapacitating to the normal man as a headache. Reasons for the serious influence of such an ache on the efficiency of his economy are not far to seek. To every test applied to his body with a view to the indication of the dominant influence in that organism the response comes prompt and decisive—the head rules when the body is healthy. An appeal to comparative anatomy shows that the head has become progressively the dominant partner in the organism as that organism has risen in the scale of the phylum. Amongst the races of men, physical anthropology gives no uncertain testimony to the general increase of cranial capacity with growth in civilisation; and the recent researches of Dr. Gladstone and Mr. Freke Field lend strong support to the contention that, other things being equal, cranial capacity is correlated with what we call "ability," either general or particular. No wonder, then, the ache of the head is the most incapacitating of aches!

One would almost think from the importance the ancients attached to the weighty organs of the belly, and the many virtues and vices they sought therein,

to the exclusion of the mysterious brain-pulp, that headaches were little known to them. We might take unction to ourselves that only with us has the head triumphed, even though it be at the cost of an ache, were there not the memory of the pathetic story of Elisha's little friend, who, stricken in the harvest field, cries to his father, "My head! my head!"

I purpose to remind you of a few of the causes of such aches, some which have recently come under my own observation.

The "congestive" headache we have always with us: the sense of fulness of the fore part of the brain, as "a ball rolling loose within the head," associated with the early morning, a heavy unrefreshing sleep, foul tongue, and ill-cleansed bowels. It is but a step to the pronounced "head" of the debauchee, his system choked with the relics of a night's carousal; the symptoms are the same, the degree varies.

Home folk are so saturated with a pseudo-medical parlance that the tale of their woes is too biased to be of much value. During the war I was on shipboard in charge of Boer prisoners; their economy was greatly disturbed by an unaccustomed indolence and plenteousness of food, and many required aid. Their sensations they described most graphically as "drunk in the head." Did the phrase arise from some memory of the morning succeeding a particularly joyous "nachtmaal"?

It would seem that the headache of fever should be severed widely from these grosser aches; but again the symptoms are similar, it is but the degree that varies. I might, perhaps, hardly dare write from this judgment of patients' symptoms, or from general considerations, had I not experienced a bout of enteric fever, and retained recollections of the similarity of the sensations of the earlier days of the fever and those of a common "congestive" headache. But I cannot do better than give you the words of a medical friend, who had as bad an attack of this fever with hyperpyrexia as a man may have and live. He writes: "After a holiday trip on leave, from which I returned as fit as ever I have been, I recommenced work at Pretoria. One day I felt giddy and stupid, so took a walk to 'walk it off'; the sun felt hot. The second day—worse. The third—done up, went to bed. Fourth day—awoke early morning with an appalling heavy pain in my head, like a weight that seemed to press into the brain with an intensity that drove me mad. The area of pain was sharply limited by the bounds of the frontal bones, its greatest intensity at a point dividing the hemispheres. Some relief was given by the ice-bag; temporary restfulness followed the use of phenacetin. From now and onwards sleep was impossible; a short doze was quickly broken by the pain. So passed eight days, when oblivion came." The temperature for three weeks ranged from 103° to 104° F. "Full fourteen days later I again seemed to know where I was. I felt cold"—the heart was dilating and failing; the patient was put on the "D.I." (dangerously ill) list—"but I was quite happy, had no pain, and did not feel ill at all, only too weak to help myself."

In each of these conditions, then—"congestion," debauch, fever—the head pain is similar; it is inside, as of a mass boring and pressing into the brain. So, also, the causes are similar. The "congestive" is coincident with an ill-cleansed gut—ill-cleansed, not necessarily constipated. Many folk justly deny the suggestion, but the refinement of their diet provides little or no waste wherewith to scour the gut; products of intestinal putrefaction poison the system. The head, the dominant partner, suffers above all.

In the debauchee, the body, sodden with a foreign fluid, still absorbing the relics of a carousal, weighting the tired stomach, fails not to suffer in the head, which seems "bursting," poisoned by the abnormal food. In the fever, toxins known and unknown do the same work with a greater intensity. In each condition, cold to the head or sedatives will allay the pain; but elimination of the poison—a purge in the first, a vomit in the second, the loss of power in the infective organisms and their toxins or their excretion in the third—and the poisoning ceases; the head is clear. The life of my friend on the twenty-third day of his fever was despaired of, but he "was quite happy, had no pain, did not feel ill." His dominant partner was relieved of the poison.

There are many causes other than these which produce "inside" headaches—the grievous pain of meningitis, cerebral tumour, heat-stroke, and the lesser pain of fits and migraine—but these I leave, save the last, which will be dealt with later.

If, as I have suggested, we make a group of "inside" headaches, we may follow with another group of "outside" headaches. These are in the main the sign of local stresses rather than, as in the previous group, the effect of general disturbance.

What numbers of folks appear at ophthalmic hospitals who have drifted thither—when long and careful treatment of general conditions has failed to bring relief of persistent headache—if haply some eye trouble may be the source of the discomfort. There are not many who apply in vain. Their headache, if carefully inquired into, will almost always be referred to the superficies—brow, occiput, around the orbit, and occasionally behind the eyes. In the greater number of cases an error of refraction due to a too short eyeball will be found.

The normal eye being adjusted by the shape of the globe and the arrangements of its refractive media for clear vision at infinity, or for all practical purposes six metres and beyond, it is at rest for most visual acts; muscular activity only comes into play for the production of clear vision of near objects, when both intra-ocular muscles of accommodation and extra-ocular muscles of convergence work harmoniously and unconsciously to produce the desired effect. The short eye can, however, never be at rest if good vision be desired for either far or near objects. The intra-ocular muscles adjust the lenses for distant objects, and this adjustment must be produced without the concomitant action of convergence—against the natural order of things. Hence the strain and fatigue attending all vision, much for distant and more for near, so long as binocular vision is maintained. In severe cases, particularly where the desire for binocular vision—the "fusion faculty"—is not keen, the strain becomes too great; the convergence natural to the accommodative act is allowed—one eye fixes, the other squints—the vision is suppressed, and the strain, the pain of the headache, vanishes. That the pain has its source in the effort required for binocular vision under an abnormal accommodative act is, I believe, true, both by reason of its disappearance with the onset of the squint, and also because the same train of symptoms are found when, with no abnormality in the shape of the eye, there is an irregularity in the balance of the extra-ocular muscles, a deficiency in the power of convergence, or, in other words, much power is required to produce a naturally simple and unconscious act.

In some few such cases the pain is definitely localised within the orbit, and we naturally think of the extra-ocular muscles. In the majority, however, it is otherwise; brow or occiput is the site. Some have sought a solution in fatigue of the muscles of these regions, which are undoubtedly called in to aid, by various contortions, the act of vision—contortions which frequently result in the head antics and twitchings of nervous children. Doubtless this is the true solution in some cases, particularly so in occipital headache. But this can hardly be the whole truth, for in no condition are the facial muscles more adjuvant to vision than in myopia, in tricks of facial movement, which have given the name to the disease; and how rarely is headache the reason for which a myope seeks relief! Many, not knowing they see little or nothing of the beauties of the world, go their whole life boasting they can read the smallest print, even in their dotage, without the aid of glasses; of headache there is never a word, yet their brows and face are set in wrinkles by the constant action of a well-developed musculature.

Muscular strain may be shown either by fatigue

or simple over-action, or by neuroses or abnormal action. It is to this latter cause these eye headaches are due; in the inharmonious action of accommodation and convergence the sensory nerves to both intra- and extra-ocular muscles are in a constant state of irritation, and the irritation is referred to those greater branches of the same trunk spread about the brow.

A similar but more acute brow ache, and not infrequently definitely referable to the lines of distribution of these cutaneous nerves, is to be found in acute disturbance of the tension of the eye, in glaucoma. Here the irritation of the smaller sensory branches distributed within the globe produces an intense degree of irritation in all the branches of the trunk. So marked may be the referred pain, the attention of the patient is directed to his "neuralgic headache," perhaps to the neglect and irreparable damage of the eye.

Such pain may be induced by direct irritation to the ciliary body, as in a case I had recently where an old over-mature cataract acted as a foreign body within the globe, produced an exudative cyclitis, and a rise of tension with great distress. Rest and sleep followed the removal of the lens.

The headache I will last deal with is that of migraine. I well remember my first acquaintance with this curious disturbance. One of several small boys seated in a class, I was striving to imbibe the store of knowledge pressed upon us by a zealous master. It was in the midst of receiving a stern reproof for some neglected work I noticed to my alarm that the half of the threatening face vanished from view, to be speedily replaced by bright dancing figures. My first fancy was that this was some sort of new terror proceeding from my tyrant, but succeeding sensations made it clear that it was my own head that acted strangely and not his, a conclusion, did it need support, speedily assured by my master's questioning and kindly "exeat." During convalescence from fever in South Africa I had and noted the phenomena attending several attacks. The well-known bright scintillating patterns, in my experience very like the "zig-zag" and "dog-tooth" mouldings of Norman architecture, were disposed in perfect horse-shoe form, and commencing centrally spread outwards and disappeared. In one such attack I found I could vary the direction of the lines of scintillation by a change in position of the head on the bed. On another occasion, before the cessation of one set of left-sided hemiopic phenomena another and right-sided set appeared, so that the two attacks were for a time concurrent, and the field of vision greatly diminished. The headache—a dull pain as of a wound within the brain, mostly posterior parietal in situation—followed, and in proportion to its intensity a sense of nausea was manifest. In not a few instances a stiff dose of sal volatile would abort an attack; in others rest in bed and sleep alone brought complete relief.

Some are of opinion that the condition is purely cerebral—a nerve storm; possibly this is so. I cannot help thinking, however, a deficiency of vascular tone is at the root of the matter. The attacks are more common among women than men; women suffer frequently at the menstrual periods and other times of vascular unrest. It is possible sometimes to produce experimentally a miniature representation of the attack. When, after a period of heavy work, a full meal be taken and the body bent low as in removing one's shoes, the sudden assumption of the erect position will cause a momentary blindness, giddiness, and head pain distinctly akin to migraine. In this experiment the sudden change of position, when the circulation is at the disadvantage of general fatigue, and diversion of much blood to the abdominal viscera produce a temporary cerebral anæmia. This view seems to be supported by the observation I made of the variation of the visual aura during an attack, by change of position of the head. There is the necessary apparatus for vaso-motor action in the cerebral circulation, though all attempts to prove its action have failed. May not the local cerebral disturbance of migraine be some indication of the possibility of an active arterial variation?

The reason for the association of this neuro-vascular storm with the visual centres is not so easy of solution. Certain it is that in many cases the vision is defective, a general weakness intensifies the local defect and strain, and the storm starts from the connections of the point of greatest irritability. The removal of this link in the chain of sequences is often effective in preventing the attacks, even as the constriction of a limb above an *aura epileptica* in suppressing the graver fit.

A case recently coming under my care aptly illustrates these points. A lady, æt. 20, of peculiar disposition, and perhaps with some slight deficiency in self-control, suffered from "fits." There was a history of these fits occurring over several years. Their frequency had greatly increased of late; often the intervals were a week or less. They were particularly likely to occur at menstrual periods. The phenomena of the attacks were described by a very intelligent friend; they tallied well with the picture of epilepsy, save at one point—consciousness was not lost. The patient's own account was rough, but to the point: "A light darted out of the left eye, then all went dark, and the head was very bad." She recognised that she did not become unconscious. There was also an account of severe headache at other times, and worse in recent months. The story inclined me to discredit the idea of *le grand mal* in favour of *le petit mal*. An examination of the eyes elicited the presence of a fair degree of hypermetropia and astigmatism, and that the left eye was more defective than the right. These errors were corrected by glasses, and there have been no more "fits," and the headaches have ceased during the lapse of six months.

Other but less striking cases of migraine associated with visual defects have come under my notice; and I would remark that my own early attacks synchronised with my first consciousness of a defect of vision, and with their re-occurrence during convalescence from fever I perceived the glasses I wore were not correct, by subjective sensations, the accuracy of which were proved objectively on my return to England.

These, then, are some of the commoner forms of headache, for which relief is frequently sought. The discomfort they produce, and the difficulty in combating them, varies in direct proportion to the sensibility and delicacy of the patient, and in a similar ratio their relief secures a grateful patient.

THE PREVENTION OF INSANITY.

By F. W. EDRIDGE-GREEN, M.D., F.R.C.S.

THERE is little doubt that insanity is on the increase. It may be well, therefore, to consider the means which may be taken to prevent its occurrence. Though insanity cannot be regarded as a preventible disease in the sense that typhoid and small-pox are preventible, as it depends upon causes of an entirely different nature, we can, as in typhoid, prevent the disease by removing the cause. The means to be taken to prevent insanity may be summed up in a few words, which would apply equally well to any other disease—namely, the removal of the predisposing and exciting causes. I think that there can be no doubt that if the exciting causes be sufficiently powerful any person may become insane, though the power of the factor necessarily varies considerably according to the person. There is no doubt that the cause which would make a person with a highly unstable nervous system insane might have no effect whatever on a more healthy individual. The opinion has been expressed that only certain persons can become insane, but just as a person with healthy digestive organs may suffer at last from dyspepsia from the continued abuse of those organs, so may the healthy nervous system give way under con-

ditions of exceptional strain, or through the direct influence of syphilis and various toxæmic conditions. On the other hand, a person who is strongly predisposed to insanity by hereditary influence may escape an attack through the absence of an exciting cause. The removal of the exciting causes of insanity may in many cases appear at first sight an impossibility, as, for instance, in puerperal insanity with strong hereditary influence. I am not considering the question of marriage in these cases, but am supposing that the patient when first seen has married and become pregnant. In a case of this kind there are many influences at work to produce insanity, some of which can be removed. The fact that a mother has become insane at the time of childbirth is a source of continued worry to her daughters, who are afraid that they may suffer in a similar manner. Though these cases might seem the most difficult in which to prevent insanity, a very great deal may be done to obviate this disaster, and it will comfort the patient considerably to know of this and that precautions will be taken. I am certain that a great many cases of puerperal insanity are due to toxæmia arising from a septic condition of the genital passages, and the symptoms rapidly disappear when these are rendered aseptic. The unstable brain when once damaged by toxæmia may never again regain its normal functions. It is, therefore, of the greatest importance that this and other preventible causes should not be allowed to act. In the case of a woman, therefore, with strong hereditary predisposition to puerperal insanity, the most minute precautions should be taken with regard to asepsis and the prevention of any undue expenditure of energy. Great attention should be paid to sleep. Loss of sleep for one or two nights may be sufficient to start an attack of puerperal insanity. Any friends who irritate the patient should be prevented from seeing her, and great attention should be paid to having a sympathetic nurse. All excitement should as far as possible be prevented, particularly during the evening, as it is likely to cause loss of sleep. In cases in which there is restlessness and want of sleep, I find bromide of sodium the most useful drug as a sedative. The patient should be well fed with easily assimilated food.

In all cases in which there is a strong hereditary predisposition to insanity the stress and worry of a town life and excesses of all kinds should be avoided. A man who, under difficult competition in a town, would become insane might remain healthy with an easy country life. This more particularly applies to those who have in themselves shown evidence of insanity. There are certain occupations which are more likely than others to produce insanity, such as occupations in which there is work without suitable companionship, particularly if the work be uncongenial and of a worrying nature. This more particularly applies when one faculty or set of faculties is used. I have been often struck by the healthy appearance of those who, whilst working an excessive number of hours in a day, have had an employment congenial to them, and one in which every faculty can be employed, and noted the contrast with those who, though working a far less number of hours, have had an occupation which is uncongenial and monotonous. The absence of suitable companions tends to introspection and an unhealthy, eccentric state of mind. It is not advisable that a person who has had one attack of insanity should marry, or that there should be marriage between those in whom there is an hereditary tendency on both sides to insanity. This more particularly applies to the marriage of near relations, such as cousins.

It is very important to note the first symptoms of insanity and to remove all defective hygienic conditions. Any bodily complaint should be cured and attention should be paid to malnutrition and want of sleep. Early treatment will often prevent an attack of insanity.

Those cases which are on the borderland of insanity are especially those in which the presence or absence of an exciting cause will determine whether there will be an attack of insanity or not. I am certain that a great many absolutely distinct conditions are included under the name hysteria, and that in the future different causes will be found for each. There is one variety of hysteria which is closely allied to delusional insanity, and, in fact, very often terminates in it. The patient has a certain fixed idea, as, for instance, that she will be ill for two or three days after an action of the bowels, and therefore prevents them from acting as long as she can. Though she undoubtedly does apparently suffer, the result is due, in my opinion, to auto-suggestion. Persons vary very considerably in their influence to suggestion. If a number of men be told after drinking the best obtainable whisky that they have had some of the very worst and they cannot escape without a headache next morning, many will suffer in this way. Some men, even when in high spirits at the time, can be made quite dejected when told how very ill they are looking. In the same way when a celebrity has had a certain complaint a great number of persons imagine that they are suffering in a similar manner. In the case of hysterical persons it is very difficult to overcome the fixed idea. This idea becomes stronger as time goes on, until the renewal of the impression may pass into a delusion or hallucination. We remember from single impressions, and every time the impression is revived it becomes more vivid. A simple example will explain what I mean. A man may see another man on two or more occasions and not recognise him, though certain associations of ideas might make him remember that he had seen the other. It is obvious that the impression would be much more vivid if he had recognised his acquaintance on the occasion of each meeting. In that case the first impression would be revived each time. In order to counteract the effect of the dominating idea the attention should be directed into other channels, and if this fail hypnotism may be tried. The great advantage of a hobby to any person is that it prevents him from dwelling on a particular idea, and from becoming introspective. The present system of classical education is responsible for a good deal of insanity. The subjects taught to a boy or a student should be those which will be of most use to him in after life, and they should be made as interesting as possible. A man who has an ability for learning words may not suffer much when taught in this way, but another not possessing this ability, but really a far abler man than the other, may suffer considerably. The endeavour to force a faculty to do work for which it is unfitted produces a state of nervous exhaustion which is surprising when the amount of work which can be got through in another direction is noted. In the process of education every faculty should as far as possible be employed, and those who find solitary work distasteful should avoid it.

Space will not permit me to continue in detail

each of the causes of insanity, neither is it necessary, as many of the cases are such that they only affect the brain because it is the weakest part of the individual, and may in another cause disease of an entirely different nature. A perfectly healthy man may become insane by leaving a country life and coming to a town, where he has no friends; neglecting the exercise to which he has been accustomed, and adopting a sedentary, monotonous employment in a badly-ventilated room; indulging in intemperance in drink, excessive smoking, and dissipation of all kinds; omitting to take proper meals or sleep, and spending his spare time in speculation and gambling. I will conclude by drawing attention to the fact that the nervous system is particularly unfitted to bear any strain when in an ill-nourished condition, and may degenerate under these circumstances when no effect would have been produced if the brain had been supplied with a sufficient quantity of healthy blood.

Clinical Records.

CASE OF TUMOUR OF APEX OF ORBIT (PROBABLY SARCOMA). (a)

By ARTHUR H. BENSON, F.R.C.S., and LANGFORD SYMES, M.D.

C. C., a married woman, æt. 48 (S.M.O.H. No. 61, 28-7-03), came under my care in January last, suffering from total blindness of the right eye and some proptosis.

History.—She stated that three years previously, when feeding a calf, the animal suddenly raised its head, striking her right eye.

In the *right* eye the sight began to fail about two months after this blow, and was almost wholly gone in twelve months. Ever since the sight began to fail the right eye has been "swelling and pushing out."

The *left* eye was quite well, she says, till a week ago, when it got red and painful, and the sight in it began to fail. This was caused apparently by an attack of iritis, and there were tags of synechia posterior already found; vision was only 6-18ths, tension was normal, and there was doubtful haziness of the disc.

In the *right* eye, the one in which she had received the original injury, sight was absolutely lost—R.V.=o. The tension was normal, the pupil was semi-dilated, and acted to accommodation but not to light, and under atropin dilated evenly. There were no evidences of iritis past or present.

There was total white atrophy of the disc, but otherwise the contents of the globe were normal.

The eyelids were red, thick, and swollen, especially the upper one, and appeared to be bulged out by a soft mass under them. The conjunctiva was thickened and covered by a network of swollen and varicose veins, but there was no conjunctivitis, properly so-called, and the lids had grown in proportion to the mass below them, so that they easily closed over the cornea without any undue pressure. Masses of tortuous and varicose veins were specially abundant at the outer side of the conjunctiva. The globe appeared to be displaced *downwards* half an inch, and *outwards* a quarter of an inch, and *forwards* half an inch.

The movements of the globe were very limited in all directions.

On examining the socket nothing of the nature of a definite tumour could be felt, but the mass of tissue under the lids felt rather lumpy, with here and there a slippery nodule like a melon-seed body. The first idea that suggested itself was a *vascular tumour* of some sort, but pressure did not produce diminution in the size of the orbital contents, or permit the globe to go back at all, nor was any vascular murmur discoverable with the stethoscope.

Fatty tumour was the next most likely, but no definite limits to the tumour could anywhere be felt, and if fatty at all it must be hypertrophy of the orbital fat in general; but neither hypertrophy of the orbital fat nor a varicocele would account for the great immobility of the globe.

There was no vascular murmur, as I have stated, but there was an extraordinarily loud respiratory murmur heard both with inspiration and expiration. It was heard over both eyes, but very much louder over the right eye.

At this stage of the investigations she suddenly disappeared from hospital and went back to co. Galway.

Six months later she returned with a fresh attack of acute iritis in the left eye, and was sent to the Royal City of Dublin Hospital. The respiratory bruit was as loud as ever. The proptosis and other conditions had hardly changed at all during the time, though the conjunctiva of the right eye was more watery and the varicosity of the vessels was greater, as also was the general fulness of the orbit. Still no definite tumour of any sort could be felt.

I showed the case to all my colleagues at both hospitals, but no definite diagnosis was arrived at, so I made an exploratory incision, removed a large quantity of superfluous orbital fat, and eventually was able to get my little finger deep enough into the orbit to feel a hard mass surrounding the optic nerve and the back of the globe. In its hollow the globe sat, like an acorn in its cup. It was very hard, and was with considerable difficulty shelled off from the walls of the apex of the orbit, into which it fitted accurately.

I have this day (November 6th, 1903) heard of the woman, and her husband says she is better and going on well, and that he hoped she would soon be all right. She wears an artificial eye. The very slow growth of the tumour and its very slight apparent malignancy and the most remarkable respiratory bruit are worthy of special note. The specimen I handed to Dr. Symes for examination, and he has kindly made sections of it, which will explain its nature.

PATHOLOGICAL REPORT BY LANGFORD SYMES, M.D.

The *tumour* measures 2 in. by 1½ in. It is a firm, solid mass, tolerably heavy, and white on section. It is not encapsuled. It was removed in one piece and had apparently no bony attachment. The *optic nerve* can be traced through it. The *eyeball* is free, and was lodged in a depression of the surrounding growth.

Microscopically.—(1) *Low power:* It consists of a conglomerate mass of separate loculi, of small size and circular, or ovoid, in shape, giving the tumour an alveolar appearance. These loculi contain masses of cells, whose nuclei stain well, and are of round or ovoid form. Some of these have invaded the sheath of the optic nerve. (2) *High power:* The walls of these alveoli are seen to be composed of cells of elongated or spindle shape, arranged in a circular fashion around the alveolus.

The chief points about the tumour are:—The large number of these loculi, their small size, the density with which they are packed together, and their walls being composed of elongated cells.

As to the nature of the tumour, it apparently belongs to the sarcomata, but has a peculiar locular or alveolar arrangement.

(a) Read before the Pathological Section, Royal Academy of Medicine in Ireland, November 6th, 1903.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—XX.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

THE CHILTERN HILLS SANATORIUM.

HIGH above the Thames valley, on the Chiltern Hills, in that delightful district of Oxfordshire which lies south of the popular village resort of Nettlebed, five and a half miles from Reading and some four and a half from Henley, Kingwood, Dr. Esther Colebrook's sanatorium for the open-air treatment of consumption, is situated.

The sanatorium stands at an altitude of 375 feet, in open country, and close to the beautiful commons of

Peppard and Kingwood. The district is distinguished for its bracing air, and is well suited to the needs of tuberculous cases.

The sanatorium is placed in the midst of a fruit and dairy farm fifty acres in extent. The original house, which has been in great measure reconstructed and extended by the addition of a new wing, is admirably fitted for its present purpose. It has a south-east aspect and stands in a cherry orchard, which adds greatly to the attractiveness of the outlook.

The soil is light and porous. A considerable amount of sunshine is enjoyed and good shelter from winds has been secured. The sanatorium is excellently designed, simply equipped and an air of homeliness prevails which adds much to the attractiveness of the place. The rooms are well arranged, suitably furnished and admirably kept. On every hand there are abundant evidences of sound common sense, scientific precision and a rational recognition of clinical requirements.

The dining-room is light and airy and conveniently placed at one end of the building. The recently-built sleeping bungalows are excellent in their effective simplicity, and while securing comfort for the patient, at the same time allow of the greatest possible exposure to freely circulating fresh air. The day shelters are good. The house is warmed in winter by a system of hot-water pipes. Lighting is by acetylene gas, the manufacture of which is very simple, and we were assured that this form of illuminant proved quite satisfactory. Water is obtained from a new boring recently sunk through thick rock. Earth closets are used, and are efficiently managed. Treatment appears to be conducted in accordance with strict hygienic requirements. Dr. Colebrook lives in the sanatorium, shares the life of the patients, and so exercises the constant supervision so necessary for effective control and absolutely essential for the maintenance of satisfactory progress.

We inspected the whole of the sanatorium, and partook of dinner with the patients, and found all excellently arranged and efficiently conducted. The majority of the patients are women, but the treatment of tuberculous and delicate children is made a special feature, and, needless to point out, the farm-yard life and garden-existence present ample attractions. This sanatorium is particularly well suited for children. Physical training and development are provided for, and arrangements can be made whereby lessons out of doors may be given when deemed desirable. We consider this a most important point, for it cannot be denied that life as lived in most sanatoria is apt to become altogether self-centred and utterly selfish, and the routine of these establishments often permits of the development of traits of character detrimental to the highest good of the patient and objectionable to attendants and friends.

The regular terms are from three to four guineas weekly; a reduction is made for shared rooms. Extras are personal laundry, wines, and special medicines—if ordered—and special nursing, if required.

On the same estate there is also situated the MAITLAND COTTAGE SANATORIUM, which has been established to provide open-air treatment for six patients who are unable to afford the charges at most existing sanatoria. The land (eight and a half acres) and the building have been given, but the working expenses have to be met either by patients' payments or public subscriptions. The cottage, which has been specially constructed, is a wooden building on brick foundations. The accommodation for patients at present consists of three bedrooms, one single room—one to be shared by two—and one large room for three patients, with a dining and general room. It has a south-west aspect, and is surrounded by fields and distant woods. Shelter from wind and rain is provided by verandahs and shelters. It is intended that the ground belonging to the cottage shall be utilised in developing light occupations for the patients.

All paymen's by or on behalf of patients must be made monthly in advance. Patients are not usually admitted for a less period than three months, and six months is generally considered desirable. No patient can be admitted without a medical certificate filled in by the doctor who has been attending the case. It is estimated that the cost of maintenance is about 25s. weekly for each patient. This sum may be met by the patient or friends, or by a subscriber's nomination of £10, which, with an added payment of 8s. weekly by the patient, will provide for a three months' course of treatment.

Dr. Esther Colebrook is now extending the accommodation for comparatively poor patients, and before long will be able to provide for the treatment of a small number of men of the working class.

It should also be added that a small four-roomed hygienic cottage on the estate at the time of our visit was being used. The farm and gardens provide the sanatorium with poultry, milk and vegetables. The estate is so extensive and rich in conveniences that there is ample opportunity for considerable extension. It may also be noted that the country in the immediate neighbourhood of the sanatorium is rich in pastoral beauty, and in the immediate vicinity is much wild but very attractive common land and considerable extent of woodland offering numerous advantages for walks.

As regards access, Reading is the most generally convenient station, where patients are met by carriage. The fare is 6s. 6d. for two people with light luggage; 4s. for a pony carriage without luggage; the ordinary cab fare is 7s. 6d. Heavy boxes are sent by the carrier.

The sanatorium, although at first sight somewhat isolated, which, indeed, is one of its advantages, is readily reached from London, and is so centrally placed as to be conveniently approached from almost all parts of the country.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, NOVEMBER 13TH, 1903.

DR. FREDERICK TAYLOR, President, in the Chair.

CASE OF MYOSITIS FIBROSA.

DR. FREDERICK E. BATTEN read an account of the following case of a boy, æt. 6, the second of five children. He was healthy at birth, but when nine months old the mother noticed that the back was becoming rounded, and that the legs could not be straightened. The contractions gradually increased, so that when he was aged 6 he was in a rigidly flexed position, and any attempt to extend the legs brought the trunk into a sitting posture. The head was drawn to the right side by extreme contraction of the right sterno-mastoid, and the recti abdominis muscles were greatly contracted and of cartilaginous hardness. The upper and lower extremities were also contracted in a flexed position. There was no evidence of any disease of the nervous system. All the muscles in which the contraction was not extreme reacted to a weak faradic current. No relaxation of the contracted muscles occurred when the boy was placed under chloroform. The pathological examination of the nervous system revealed nothing abnormal. With regard to the muscles, the right sterno-mastoid was almost completely converted into tendon, fully one-half of the whole bulk of the recti abdominis were tendinous. In the muscular portions of these muscles and in the other muscles of the body examined there was a very considerable amount of fibrous tissue between the individual muscle fibres, many of which were atrophied and showed considerable fatty degeneration. No factor could be found to account for the disease. The relation of the malady to myositis ossificans was dealt with, and it was mentioned in support of this view that the great toes were shorter than the others. The author favoured the view that there was a relative increase in tendinous structure owing to the contraction of the fibrous portion of the muscle. The paper was illustrated by lantern-slides and drawings.

MEASLES WITH COMA.

DR. NEWTON PITT described the case of a medical

student, æt. 19, who was in good health on March 10th, 1899, when he contracted a chill while watching a football match. The following day he felt ill, the temperature rising to 102° F. A typical measles rash then appeared, and on the 16th the urine had to be drawn off. The next day his condition was critical, the pupils being widely dilated, and incontinence of urine was present. The optic discs were normal. Pulse, 110; temp. 103·4°. He became comatose, and feeding was difficult. At this stage the pulse dropped to 68, but the temperature subsequently ran up to 102·4°. The rash faded, and he gradually came back to consciousness, ultimately making a good recovery. During convalescence, he suffered from considerable insomnia, while for some months after his memory was defective and reading was apt to bring on headache. Dr. Pitt was unable to find anything exactly like this case in the literature, though there was the well-known case of Sir Thomas Barlow, of a man, æt. 23, who became drowsy on the fourth day and died with respiratory paralysis. The question was whether the present case was anything more than a severe toxæmia, such as a slight degree of encephalitis in an unimportant region of the brain. The incontinence of urine and fæces rather pointed to the latter view.

Dr. ALEXANDER MORISON alluded to the case of a girl, æt. 10, who was comatose with sluggish pupils, in which bronchitis supervened with immediate improvement in the comatose condition. When the bronchitis subsided, a measles rash appeared. The child died. Such a case justified the popular belief that the cases which present a full eruption early do the best.

Dr. WILLIAM HUNTER described a similar case occurring in scarlet fever, in which he considered that the possibility of a local encephalitis being produced by a toxic condition was well borne out.

Dr. PASTEUR read the notes of a case of

PERNICIOUS ANÆMIA WITH UNUSUAL FEATURES.

The patient was a well-built man, æt. 24. He had always enjoyed good health until three weeks before his admission into hospital. He was profoundly anæmic with sallow complexion, and some blood was oozing from the gums. His teeth and mouth were in good condition. There was slight enlargement of the heart with hæmic bruits. He had also double hæmorrhagic neuro-retinitis, and he had some vomiting. The evening temperature was only slightly increased. The blood exhibited marked oligocythæmia with a relatively high colour-index with well-marked leucopenia and a relative lymphocytosis. The leucocytes numbered only 2,600 ten days before death, which occurred exactly seven weeks after the onset of the first symptoms of faintness. No nucleated red blood corpuscles were seen, nor was poikilocytosis observed at any time. The urine was 1020 sp. gr., and was free from albumin or sugar. Sections of the liver after death gave a marked Prussian blue reaction. The spleen gave a slight reaction and the testis a very marked one. Chemical analysis showed that the amount of iron yielded by the liver was more than six times the average, and that it exceeded that obtained from the spleen. The chief features which rendered the case unusual were the absence of nearly all the characteristic blood changes, the short duration of the illness, the marked changes in the fundus, and the presence of iron-containing pigment in the testes.

Dr. WILLIAM HUNTER said it would have been interesting to have known the state of the bone-marrow in this case, as he did not consider that the blood-changes were those usually associated with the true Addisonian form of pernicious anæmia. The absence of poikilocytosis was particularly an unusual feature. The great rapidity of the case, its sudden onset, and the nature of the blood changes would rather incline him to place the case among that group of anæmias of septic origin.

Dr. DALTON referred to a similar case of a man who did not die in the hospital, in whom there was great oligocythæmia, and also a definite septic focus in the shape of a fistula leading from the gums to the palate. A noteworthy point in connection with the case was that when the sepsis was detected there was a sudden rise in the number of leucocytes.

Dr. PASTEUR replied that he was unaware of any septic trouble in his case, and that his diagnosis was based more especially on the post-mortem findings in the liver and spleen.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

PATHOLOGICAL SECTION.

MEETING HELD FRIDAY, NOVEMBER 6TH, 1903.

The President, H. C. EARL, M.D., in the Chair.

THE PRESIDENT delivered an address on the

CYTOLOGY OF SEROUS AND SERO-FIBRINOUS EFFUSIONS.

He described the methods of obtaining and making microscopic preparations of the cells from effusions, and alluded to the difficulty that sometimes arises in distinguishing the class to which the cells belong, on account of the alterations they undergo after lying a long time in an effusion. He then related the results Widal and others got by cytological examination of effusions from the pleura, pericardium, peritoneum, of articular fluid and of hydrocele fluid, as well as of the cerebro-spinal fluid. He considered that the diagnostic value of a predominance of lymphocytes in a pleural effusion, as a sign of its tuberculous nature, was very great, but that the results of examinations of pericardial and peritoneal effusions were not sufficiently numerous nor sufficiently consistent to warrant any precise conclusions at present. He further considered that cytological examinations of fluids from joints and from hydroceles had given results of some diagnostic value, and that an increase of cells with predominance of lymphocytes in the cerebro-spinal fluid was in cases of meningitis of considerable value as denoting the tuberculous origin of the affection, and discussed the value of lymphocytic and polynuclear formulæ of the cerebro-spinal fluid in other affections.

ORBITAL TUMOUR.

Mr. ARTHUR BENSON and Dr. LANGFORD SYMES showed a tumour removed from the apex of the orbit of a woman, æt. 48, full notes of which will be found on page 558.

Mr. STORY said that the curious respiratory murmur heard over the affected orbit and its walls was to him the most interesting and obscure part of the case.

Dr. Travers Smith and Professor O'Sullivan also spoke, and Drs. BENSON and SYMES replied.

ANEURYSMS OF CEREBRAL ARTERIES.

The PRESIDENT exhibited a brain with small aneurysms on various cerebral arteries.

The Section then adjourned.

LIVERPOOL MEDICAL INSTITUTION.

MEETING HELD NOVEMBER 5TH, 1903.

RUSHTON PARKER, Esq., B.S., F.R.C.S., President, in the Chair.

DR. JAMES BARR described his

METHOD OF TREATING PLEURAL EFFUSIONS.

After removal of the fluid, 40 to 60 minims of adrenalin chloride, 1-1,000, were injected. He had used it in many cases with invariable success. In ascites the method was not so successful. He also described an apparatus for the introduction of aseptic air into the pleural cavity.

Mr. F. T. PAUL reported several cases of

PYLORECTOMY.

Two, operated upon *in extremis*, died. The other three recovered: (1) a woman, æt. 56, with extensive cancer of the pyloric end of the stomach, who died sixteen months later from recurrence; (2) a man, æt. 46, with an early cancer; and (3) a woman, æt. 56, in which the tumour proved to be an inflammatory mass. The two latter cases were so far in excellent health.

Mr. PAUL also showed a man with

CARCINOMA OF THE PYLORUS,

who had improved so much after gastro-enterostomy that he (Mr. Paul) proposed to excise the growth.

Sir William Banks said that his experience of removing the pylorus for cancer was but slight, as he never had any great opinion of the operation, owing to the impossibility of completely removing affected lymphatic glands lying in the curve of the duodenum and embedded in the head of the pancreas. He had operated in about half a dozen cases. They all recovered, and for a while appetite returned, weight increased, and so on, only to be followed by death in every case. He was not sure whether patients did not live as long and as comfortably with a successful gastro-enterostomy as with excision of the cancer.

Mr. R. W. Murray said that if a radical cure was to be hoped for in cases of carcinoma of the pylorus, the growth must be more freely excised than pylorectomy with union of duodenum and stomach permits of. In such cases he advocated gastro-enterostomy with removal of about one-half of the stomach.

The President remarked that cases suitable for pylorectomy were quite exceptional among cases of malignant disease. When he had performed a pylorectomy, the narrow duodenal tube had been sewn to the upper part of the wider opening in the stomach, and then the redundant remainder of the latter closed.

Mr. G. P. Newbolt read notes of two cases of

ENLARGED PROSTATE,

treated by supra-pubic prostatectomy. One patient, æt. 70, from whom a prostate weighing 5¾ oz. was removed in May, 1903, was shown in good health, being troubled only by frequency of micturition. The other patient, æt. 62, died from uræmia four days after operation. His bladder was shown, the space from which the prostate, weighing 1¼ oz. was removed being demonstrated. Its base was formed by a well-marked layer of recto-vesical fascia. In both cases the prostatic urethra was torn away, together with the ejaculatory ducts.

The President said he had devoted what attention he could to the perineal method described by our American colleagues, Professor Alexander and Dr. Parker Sims, of New York, at the Manchester meeting, 1902. The operation had proved satisfactory to him and to his patients.

Mr. Douglas Crawford recognised Freyer's operation as the ideal one. Although easy in adenomatous cases, it was difficult in the fibroid form, and he preferred to punch out portions of the prostate in the latter cases.

Dr. Macalister read a paper on

RHEUMATOID ARTHRITIS, AND ITS RELATION TO OTHER DISEASES.

He pointed out that the disease as generally seen in institutions is in the stage of deformity, and that very often the active processes have been arrested, and he indicated that it is very necessary to treat the disease during its very earliest and acute stages if any real benefit is to ensue. Having referred to the fact that acute rheumatoid arthritis frequently results from infections from the nasal, alimentary, and other mucous membranes, he proceeded to cite a number of examples where rheumatoid conditions have been associated with some perversion of the thyroid functions, and that the symptoms in these cases had disappeared altogether, or had been greatly ameliorated by the administration of thyroid gland. Dr. Macalister then proceeded to deal with the early symptoms of rheumatoid arthritis, and he pointed out how frequently "Raynaud"-like vascular spasms of the extremities precede the joint affections, and also that muscular cramps are of frequent occurrence as initial symptoms, and he suggested that the poison is very like ergot in its general effects. He considered that there was a close association between Raynaud's disease and some cases of rheumatoid arthritis, and, furthermore, that he had seen cases of Graves' disease which suggested that a relationship existed between all three diseases. After referring to the fact that iodine might possibly produce its occasional beneficial effects through the thyroid gland, which normally contains iodine, he proceeded to suggest that the toxin of rheumatoid arthritis is not eliminated from the body owing to the fact that it either paralyses the organs of elimination or fails to stimulate them, so that, however freely the skin or kidneys may appear to be acting, they cannot remove this particular poison from the blood, and that in order to be eliminated, the constitution of the poison has to be changed. In support of this hypothesis he quoted a case where, in the acute stage, a patient with intensely swollen and painful joints remained unrelieved in spite of the fact that the kidneys and skin were acting profusely until (all other drugs having failed) large doses of quinine were given, which caused the poison to be poured out through the skin in the form of a horrible-smelling volatile matter, which was so offensive that the patient could not be kept in the ward, and that with this elimination there was an immediate subsidence of the pains and swellings, and a speedy convalescence.

Dr. Llewellyn Jones (Bath) regarded rheumatoid arthritis as a symptom-complex, and thought that, given any source of auto-intoxication, the resulting toxæmia may, through its action on the cord segments, produce what is called rheumatoid arthritis. He emphasised the importance of the gastro-intestinal tract as a source for such poisons. He alluded to the occurrence of recurrent attacks of local syncope and asphyxia in these cases, and also the presence of muscular cramps affecting mainly the extremities and in others also the muscles of the head and neck. This may suggest a common point of origin, a cerebro-spinal toxæmia, for Raynaud's disease, tetany, and early rheumatoid arthritis. He had also noted the connection of Graves' disease. Dr. Macalister's gratifying results with thyroid feeding afforded him much pleasure, all the more so as he was able to confirm it out of his own experience.

The President said he knew from the practice of a friend that feeding was a most important factor in the treatment of these cases. His friend advised the consumption of three pints of milk in addition to the ordinary meals, and the President had seen benefit accrue even in some well-advanced cases.

Drs. Barr, Stopford Taylor, Gill, and Warrington spoke, and Dr. Macalister replied.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL AND OTOLOGICAL ASSOCIATION.

ANNUAL GENERAL MEETING HELD ON FRIDAY, NOVEMBER 13TH, 1903.

The President, Dr. Wyatt Wingrave, in the Chair.

The following officers were elected for the ensuing year:—President, Mr. Bark, of Liverpool. Vice-Presidents, Dr. Robert Woods (Dublin), Dr. Lamb (Birmingham), Mr. St. George Reid, Mr. Atwood Thorne. Council (Metropolitan), Dr. Wyatt Wingrave (*ex officio*), Dr. Hawthorne, Mr. Chichele Nourse, Dr. P. H. Abercrombie, Dr. Jobson Horne; (extra-Metropolitan), Dr. Fullerton (Glasgow), Dr. Lodge (Bradford). Hon. Treasurer, Dr. Percy Jakins. Hon. Secs., Dr. Andrew Wylie and Mr. Stuart-Law.

Dr. Wingrave, the retiring President, vacated the chair in favour of the new President, Mr. Bark.

The following two gentlemen were unanimously elected Fellows of the Association:—Charles Edward Pepper, M.B., proposed by Dr. Macintyre, seconded by Dr. P. H. Abercrombie; David Robert Powell Evans, M.R.C.S., proposed by Dr. Kelson, seconded by Mr. Atwood Thorne.

The following clinical cases were shown:—

Dr. Wingrave: A case of persistent superficial nasal hyperæmia cured by removal of adenoids, in a male, æt. 25.

Mr. Mayo Collier, speaking of this case, referred to several similar cases of his own where improvement had followed turbinal cautery.

Dr. Dundas Grant spoke of a similar case where he had scarified and applied pure carbolic acid with excellent results. He thought that the vestibular portions of the nasal fossæ ought to be more carefully examined in these cases, as follicular abscess was a cause of red nose.

Dr. WINGRAVE: A case of facial and palatal paralysis following diphtheria in a child, the subject of chronic suppuration of the middle ear.

Dr. KELSON: A case of (?) tuberculous nasal disease in a boy, æt. 8.

Mr. MAYO COLLIER was inclined to regard this case as probably of a strumous nature.

Mr. STUART LOW thought the case was tuberculous

Dr. FRED. SPICER: A case of accessory tragus (bilateral).

Dr. H. S. BARWELL spoke on the morphological interest of such cases, and also

Dr. WINGRAVE, who rather considered the nodules as belonging to the helix, and not the tragus.

Dr. DUNDAS GRANT: A case of fibroma of the nasopharynx in a boy; the operation for the removal of the growth was attended by remarkably little bleeding, and was highly successful.

Mr. MAYO COLLIER, speaking on this point, recalled a case of the late Mr. Lennox Browne, where also the hæmorrhage had been slight.

Mr. MAYO COLLIER: A case of frontal sinus disease, in which recurrence of suppuration had followed the external operation, and was only cured after removal of the greater part of the middle turbinal.

Dr. DUNDAS GRANT strongly insisted on the principle that in these cases the anterior part, at least, of the middle turbinal should be removed first of all before resorting to the external operation, and that in many cases the performance of this partial turbinotomy would obviate the necessity for the much more external operation.

Dr. H. S. BARWELL and Dr. JOBSON HORNE spoke on this case, and also

Mr. BARK, who instanced cases where, in his opinion, a nasal operation had prevented the necessity for the radical operation for frontal sinus disease.

Dr. FRED. SPICER also was in favour of removing part of the middle turbinal in cases of frontal sinus disease.

Dr. DUNDAS GRANT: A case of epithelioma of the external auditory meatus in a woman, æt. 26.

Dr. BARK spoke on the youth of Dr. Grant's patient, and recalled the case of a patient of his own, a woman about the same age, who had epithelioma of the œsophagus.

Dr. JOBSON HORNE: A case of papilloma of the vestibule of the nose.

Mr. MAYO COLLIER thought this was very likely an instance of a fungating sebaceous cyst.

Dr. WINGRAVE regarded it as a fimbriated papilloma with stratified epithelium.

Dr. KELSON considered this case one of simple papilloma, so did the PRESIDENT.

The following microscopic specimens were shown by Dr. WINGRAVE:—(*a*) Nasopharyngeal fibroma, simulating adenoids; (*b*) malignant ulcer of oro-pharynx; (*c*) epithelioma of external auditory meatus; (*d*) epithelioma of pharynx and tonsil.

The following communications were made:—

An improved screw maxillary antrum perforator, by Dr. HASLAM.

Notes of an ususual case of empyema of the maxillary antrum, by Dr. PERRY GOLDSMITH (of Canada).

Concerning radium (with specimen), by Mr. CHICHELE NOURSE.

Notes on a case of rhinitis caseosa, by Mr. BARK.

A selection of instruments were exhibited by Messrs. MAYER and MELTZER.

CORK MEDICAL AND SURGICAL SOCIETY.

MEETING HELD WEDNESDAY, NOVEMBER 11TH, 1903.

J. COTTER, M.D., F.R.C.S.I., President, in the Chair.

DR. W. ASHLEY CUMMINS showed viscera from a case of heart disease in a woman, æt. 30. The heart was enlarged, the aortic valves were thickened and puckered, and almost cartilaginous in hardness, the mitral valve was also affected, but the most remarkable feature was extreme stenosis of the tricuspid orifice, which barely admitted the tip of the little finger. The lungs showed hæmorrhagic infarcts, and the "nutmeg" condition of the liver was well marked.

Dr. C. YELVERTON PEARSON showed a myomatous uterus which he had removed from a woman, æt. 50, by supravaginal hysterectomy.

Dr. PEARSON also read notes of a successful case of removal of a gall-stone from the common bile-duct for persistent jaundice. The patient was a woman, æt. 42, and the jaundice had lasted six months. As soon as the incision was made the calculus could be palpated in the common duct. A number of Lembert's sutures were passed, the duct incised, and the calculus, which was of the size of a large marble, was easily removed. The patient made a rapid recovery, the jaundice quickly disappearing.

Dr. H. R. TOWNSEND read notes of a case of acute obstruction in a woman, æt. 28, due to a loop of small intestine being dragged down into the pelvis and kinked by adhesion to the fimbriated extremity of the Fallopian tube. The adhesions were divided and the patient made a good recovery.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, November 14th, 1903.

URÆMIA.

IT frequently happens, says Professor Huchard, that the most simple things penetrate the mind with most difficulty; because they are simple no attention is paid, and yet in medical practice it is frequently by the most simple means that the best results are obtained. It is thus that the hydric treatment of uræmia is attended with the best advantage to the patients. M. Renon pointed out three or four years ago the efficacy of the water treatment in eclampsia, and he was followed by Bar, Mathieu, and others. But for a long time conviction could not be shaken in the milk diet, yet how many patients, in spite of the classical *régime*, suffer from attacks of uræmia? In such cases the milk should be suppressed and replaced by water, a half a pint every two hours, or Eau d'Evian, as in the treatment of enterocolitis (acute).

For patients afraid of absorbing such a large quantity of water, diuretic infusions might be ordered from time to time, slightly sweetened. How long should the hydric treatment be kept up? M. Renon prolonged it three or four days, and prescribed afterwards a return to the milk, rice-water and vegetable soup. In general, two or three days of the water treatment are sufficient. A drastic purgative is given on the first day of the treatment. After the third day food is prescribed, more as a tonic to the heart than for any other consideration, as a too long abstinence might weaken that organ.

During the hydric treatment M. Huchard gives small doses of crystallised digitalin (1-10 milligramme) for ten days, in granules or solution (1—1,000; 5 drops represent 1-10th of a milligramme). The hydric treatment should be repeated one or two days every week, especially if the dyspnœa shows signs of returning.

TREATMENT OF SCROFULA.

During the winter months, and if the stomach can support it, cod-liver oil. In summer, syrup of tannate of iodine or other anti-scorbutic preparation. At the two principal meals:—

Iodide of calcium . .	1½ drachm
Lime water	2 ounces
Peppermint water . .	4 ounces

A teaspoonful in a little water. Every two days a bath of—

Common salt	2 lb.
Carbonate of soda	4 ounces
Amidon	10 ounces

Every day dry rubbing over the whole body, followed by the following mixture :—

Eau de Cologne.
Spirit of lavender.

The alimentary *régime* should be rich in fats and phosphates (milk, eggs, farinaceous compounds, meat, chicken, dry vegetables, &c.).

The children should be sent to the country or the sea-side, or to such waters as Bourbonne, Barèges, Bourboule, Royal, Châlet-Guyon.

Neurasthenia.

This modern affection, which has invaded all classes of society by reason of the struggle for existence and the general rush of every-day life, has been the object of careful study on the part of practitioners. M. Albec counsels the following treatment in this complex malady :—

Suppress as much as possible the cause of the nervous exhaustion by withdrawing the patient from all business and enjoining strict rest of mind and body. The patient, who should take as much exercise (walking) as possible without fatigue, should go to bed early and rise late. Every two days an ordinary bath of a quarter of an hour, followed by rubbing or massage. Every two days a *séance* of static electricity. The patient, seated on an isolating stool, is placed in communication with the negative pole of an electric machine and becomes charged thus with electricity.

As tonics : before the repast, twenty drops of the following preparation in water :—

Tincture of nux vomica	1 drachm
Tincture of conine	1 drachm
Tincture of Colombo	1½ drachm
Tincture of gentian	1½ drachm
Ess. of aniseed	10 minims

During the meal half a wine-glass of—

Arseniate of strychnine	4 grains
Glycerophosphate of lime	6 drachms
Syrup of bitter oranges	4 ounces
Quinine wine	12 ounces
Kola wine	12 ounces
Coca wine	12 ounces

Germany.

[FROM OUR OWN CORRESPONDENT.]

Berlin, November 14th, 1903.

At the opening meeting of the Society for Innere Medizin, Hr. F. Lesser spoke on

Iodism and its Prevention.

He said it was generally understood that with an acid reaction of the organism free iodine was split off on the administration of iodine combinations, and that in this way iodism or symptoms of iodine poisoning were caused. With a view of avoiding this splitting off, sod. bicarb., ext. belladonæ, sulphanilic acid, &c., were given without any special effect. Many theories had been brought forward as to the kind of decomposition, but up to the present free iodine had not been demonstrated in the system. It was believed that the free iodine at once combined with the albuminous bodies. With the exception of the thyroid, no organ contains any iodine combination, but only inorganic salts were identified. It was a question whether potassic iodide without any splitting up did not give rise as such to the symptoms, just as iodoform, without freeing of the iodine did. Iodipine, which alone of all the organic iodine preparations retained its place in the market, produced no iodism when injected subcutaneously ; when given by the mouth it produced the same poisoning symptoms as potassic iodide. In both instances there was a change, and excretion of potassic iodide took place. Whilst, however, when given by the mouth resorption could be shown in a few minutes, this only followed gradually when given subcutaneously, from the reserve of iodine fat. In accordance with this, iodine was demonstrable for six months after subcutaneous administration of ten days. A woman who always showed iodism after taking potassic iodide did not show it when iodopine was given subcutaneously, but she got it at once when the iodipine was given by the mouth. The gradual and steady resorption of iodipine injection could be obtained after administration of potassic iodide if given in repeated small doses. Instead of giving a tablespoonful three times a day, a teaspoonful should be given hourly. The therapeutic effect was the same, and iodism was almost always avoided.

Hr. Bratt thought it contradicted all pharmacological laws that so active a substance as potassic iodide should pass from the system unchanged. Iodine, indeed, could not be demonstrated in the system, but it formed a combination at once.

Hr. Fürbringer observed that he had pointed out that the body was never flooded with free iodine and such a thing need not be feared.

Hr. Heller thought that the iodo-albumen preparations were an advance. He had employed them with a large number of patients, and had never seen iodism after using them.

Hr. Strauss had seen good results from the simultaneous administration of ext. belladonæ and sod. bicarb., when using potassic iodide. With iodalbic acid and iodipine given internally the onset of iodism was delayed. Alcoholics seemed specially disposed to iodism.

Hr. Saalfeld had observed that people that could not bear potassic iodide bore iodoalbumen preparations well. In club practice he specially recommended tincture of iodine.

Hr. Lesser, in reply, observed that the theory of the splitting off of iodine was a purely arbitrary one, and one that could be dispensed with.

Austria.

[FROM OUR OWN CORRESPONDENT.]

Vienna, November 14th, 1903.

The Action of Thermal and Mechanical Influences on the Circulation.

Pick has written a long article on the influence of thermal and mechanical agents in toning the vessels and hastening the circulation.

The subject has given rise to more contradictory results than any other treatment adopted, owing, no doubt, to the complex nature of measuring the results. Pick has adopted the direct measurement of the current, both in quality and quantity, by defibrinating, &c. This operation requires great care and much detail work to defibrinate the blood and return it to the animal after measuring the flow from both vein and artery by means of canals inserted into the vessels. In every case the arterial blood pressure was always above the average after massage, thus proving the tonus between artery and vein. His results from this method of procedure were :—(1) The

effects of massage of the extremities accelerated the hæmatic current and distended the vessels generally, thus reducing the tonus of the vessels. (2) The constant effect of massaging the abdomen hastened the blood current, lowering the tonus of the blood-vessels in the mesentery, at the same time slowing or retarding the circulation through the brain. (3) Passive movement of the extremities had different results; rapid extension of one leg increased the flow in the femoral; if both legs were extended it also increased the flow in the brain. (4) The thermal results gave a dilatation of the vessels in cold as well as heat, that is, the circulation became increased, and dilatation immediately followed. (5) Thermic friction acts on the vessels through the nerve system, and is as powerful as direct heat to the walls of the vessels.

Subacute Spino-Cerebellar Ataxia.

Süswein related a case of subacute spino-cerebellar ataxia at the Gesellschaft, which excited considerable interest.

The patient was a female, æt. 71, who gradually became weak in the legs, walking with great difficulty, and suffering from vertigo and vomiting. The phenomena appeared one morning rather suddenly, soon followed by the ataxia, which was less pronounced for a few days later. Within five months from this time she died.

The post-mortem revealed a lesion in the cerebellum and spinal cord. The disease was principally confined to the posterior columns of the cord and the intermedullary part of the posterior roots, although there was a slight change to be found in the anterior root and column.

The parts most affected were the sacral, lumbar, and lower parts of the dorsal regions. In the cerebellum a few centres were found having the appearance of acute degenerative change.

The etiology may be accepted as arterio-sclerosis, although marasmus and tuberculosis cannot be excluded, as he considered senile marasmus and arterio-sclerosis reduced the vital resistance, and thus facilitated the action of the tuberculous toxin.

Abscess in the Brain.

Hugo Frey showed a young patient, æt. 12, who, after an acute attack of inflammation in the middle ear, developed an abscess in the temporal lobe of the brain. Recognising the danger, the cranium was opened and incision made into the abscess. Recovery was complete.

Vascular Crisis and its Relation to Gastric and Abdominal Crisis.

Pal opened an important discussion on the relationship of the "grande crise gastrique" of the tabetic to other vascular tensions met with in daily practice.

The high tension in all cases precedes the attack: although it may not be immediate, yet it usually synchronises with its rise, while the pain subsides with its fall. The reduction of this tension by the assistance of drugs may often prevent the attack.

Federn thought that, generally speaking, the increase of pain or colic, as it is sometimes called, was only an increased form of blood pressure. We had often similar colicky pains in influenza, resembling the lancinating pain of the tabetic, which was instantly relieved by the lowering of the blood pressure. He had himself made many examinations of the tabetic, and concluded that the high blood pressure was the cause of the pain.

Pal remarked that the blood pressure in the tabetic is the expression of different causes at the time of the vascular crisis. Winternitz added that his experiments in the gastric crisis were also due to high pressure, as the lancinating pain was instantly removed by a lowering of the tension. Pal again interposed by saying that the results of Stricker prove that the posterior roots possess the centres of vasomotor dilatation, and when morbidly affected may be the cause of the vascular tension.

The Operating Theatres.

NORTH-WEST LONDON HOSPITAL.

Latent or Intermittent Nasal Obstruction.—Mr. Mayo Collier operated on a series of these cases of latent or intermittent nasal obstruction for the relief of chronic nasal and post-nasal catarrh, with, in some cases, deafness, morning cough, and hoarseness. Before operating Mr. Collier brought forward one typical case, and whilst demonstrating to those present, said: "This girl comes here and is anxious for me to see her because she says I cured her sister, who was suffering from a like condition. She says she always has a cold. She is hoarse in the morning and has some cough during the early part of the day, which disappears towards noon. She always has more or less discomfort in the throat. It is rough and feels uncomfortable, and easily becomes sore. A good deal of mucus, which is difficult to remove, passes down behind the palate. She says her digestion is not good; she feels so distended after meals. With a bad cold she is always deaf, and is troubled with noises in the ears." Mr. Collier said this was a delightfully typical picture of a very common affection. He proceeded next to demonstrate the interior of the nose. He said that those present could see that at the present time the nose was perfectly free and patent, and that the most ardent obstructionist could not claim this (at the present moment) as a case of nasal obstruction. The lower turbinal bodies were standing at least half an inch from the septum, and one could actually see the pharyngeal wall through the lower meatus, and nothing abnormal, except congestion and catarrh, could be detected anywhere. Mr. Collier asked those present to note that a well-marked hollow existed on both sides of the septum, opposite the lower turbinal bodies, forming an exact cast of them. With this present complete freedom of nasal respiration, strange to say, this patient complains that half her time she is completely blocked and often cannot breathe at all through the nose. She asserts that when she wakes in the morning she is quite unable to breathe through the nose, and it is not until she has been up and dressed and has walked about that the passages become free. Mr. Collier said this was a condition of things that few rhinologists had recognised, yet this form of obstruction was more complete and more potent for harm than obstruction due to bony or cartilaginous outgrowths, polypi, or what not, these latter seldom producing such complete obstruction as in the latent form. Mr. Collier said the post-nasal catarrh, the morning deafness, cough, &c., were all directly due to the fact that the nose was not functioning. Restore the functions of the nose and the train of symptoms just enumerated will disappear without further treatment. In operating, Mr. Collier said he strongly objected to any operations for removal of the turbinal bodies. All that was requisite was to pin down the erectile mucous coverings of the turbinal bones at their most prominent parts with the galvano-cautery. He next introduced some 20 per cent. solution of cocaine, followed by some adrenalin solution on a probe with cotton wool. The parts being completely anæsthetised, he introduced the galvano-cautery and consolidated the mucous membrane and

subjacent tissues, down to the periosteum over a space equal to the cross-section of a large pea. Mr. Collier said the cicatrix produced by this procedure would hold the turbinal tissues in place, and the cautery would brace up the whole lining membrane of the nose and help to rid the patient of her chronic catarrh. The after dressing consisted simply of the application of some menthol cocaine and parolene solution introduced with an atomiser. He recommended the avoidance of severe exertion for a few days, the avoidance of all alcohol, the use of an extra pillow or two under the head at night, and the sparing use of the handkerchief. Mr. Collier operated on one side only, and said he should repeat the procedure on the other side a week hence. No pain was experienced during the application of the galvano-cautery, and none would be felt when the effect of the cocaine wore off.

GREAT NORTHERN HOSPITAL.

CASE OF LYMPHADENOMA.—Mr. PEYTON BEALE operated on a man, æt. 39, who gave the following history: He was a retail butcher by trade, and three years ago began to suffer from an enlargement of the lymphatic glands on both sides of the neck; the enlargement progressed steadily, but slowly, and soon became associated with marked anæmia and lassitude, the temperature rising at night to about 100°. About a year ago he was taken into a hospital, where the glands were diagnosed as tuberculous, and he was told that it was not advisable to have an operation performed. As far as could be ascertained this advice was founded upon the matting together of the glands and the fact that every one was enlarged. He was given a large quantity of arsenic with iron and other tonics, and was sent home at the end of about a fortnight. His condition before operation was as follows: Very anæmic, rapid, feeble pulse, temperature at night 100·5°, by day 99°, never dropping to normal. There was an enormous mass of enlarged glands on each side of the neck extending from the mastoid process to the clavicle, and as far forwards as the symphysis of the jaw; a few enlarged but freely movable glands in both axillæ and groins; no apparent enlargement of liver, spleen or abdominal glands; urine normal. As the patient was rapidly becoming weaker it was decided to remove the glands in the neck as radically as possible, the right side being attacked first, as the mass there was slightly larger than the mass on the other side. An incision was made from the mastoid process to within an inch of the middle of the clavicle, and the glands were removed one by one, it being necessary to cut away a good deal of the sterno-mastoid, and to divide the spinal accessory and many of the superficial cervical nerves. The glands had then to be dissected off the sheath of the vessels both in front and behind. There was a considerable amount of bleeding, involving the application of about thirty ligatures. The wound was closed, a gauze drain being inserted at the lower end. A fortnight later the same procedure was adopted on the left side of the neck. Mr. Beale said that at least two more operations would be required to clear out the glands below the jaw. He remarked that he had operated on several cases of this kind previously, in some of which there had been typical enlargement of the spleen, and in all more or less temperature; one had died a few days after an extensive operation, but as far as he knew the others had all lived for some years, one for five years, dying eventually from the same disease involving all the glands in the abdomen and mediastinum. He referred to cases which had been proved by microscopical examination of the glands to be lymphadenoma. He said that at least three of the cases were butchers by trade, and all were under thirty-five years of age. He believed that radical removal of the glands which were earliest affected was followed by a period of stasis in the enlargement of the other glands; therefore he thought it was advisable to operate on such cases as soon as possible, providing, of course, that medical treatment had failed to produce any marked effect. He pointed out that these patients seemed to bear operation wonderfully well, even though there was always some temperature, marked anæmia, and very considerable general debility.

At the time of the second operation the skin edges of the first wound were healed, with the exception of the drainage aperture, from which there was practically no discharge. The patient's general health was at the same time so much improved that he was able to walk about the ward, whereas prior to the first operation he had been unable to leave his bed for a fortnight. Iodide of potassium and iron in small doses were being administered daily.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 18, 1903.

THE WYRLEY CATTLE-MAIMING CASE.

LAST week we published a special note upon what is generally known as "The Wyrley Cattle-Maiming Case." The interest to medical readers arises from the medico-legal aspects of this extraordinary affair. The facts are simple. For some months past horses and cattle have been brutally maimed and killed in the neighbourhood of Wyrley, a small Midland village not very far from Birmingham. The crimes could be attributed to no political or other understandable motive, and were carried out in so cunning a manner as to baffle detection. At length the police arrested a young lawyer, named Edalji, the son of a clergyman, as the oulprit. Edalji followed the profession of a solicitor in Birmingham, but returned every night to his father's house at Wyrley. The evidence against him was purely circumstantial, such as spots of blood on clothes, a wet razor, and muddy boots. The prisoner slept in the same room with his father, and the latter swore that the bedroom door was habitually locked at night and that his son could not have been absent without his knowledge. While the prisoner was awaiting trial,

another cattle-maiming outrage was committed in the neighbourhood of Wyrley, and threatening letters sent to the police and others. The trial resulted, however, in the conviction of Edalji, who was thereupon sentenced to seven years' penal servitude. That happened some weeks ago, and further outrages upon cattle have taken place in the neighbourhood, and more threatening letters been sent. On these facts alone there appears to be strong ground for urging upon the Home Office the necessity for a revision of Edalji's sentence. Apart from purely legal considerations, however, comes the medico-legal claim for revision, which is in our opinion overwhelming. Consider the position if we assume this young lawyer to have been guilty of these atrocious and purposeless crimes. Could a sane, educated man, brought up in a sound moral atmosphere, have stolen from his bedroom at dead of night to slash open the bellies and cut the throats of horses and cows and donkeys? The conclusion is irresistible that any man who acted in that manner without any obvious political or personal motive must be insane and unaccountable for his actions. Edalji was convicted of acting in that brutal and purposeless way, therefore he must be insane if the finding of the law be correct. His proper place, then, under such circumstances, we emphatically claim to be a criminal lunatic asylum and not a convict prison. If the administration of justice in this country is not to be rendered an object of scientific contempt, the state of mind of the convict Edalji should instantly be made the subject of inquiry by a body of the most experienced alienists that the country can command. From our own point of view, the whole of the series of outrages at Wyrley is in all probability the work of one hand. It is, scientifically speaking, incredible that two or more persons could combine together for the perpetration of such absolutely cruel and senseless crimes. The statements in the letters that a gang is concerned may quite probably be a part of the diabolical cunning exhibited throughout the affair. Indeed, the existence of that very dexterity in eluding detection points to a common characteristic of certain forms of insanity. The Whitechapel murderer—the notorious "Jack the Ripper"—was never caught, in spite of the fact that half London was in a state of panic over his crimes, and the whole resources of the police were called into requisition to capture the criminal. In that case the offender was almost certainly a homicidal lunatic, who chose as his victims women of the "unfortunate" class. In the Wyrley outrages the criminal has fixed on cattle and horses for his prey, and is also, probably, the victim of a partial moral mania akin to the homicidal form. Under the peculiar psychological circumstances that have surrounded this trial we trust that a determined effort will be made to obtain an instant investigation of the case, and, if necessary, a revision of the sentence. As already stated, we feel no hesitation in demanding that reconsideration on medical grounds alone. It would be hardly possible to imagine an instance where the desirability of a court of criminal appeal could have been more strikingly apparent.

MEDICAL MEN AND MOTOR CAR REGULATIONS.

A CERTAIN degree of apprehension has arisen in the minds of medical men who practise in the country, and who use, or propose to use, motor cars, as to the effect the new regulations may have upon the general utility of the motor car. If a medical man is under no circumstances to be allowed to exceed the maximum speed, if certain roads in country districts are to be barred to him, and if he is not allowed to leave his car on the roadway outside the house of a patient, then it is obvious that many of the advantages of motor cars are at once abolished. Cases have already occurred in country districts in which the fact that the medical man was able to traverse a large stretch of country at a high speed practically saved the life of a patient, and such cases are bound to be of relatively common occurrence. They are, however, sure sooner or later to bring the medical man within the clutches of the law, and under such circumstances what will the law do? It has been suggested in a contemporary that the effect of the clause which permits the local authorities to close any road not exceeding sixteen feet from hedge to hedge to motor vehicles may be a serious one for country medical men and may necessitate long rounds. This might be the case in a few isolated instances, but there are very few roads of such a size in which the use of a motor car would be dangerous, and unless this could be proved to be the case the road could not be closed under this clause. In the long run, such a clause is more likely to lead to the widening of roads than to their permanent closure to motor cars. A case involving a question of greater importance occurred recently in the neighbourhood of Dublin, where the police prosecuted a well-known medical man for causing an obstruction to the thoroughfare by leaving his car standing outside the house of a patient without any person in charge, the contention of the police apparently being that anyone might get into the car and cause it to start. Dr. Wright, the medical man in question, proved that he had taken all necessary precaution to render it impossible to start the car. It also appeared that the car was four feet six inches in width, while the roadway was twenty-four feet in width, so that any direct obstruction to traffic was almost impossible. The absence of a driver was accounted for by the fact that Dr. Wright having to start off early in the morning to visit an urgent case, was obliged to leave both his driver and his breakfast behind. We refer to the evidence in this case particularly, because it is difficult to say whether any special factors led to the result of the prosecution, and whether the magistrate would, on a subsequent occasion, take a different visw. The magistrate expressed the opinion that the police were absolutely justified in bringing the summons, both in the interests of the public and of the medical man, but he dismissed the case. The

decision leaves the position of medical men who use motor cars in an eminently unsatisfactory condition, inasmuch as it does not make it plain as to whether a medical man may or may not leave his car outside the house of a patient. If he cannot do so, and if he must always be accompanied by a chauffeur, the value of motor cars is seriously diminished. The fact that the prosecution will doubtless be usually dismissed is of little moment, when the valuable time lost in attending the Court is taken into consideration.

KING EDWARD VII. SANATORIUM.

IT is hardly a congenial task to strike a discordant note amid the chorus of congratulation and good wishes that have accompanied the inauguration of the King's Sanatorium. If we feel compelled to do so it is because we fear that the attention which has been directed to the scheme and its details may induce others who are planning the building of sanatoria to follow on the lines that have been adopted at Midhurst. Let us say at once that we have nothing but admiration for the generosity of Sir Ernest Cassel, and for the discrimination and kind-heartedness of the King himself. The spirit that moved his Majesty to devote the sum presented to him to the purpose he had at heart is that which we have been accustomed to associate with his wise and kindly rule, a rule that is establishing a lofty and noble standard that his successors will find it hard to live up to. Having decided on the object to which to apply Sir Ernest Cassel's gift, the King placed himself in the hands of an Advisory Committee composed of men of high standing, and on their recommendations he has acted. Now, the only criticism we have to offer on the constitution of the Committee is that it does not contain the name of any medical man with personal experience of internal sanatorium administration and therapeutic routine, and it is to this defect that we are inclined to attribute the error that we conceive to have been committed. The Committee has not acted precipitately, but, on the contrary, has been at great pains to ascertain the most advantageous way of laying out the money provided, and to erect a model sanatorium. It is, therefore, likely that this institution will be taken to serve as the pattern on which will be fashioned the many sanatoria that are being projected all over the country. It is here that we believe the danger to lie. No words of ours can affect the building of the King Edward VII Sanatorium, but we would ask county councils, boards of guardians, and charitable bodies who have similar institutions in view to pause and consider whether a more economical and efficient plan could not be adopted. The accumulating experience of sanatorium physicians all points to the importance of providing the largest possible supply of pure air for each patient, and the greatest possible separation of patients from each other, together with the maximum of sunlight. Whether it be in tenements, hospitals, or sanatoria, the aggregation of persons on a confined area is bad, and in no case can it be worse than in that of sufferers from pulmonary tuberculosis. If each patient could have an acre to himself he would be so much the better, but in practice, of course, such a separation is impossible. The point, however, to aim at is that each inmate of a sanatorium should be as far as possible isolated from his fellows under conditions that supply him with the best supply of air, sunlight, and protection from inclement weather. How are these desiderata to be practically combined in a sanatorium? We say, unhesitatingly, by the separate hut, or châlet, system. It cannot be denied that there are some inconveniences with regard to service and superintendence attached to this plan, but they are small and can be easily discounted by expert management. The extra working expenses have been calculated at only 15 per cent. more than those attendant on the block system of buildings. Let us turn to initial cost. We find that the King's sanatorium is to cost some £600 per bed for buildings alone, and this without severe disregard of anything approaching luxury. Comparing this with the cost of £50 for which a furnished châlet can be provided, and adding another £50 per châlet for its share in the common administration building, we find that it is possible to provide six times the number of beds on this system for the same capital outlay. To be quite fair in calculating the primary cost of an endowed institution, or one dependent partially on eleemosynary agencies, it will be necessary to add a sum representing the capitalised cost of a part of the 15 per cent. extra working expenses of the châlet system, the exact portion depending on the ratio between income from endowment or subscriptions and patients' payments. But even with this sum added to the initial cost, the requisite outlay on a sanatorium composed of châlets is only a third or a quarter of that needed for one on the block principle. Whatever may be said on the score of convenience in favour of this latter type of institution, we maintain that both from the point of view of economy and of therapeutics, the balance is largely in favour of the châlet. We would earnestly urge that these points should be carefully weighed by all persons interested in the open-air treatment of consumption.

Notes on Current Topics.

The Wyrley Cattle-Maiming Case.

THE publication of our special editorial notice on the Wyrley cattle-maiming case has attracted considerable attention in various parts of the United Kingdom. In our leading columns of the present issue of THE MEDICAL PRESS AND CIRCULAR will be found an article explanatory of the grounds on which the editorial notice of last week was founded. Since that article was written its main arguments have been confirmed in a remarkable manner by the independent opinion of Dr. E. G. Younger, a medical alienist whose authority upon a matter of this kind is of the highest. His view of the case, it need hardly be said, is closely reasoned and philosophical. As will be seen by a reference to our correspondence

columns, he suspects that the whole of the outrages, both before and after the conviction of Edalji, have been the work of a person suffering from some form of insanity, probably of the type either of moral mania or of imbecility. He completely endorses our view that supposing an educated young solicitor to have committed these purposeless maiming outrages on cattle, he would be fitted for a lunatic asylum rather than for a prison. Under these circumstances, it becomes, in our opinion, incumbent on the medical profession as a whole to demand "an inquiry into the mental condition of Edalji, who is now under a sentence of seven years' penal servitude." We shall be glad to carry out the suggestion that a memorial signed by medical men should be presented without loss of time to the Home Secretary. Any readers willing either to sign such a petition or to obtain signatures from brother practitioners will find the necessary form accompanying our present issue.

Meat-Eating and Appendicitis.

WHENEVER a disease, by reason of its frequency of occurrence, is brought prominently before the notice of the public every possible effort is made in order to connect it with some fault in living or with some error of diet. This is only natural, for in many cases the connection is a real one, though more often, perhaps, the faddist poses while the scientist is crowded out. It is interesting to note that in a paper read before the Académie de Médecine of Paris by M. Chauvel it is stated that appendicitis is seen with comparative rarity among the military population of Algiers and Tunis as compared with that of France, the disease being nearly twenty times more frequent in the latter country. The rigorous discipline combined with an almost vegetarian diet is held to be responsible for this difference. In the discussion which followed the reading of the paper M. Lucas Champonnière upheld M. Chauvel in the theory which claims meat-eating as an etiological factor in the causation of appendicitis, and he laid stress upon the fact that the disease was most frequent among Europeans and Americans, who, it would be admitted, habitually consumed far too much flesh-foods. At the same time, he pointed out that other maladies, especially influenza, were rife among vegetarians, who, in many instances, seem to be placed in a less favourable position with regard to the power to resist the invasion of an acute specific fever. The rigid dietetician is, therefore, in somewhat of a dilemma. He must choose between influenza or appendicitis. According to the physician, there seems to be no end to the long list of terrible things which follow in the wake of "la grippe," while, on the other hand, we are equally assured by the surgeon that our appendices are useless encumbrances and veritable death-traps as long as they remain within the body. A moderate and mixed diet is the safest course to adopt to insure immunity from appendicitis and many other diseases.

The Bequest of a Corpse.

IT is not often that a hospital has to refuse a bequest, but so it happened the other day. A man who died in a Bloomsbury boarding-house left his body by will to one of the London hospitals. Doubtless the lecturer on anatomy would have been glad to have availed himself of the gift, but the testator had disposed of that which did not belong to him. It has been decided more than once that there is no property in a corpse, and, therefore, it can be neither given, sold, nor stolen. This is a curious condition to obtain in a community in which there has of necessity to be a certain trade in dead bodies for the purposes of anatomy, and it is probably only the public horror of anything like disrespect for the dead that accounts for the subject not being placed on a definite footing. For so long as surgery exists dead bodies will have to be found for the dissecting-room, and it is somewhat derogatory to the profession that the arrangements for acquiring subjects have to be carried on *sub rosâ*. The chief source of supply is from the workhouses, which dispose of the bodies of unclaimed paupers to the medical schools. Every now and again there is an outcry in some union when the fact becomes known, and guardians are elected pledged to oppose the practice. It would be far better in every way, and far more in accordance with the dignity of our profession, if the necessity of the supply of corpses could be definitely legalised, for surely the study of anatomy is one that deserves encouragement at the hands of society.

Divine Hygiene.

DR. ADLER, the Chief Rabbi, has frequently lectured on the sanitary provisions of the Mosaic law, and pointed out the hygienic trend of its provisions. Two large and interesting volumes have just been put forth by Dr. Alexander Rattray dealing laboriously and exhaustively with the same subject. From whatever source the Jewish legal code was derived—Dr. Rattray holds the view of direct Divine inspiration—there can be no doubt that for a rural or nomadic community no better scheme for the preservation and protection of health has ever been in force. Indeed, were the law-giver's directions followed out as far as circumstances permitted in modern towns, there would be much less sickness and misery. The chief factors in public sanitation are all treated of—food, drink, climate, disease prevention, burial and camping, and also a number of private matters of great moment that our hygienists have given but little attention to, such as personal cleanliness, mortality, marriages, rest and exercise. The marital relations of the sexes to each other were carefully defined by Moses, and it is much to be regretted that his salutary directions are slurred over nowadays by the prudery of the age. Nothing but good could come of their being widely known and followed. The interesting rite of circumcision, which the Jews shared with many of their neighbours in the East, is lucidly treated by Dr. Rattray, and many other interesting topics that are well worth further

discussion. Our own Public Health Acts cannot supply the same religious inducements to the people to observe them, nor do they provide the same stern penalties for law-breakers, but one might often wish that they were as well known and as much treasured as the Pentateuchal sanitary code has been for the last five thousand years.

Shell-Fish and Typhoid.

Since attention was drawn some years ago to the possibility of typhoid fever being conveyed by oysters, numerous cases of infection by that means have come under notice in various parts of the country. Various steps have been taken by oyster-dealers to guard their stock from contamination, but a great deal remains to be done before one can eat these molluscs without the uncomfortable feeling that there may be "poison in the pot." Oysters, however, are the delicacies of the rich, but the corresponding luxuries of the poor—mussels, whelks and cockles—are just as likely, if not more so, to be contaminated by excrementitious matter, and several outbreaks have occurred through their agency. The London supply of these shell-fish comes chiefly from the creeks along the banks of the estuary of the Thames and the Essex shore, and it is comforting to see that—stimulated by the action of Dr. Collingridge—the Fishmongers' Company, who hold jurisdiction over the fish markets of the Metropolis, are forbidding the sale of cockles from Hadley Ray and West Shoebury. Samples from these places having been examined bacteriologically by Dr. Klein were pronounced unfit for human consumption, and the prohibition has not come too early to prevent cases of typhoid fever probably due to their use. The extent to which shell-fish is eaten by the poor in London is enormous, and the flavour is in some cases destroyed by boiling. It is, therefore, of the greatest importance that their consumption should be limited to those that come from places where care is taken that they are not contaminated by human excreta. The crucial difficulty that has never yet been surmounted is the identification of the shell-fish that has come from undeniably impure sources. How are the public to tell the one from the other in the absence of some distinguishing mark on the shell?

The Expectoration of Urine.

Many of the fluid excretions and secretions of the abdominal viscera find their way into the mouth, the act of vomiting being the most common and familiar example of the manner in which the contents of the alimentary canal are forced by regurgitation into the buccal cavity, from thence to be expelled from the body. More rarely, though of frequent occurrence, are fluid substances brought up by way of the respiratory passages. An hepatic or subdiaphragmatic abscess which has perforated the diaphragm and burrowed into the lung tissue, giving rise to the expectoration of purulent matter, is the best instance of such an event. The evacuation of urine *per oram* is such an exceedingly rare occurrence that a case of this nature exhibited by M. Taboulay before the Société des Sciences médicales of Lyons is worthy of attention. The patient, a man, aged thirty-four years, had been operated upon in April, 1902, for a large congenital hydronephrosis, chiefly on account of recurrent attacks of hæmaturia. As the ureter could not be reached, a large drainage-tube was inserted, which, as the wound healed, was gradually shortened until the patient left the hospital at the end of three months, still, however, with a short length remaining in the upper part of the wound. He did not return for inspection, but remained at his work until July, 1903, when he came back complaining of bringing up a urinous fluid by the mouth. The tube was found firmly fixed in the wound by a collar of phosphatic deposit, and, accordingly, a new incision was made. It was then seen that the tube had perforated the diaphragm and had opened the lung with the formation of a reno-pulmonary fistula. This was closed, and the man made a good recovery. One peculiar feature in the case was that the man was not specially troubled with cough, which is generally a marked symptom in most forms of fistulæ communicating with the lung.

Massage as an Adjunct to Medicine.

One of the most common errors, from which medical men are by no means exempt, is to condemn wholesale a system merely because in isolated instances its exponents have proved themselves to be corrupt, fraudulent, or otherwise unworthy of support. The practice of medical gymnastics, including massage, has been viewed with disfavour, and is still so regarded by many practitioners, who, while recognising the good to be derived from careful rubbing and regulated movements, have had the ill luck to meet with masseurs or masseuses of questionable character who have sought to retain their patients under their own care. To anathematise these individuals as a class, many of whom are of gentle birth and superior education, would be about as sensible as to condemn all chemists because here and there one may be found who prescribes and treats patients on his own account. Massage is no new thing. It was described by a Chinese writer, Kong Fu, in or about the year 2,700 B.C., besides being mentioned by the Egyptians, Greeks and Romans. Its value in medicine was known to Hippocrates. It was not, however, until the early part of the nineteenth century that massage was placed upon a scientific basis by Ling, the founder of the Central Gymnastic Institute in Stockholm. As Miss Ellen Olsson has recently pointed out, the medical gymnast bears precisely the same relation to the physician as does the chemist. The nature of the curriculum through which masseurs of repute must have passed is a sufficient guarantee that they are competent to act intelligently and faithfully under the medical man's instructions. For the relief of many nervous and functional diseases a course of massage is often indispensable, while in many other affections it will go a long way towards completing the cure.

Aerophagy in Dyspepsia.

THE swallowing of atmospheric air with each mouthful of food or drink occurs more frequently than is usually supposed. A very small quantity of air finds its way into the pharynx, no doubt, in every act of deglutition, but this is capable of being considerably increased by careless habits or in some varieties of nervous dyspepsia. No small proportion of the misery suffered by dyspeptics is owing to the simple accumulation in the stomach of swallowed air, though other gases are also formed in the gastro-intestinal tract itself as a result of certain fermentative changes. M. Morange, in a thesis upon the subject believes that many instances of so-called "flatulent dyspepsia" are due to the establishment of a vicious circle, the idea being taken hold of by the individual that the swallowing of air will, in some measure, relieve the pain and discomfort, whereas it only accentuates them. "Aerophagy," as the process is termed, may thus be one of the manifestations of a neurotic tendency which is commonly met with in flatulent dyspeptics. Some forms of spasmodic hiccough, especially in hysterical subjects, are due to the swallowing of air, which Bouveret maintains is produced by an actual neurosis of the pharynx. The more generally accepted view is, however, that dyspepsia is really the primary faulty condition, the aerophagy being superadded, more particularly in neuropathic individuals. The treatment consists in the administration of drugs which, like cocaine or menthol, depress any pharyngeal excitability, and in paying attention to the general health.

The Unrestrained Purchase of Morphia.

THE ease with which patients can obtain fresh supplies of medicine containing morphia and its derivatives without any check on the part of the practitioner who prescribed the drug in the first instance, and in most cases without his knowledge at all, has frequently been the cause of such evils as the contraction of the morphia habit. A contemporary states that this practice has grown much in Paris of late, so that the authorities have been obliged to interfere by imposing fines upon the chemist who sells the drug. We are glad to think that, for the most part, chemists in this country are fully alive to their responsibilities in this matter, for it is not always so easy to obtain the drug as people seem to imagine. Nevertheless, a certain amount of abuse is still prevalent, more especially with regard to the indiscriminate repeating of prescriptions at the patients' request without reference to the medical man. The evil can be stopped to a certain extent by crossing the prescription "Not to be repeated," but there is, of course, nothing whatever to hinder copies being made of the document and their subsequent presentation to the pharmacist. It is not until it is made an illegal act to repeat a prescription of this sort without the written consent or re-signature of the prescriber that any real advance can be hoped for in this direction. The actual sale of morphia by itself in the form of tabloids is another matter, and it is to be regretted that facilities exist for the perfectly unrestrained purchase of the drug in that shape. Legislation can do a great deal, but it is only by the better education of the public as to the necessity of trusting to medical skill rather than their own inclinations or the recommendations of friends that true reform is possible.

Ear Grafting.

THE latest medical sensation hailing from our lively and imaginative American cousins is the reported purchase of an ear by a physician acting on behalf of one of his patients. The latter, so the story runs, was a mining millionaire, who found the loss of his ear a bar to matrimony. In answer to an advertisement offering £1,000 for a living right ear to take the place of the missing member a crowd of applicants came forward. This array of candidates was ultimately reduced to two, whose ears most closely matched the one ear of the millionaire, and of whom the second was to act as a kind of reserve in the event of failure of the first, as the pugilists would say, "to come up to scratch." It is stated that one of the selected men is a ruined German restaurant keeper and the other a bankrupt Wall Street broker. The names of both parties to this strange bargain are to be kept secret. Now, whether this story be sober truth or journalistic fable, it contains no outrage on possibility. The famous John Hunter long ago planted the spur of a cock in its comb, where the changeling spur thenceforth grew and flourished. That experiment laid the foundation of the triumphs of modern plastic surgery, whereby new noses, eyelids, lips and other features can be artificially replaced. Although we do not recall any case where an ear has been actually taken from one person and grafted upon another it is none the less to be regarded as quite a feasible operation. The grafting of living teeth under similar conditions has been frequently accomplished, and would most likely have become more popular were it not for the risk of accompanying transference of infection.

The Hickman Tragedy.

AFTER a prolonged and careful investigation the Coroner's jury engaged upon the inquiry into the death of Miss Hickman, the Lady Doctor, have arrived at the only conclusion possible under the circumstances of the case. The crucial evidence was that of Dr. Stevenson, the Home Office analyst, who obtained 1-10th grain of morphine from about eleven to twelve ounces of portions of stomach, intestines and kidneys, which were in a state of advanced decomposition. In his opinion a much larger quantity of morphine must have been taken, judging from the proportionate amount obtained from such a small portion of the viscera. The 6 oz. bottle and medicine glass found near the body showed no trace of poison. The scalpel was rusty but exhibited no traces of blood. The hypodermic syringe had not been cleaned after use, and showed traces of morphine sulphate in the barrel, but none in the hollow needle. There were twenty morphine tabloids, of which four (one grain) would form a minimum fatal dose. The jury returned a verdict of suicide while in a state of mental un-

soundness. The sympathy of the medical profession, as well as of the general public, will be freely given to the friends of the deceased, whose social and professional ties appear to have been of a particularly bright and attractive character.

Noise and Neurasthenia.

WE live in a noisy world, and London is a very discordant orchestra of acoustic irritations. The cerebral disturbances wrought by auditory excitation are difficult to estimate, but no serious observer can doubt the important etiological relationship of noise and neurasthenia. Physicians may well sympathise with the efforts of the Council of the Betterment of London Association to secure a quieter Metropolis. There is perhaps much that is quaint and attractive in the puzzling cries of the cockney vendor, and the robust often experience a sense of exhilaration in the rush and roar of city life. But a constant dropping wears away the hardest stone, and to many the nerve-destroying street noises are almost insupportable. Commerce is not likely to be guided by committees of hygienists, and economic problems are not to be solved by attention to the likes and dislikes of nervous grumblers, but it is at least reasonable to expect that comfort and convenience be not altogether neglected, and we have no hesitation in saying that a more rigorous enforcement of by-laws respecting street-shouting, and a repaving of streets with material less noise producing, and a regulation of traction engines, milk carts and roystering motors would be profitable for the healthy and protecting for the weak and infirm. Neurasthenia widely prevails among all sorts and conditions of men. There is much in the modern mode of life provocative of this condition, but among causes the pernicious action of which might be greatly mitigated, noise must be accorded a prominent place.

Diagnosis of Pernicious Anæmia.

THOUGH the clinical diagnosis of pernicious anæmia is not usually of extreme difficulty, yet most of our readers will be able to remember cases in which the diagnosis, even when made with due deliberation, proved by subsequent events to be erroneous. Though the physician always tries to exclude rigorously every other possible cause of the clinical condition of the patient, nevertheless he sometimes finds that he has overlooked some point of importance, and his diagnosis has to be amended. For instance, most of us have seen cases of secondary anæmia which simulated pernicious anæmia in its clinical features to such an extent as to render the differentiation by no means easy. We have seen a case of cancer of the stomach demonstrated to a class of students by a very sound teacher as one of pernicious anæmia, nor was the mistake discovered until a tumour became palpable. And, again, we have heard of "pernicious anæmia" subsiding on further observation into mere pregnancy. In his difficulty the physician has commonly had to resort to the pathologist, who, however, has been but of indifferent assistance. It is true he gives an interesting and exhaustive account of the fall of the blood and its constituent parts, but he has been loth to bind himself to an opinion. "Severe anæmia" is as much as he is usually willing to admit. If, however, the observations recently made by Dr. Hauston, of Belfast, a Research scholar of the British Medical Association, should be borne out by others, there are certain features which we may rely on in future to give us great help in distinguishing the disease. In a large number of cases (over 150) of severe anæmia examined by him, there were two features invariably associated in pernicious anæmia, and rarely in any other condition. These are increase of the blood-index and increase of megaloblasts. In a few cases of malignant disease the same features were present, but in a much smaller degree than was the average in pernicious anæmia. Of course, both these marks have been noticed before, but we have not elsewhere seen them so well supported by facts and figures.

PERSONAL.

DR. G. COLLINGWOOD ANDREWS, surgeon to the Hampstead Hospital, has been elected Mayor of Hampstead.

DR. S. HAMILTON, of Newport (Mon.), recently, on the occasion of his marriage, received a gratifying number of public presentations.

SIR HERMANN WEBER'S lecture on "Means for the Prolongation of Life" will be delivered at the Royal College of Physicians of London on Thursday, December 3rd, at 5 p.m.

THE Lord Mayor's Dinner of the Society of Apothecaries, on the 10th inst., was presided over by the Master, Mr. Clarence Cooper, and proved a brilliant affair.

Dr. T. G. MOORHEAD has been elected physician to the Royal City of Dublin Hospital in place of the late Sir George Duffy, and Dr. R. A. Stoney, surgeon to the hospital, in place of the late Mr. H. G. Croly.

THE fifth annual dinner of the Medical Graduates' College and Polyclinic will be held at the Trocadero Restaurant, London, W., on Thursday, December 3rd, at 7.30 p.m., under the presidency of Mr. James Cantlie.

ON November 6th, Mr. John Newport Langley, D.Sc., F.R.S., Fellow of Trinity College, was elected to fill the professorial chair in physiology in the University of Cambridge, vacant by the resignation of Sir Michael Foster, M.P.

ON November 4th, the committee, medical staff, and other friends presented the honorary treasurer of the Royal Liverpool Infirmary, Mr. Ralph Brocklebank, with his portrait painted in oils in recognition of his long services to that institution.

THE Birthday Honours include the name of Mr. A. R. Manby, M.V.O., M.D.Durh., Surgeon Apothecary to the King and the Prince of Wales, who has received a well-deserved knighthood. A Companionship of the Order of St. Michael and St. George has been bestowed upon Captain T. H. M. Clarke, for services in Crete.

WE regret to announce that Lord Roberts is suffering from an attack of pneumonia, the result of a chill contracted at Windsor, when he unveiled the memorial to Prince Christian Victor on November 4th last. For

some days previously his lordship had been indisposed. He now lies at Englemere, his residence at Ascot.

THE Craggs research prize for the best piece of original work done during the current year by present or past students of the London School of Tropical Medicine has been awarded to Dr. Aldo Castellani for his researches into the etiology of sleeping sickness. Dr. Travers, who also competed for the prize, has been awarded honourable mention for his paper on beri-beri.

PROFESSOR ARTHUR ROBINSON, Hunterian Professor, is giving three lectures in the Theatre of the Royal College of Surgeons of England on November 16th, 18th, and 20th, at 5 p.m. His subject will be the early stages in the development of mammalian ova and the formation of the placenta in different groups of mammals.

THE annual dinner of the British Gynæcological Society will take place at the Café Monico, Piccadilly Circus, London, W., on Friday, November 27th, at 7.30 p.m. Communications on the subject should be addressed to the honorary secretaries, Dr. J. H. Swanton, 40 Harley Street, Cavendish Square, W., and Dr. S. J. Aarons, 14 Stratford Place, W.

Special Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

[FROM OUR SPECIAL CORRESPONDENT.]

SCOTLAND.

EDINBURGH UNIVERSITY AND THE GRANTING OF DEGREES IN VETERINARY SURGERY.—This was the principal piece of business at the recent statutory meeting of the General Council, the business committee of which has had under consideration a draft ordinance instituting such degrees, and as a result of its deliberations the committee recommended that the council pass a resolution regretting that they could not approve the ordinance now submitted, and suggesting that the University Court should reconsider the ordinance. The main points elicited from the report and discussion thereon are as follows:—Admission to the veterinary profession is by one portal only, the qualification of the Royal College of Veterinary Surgeons, which holds local examinations, and recognises certain colleges as giving a qualifying course of instruction. A peculiar feature of the examinations is that until each is passed the classes qualifying for the next cannot be taken, and that a student who fails is disqualified from proceeding further unless he comes up again within a year. Certain funds for the endowment of chairs of comparative anatomy, bacteriology, and pathology at the veterinary colleges in Edinburgh will probably be forthcoming soon. The scheme of the ordinance is to institute bachelors' and doctors' degrees in veterinary medicine, modelled so far on the medical degrees, but to a large extent dependent on regulations made by the Senatus. The council take exception to the scheme on the ground that it runs counter to and falls below the Royal College regulations in important respects, and that the examinations could not be regarded by that body as equivalent, even were the College to consent to modify its one portal system. They also criticise it adversely in various minor details. When the report was discussed it was pointed out that the degrees would only be conferred on men who had obtained a diploma qualifying for admission to the register of veterinary surgeons, so that the qualification could not fall below the present standard. The object of the University was to enable veterinary surgeons to obtain the status which a university degree affords without having to go entirely outside their own line of work. On a division an amendment was carried welcoming the ordinance, and therefore rejecting the report of the business committee. It is stated that in addition to the endowments referred to, a considerable sum of money will be placed at the disposal of the University, for the purpose of founding a chair of comparative anatomy, should the University see their way to granting degrees in veterinary medicine.

BALLACHULISH QUARRIES DISPUTE.—This lock-out has now continued for ten months, and, though the company has made certain concessions, the men (most of whom have now obtained work elsewhere) still insist on the reinstatement of Dr. Grant, and their right to select their own medical officer. The quarry men's committee recently made a series of proposals with the view of settling matters, among their demands being the withdrawal of the interdict against Dr. Grant, the appointment of the quarry medical attendant being left in the men's hands, and a cessation of deductions of wages for medical attendance without the men's consent. In reply, the company have practically conceded the points raised as to wages, and as to deductions for medical attendance, but have otherwise ignored the medical position. These terms the men have refused to accept, as they think that any settlement made should include Dr. Grant. So far as we know no objection has ever been publicly raised by the managers of the quarries to Dr. Grant, further than that they have the right to appoint whomsoever they will as their own medical officer. Their legal right to take up this position has been endorsed by the Courts, but surely, unless there be something behind it all which has not been made public, the company might now, as an act of grace, concede what after all cannot be a material point, and end this unhappy dispute.

It should be stated that Dr. A. D. Kennedy, gazetted as surgeon under the factory and workshops Act in succession to Dr. Grant, has received his appointment from the quarrymen, and is in full sympathy with them and his hardly-treated predecessor.

ROYAL HOSPITAL FOR SICK CHILDREN, EDINBURGH.—H.R.H. the Princess Louise Duchess of Argyll has graciously consented to open the new out-patient department of the hospital on December 8th.

BELFAST.

THE TYPHOID QUESTION.—This question is still kept well before the public, and it is to be hoped will continue to be so until the authorities take vigorous action in the matter. One day last week one of the evening papers published a long interview on the question with Dr. Williamson, a member of the City Corporation, in which he freely criticised Professor Lorrain Smith's report. He thinks that this report throws too much blame on the water supply, and does not attach sufficient importance to the acknowledged defects in the drainage system. In his anxiety to direct due attention to the drains, it is to be feared that Dr. Williamson makes out too good a case for the water supply. It may be as pure as the London supply, as he implies it is, but no medical man can calmly defend the present state of affairs, when typhoid is practically endemic in the catchment area. The fact, if fact it be, that milk and butter are sold without let or hindrance from these same fever-stricken houses does not in the least reconcile us to drinking water polluted by their drainage. The interview will, however, do good by keeping the various points before the public, and Dr. Williamson has always been recognised as an independent member of the Corporation, and as a fearless critic of the often dark and devious ways of that body.

THE CONSUMPTION QUESTION.—The proposal of the Corporation to take a ten acre field and fill it with shelters for consumptives like coops for pheasants, someone has said, is strongly condemned by Mr. Robert Brown, the honorary secretary of the Ulster Branch of the National Association for Prevention of Consumption. The difficulties which Mr. Brown foresees are the conveying of the patients daily to and from the shelters in the trams, and the feeding of them when there. Whatever district of the city may be selected, the inhabitants of that district are quite sure

to raise an outcry at the proposal to fill their tramcars with consumptives, and will naturally ask why such sources of infection should be dumped in their neighbourhood. Mr. Brown advocates the plan adopted in Brighton. He suggests that a country house should be obtained for an administrative block, and cheap shelters for one hundred patients built near it, to serve both day and night, and that such shelters should be filled with cases of phthisis in the first stage, each being kept for a month under treatment, and so 1,200 patients should have the benefit not only of treatment, but learn the uses of fresh air, every year. A further part of this plan is the provision of a hospital for the isolation of advanced and incurable cases. Such a plan has a great deal to be said in its favour, and it will be interesting to see if any enlightened member of this Corporation will take it up and work out the details as to cost, &c.

The Milk Supply.—Dr. John M'Caw has done useful work in calling public attention to the urgent necessity for the more thorough inspection of our dairies and of the methods of distributing milk in the city. It is quite a common thing to see milk carts returning home from the city laden with pails of refuse to be used in feeding pigs, and farmers throw their empty butter-milk barrels on the top of a load of manure which they are carting home from the city. One of the dairy companies has followed the matter up by a letter to the Press on the advantages of cleaning milk by centrifugal force, instead of the old method of straining, and has invited any one interested in the subject to visit their depot and inspect the process.

Outbreak of Small-pox.—A case of small-pox has occurred in Belfast, the patient being a young man recently returned from Glasgow, where he had been living in one of the common lodging-houses that have harboured the disease for some time back. As soon as the disease was discovered the people with whom he had been in contact were isolated, and two of these have since developed the disease likewise. It is hoped that the prompt isolation of the contact cases may avail in stamping out the outbreak,

Correspondence.

THE WYRLEY CATTLE-MAIMING CASE.

To the Editor of The Medical Press and Circular.

Sir,—Until the occurrence of the Great Wyrley outrages the dastardly crime of cattle-maiming, rare in England but common in Ireland, had always had some motive behind it, generally a desire for revenge on an unpopular farmer, and was an easy and comparatively safe way of punishing him by the loss of a valuable animal for some offence against local public opinion, such as taking over the farm of an evicted tenant or giving certain information to the police. Here the crime, however atrocious, had some sort of *raison d'être*. At Wyrley, however, the outrages have throughout been committed in an indiscriminate manner on the animals of various owners, and there appears to have been no motive whatever save the lust of cruelty and the desire to terrorise a whole district by threats conveyed in anonymous letters, as well as by the atrocities themselves. This, to my mind, points very clearly to the perpetrator labouring under some form of mental aberration, or, at any rate, mental instability. He may not be palpably insane; indeed, in all probability he is not; but he is almost surely the subject of hereditary neurosis—a semi-imbecile, a sufferer from moral insanity, or possibly a former inmate of a lunatic asylum who is now relapsing into lunacy again. Purposeless cruelty and destructive tendencies are well-recognised symptoms in imbeciles and in those morally insane, and these two mental conditions often merge imperceptibly one into the other. Imbecility has idiocy at one pole and moral insanity at the other. It is such people who will commit acts of incendiarism, torture animals, or be guilty of homicide for the mere pleasure of causing pain and distress, terror and apprehension; and anonymous letters, to aggravate this terror, are a frequent weapon in their hands. These persons may show no symptom of mental deficiency; they may be capable of earning a living, and are usually cunning enough to take vast precautions in order to avoid their crimes being brought home to them. Careful examination may reveal in them, however, some of the stigmata of degeneration, such as asymmetrical or malformed ears, narrow and vaulted palate, asymmetry of head or face, club-foot, undescended testis, and so forth. All of these may be absent, and yet inquiry into the family history will almost certainly reveal hereditary taint of insanity, epilepsy, alcoholism, or some similar neurosis.

If Edalji has been justly convicted, the question arises, Who are the authors of the outrages which have taken place during his incarceration in gaol? A possible explanation exists in the fact that the mental degenerates of whom I have been speaking are imitative to an immense degree, and we all know how usual it is for the perpetrator of a crime somewhat out of the common to be followed by imitators. Within the last few weeks there has been quite an epidemic of murder of young women by hobbledehoys whom they have jilted. It may well have happened in this case at Wyrley that some person of weak intellect has been fascinated by the crimes and endeavoured to emulate them. This affords, as I say, a possible explanation. A probable one is that Edalji is innocent, and that all the outrages have been committed by the same hand. That any gang exists for the perpetration of these crimes as some of the anonymous letters suggest, and as the police seem to think, is to my mind out of the question. It was thought that Edalji declined bail in consequence of an understanding with his *confreres* that while he was in gaol other members of the gang should commit further outrages in order to prove his innocence. It is virtually impossible that sane men would band together and run such a risk for such a purpose, and equally so that enough moral lunatics could be found in one neighbourhood to form such a gang.

I quite agree with your editorial notice that any educated solicitor guilty of such senseless and purposeless crimes should on conviction be sent to a lunatic asylum rather than to a prison.

In conclusion, I would suggest that:—

1. Minute search should be made into Edalji's family history for two or three generations back, with a view to tracing any insane neurosis.

2. The police should search for and then carefully watch the movements of any person in the neighbourhood who has to their knowledge ever been in an asylum or among whose relatives there are, or have been, lunatics, drunkards, epileptics, criminals, and so forth. This should not be difficult in a sparsely-populated district like Wyrley, and much information as to local family histories of neurosis could be obtained from a perusal of the case-books of the county asylum, which the Medical Superintendent would doubtless be quite willing to place at the disposal of the police.

It is on the above lines that I think justice is most likely to be done.

I am, Sir, yours truly,

E. G. Younger, M.D.

Mecklenburgh Square.

MEDICAL PHONOGRAPHER'S SOCIETY.

To the Editor of The Medical Press and Circular.

Sir,—May we be permitted, as President and officers of the Society of Medical Phonographers, to bring the continued existence of the Society and its usefulness, under the notice of any practitioners or students of medicine who make use of shorthand. Of late, the society has not come much under the notice of the profession, but its work continues. Its organ, the *Phonographic Medical Record*, is published monthly, and affords the means of obtaining familiarity with medical shorthand, together with definite information on practical medical subjects. The society has also issued a series of small original works in lithographed shorthand with the same object, as well as an extensive vocabulary of convenient outlines, and guides to the use of shorthand both by the student and the prac

titioner. It has also held periodical examinations for students in order to encourage the acquisition and use of shorthand.

The invaluable aid which it can give in medical work, practical and theoretical, in case-taking and note-making, is realised by all who have used it, as it cannot be by others, and the importance of its acquisition before medical studies are commenced is so great that the society has endeavoured by every means to encourage this, but many practitioners who make constant use of shorthand have acquired it long after being engaged in practice To all students and practitioners alike the society is open, and its members ready to give all possible help to those who are endeavouring to obtain the assistance of this time-saving art. The subscription to the society is very small, amounting only to 5s. per year for students and 7s. 6d. for practitioners.

The hon. secretary, Dr. Fletcher Beach, will be glad to give any further information and to receive applications for membership.

I am, Sir, yours truly,
DAVID FERRIER, President.
E. B. GRAY, W. THOMSON, C.B., } Vice-Presidents.
W. R. GOWERS, G. SIMS WOODHEAD } Members of Council.
NORMAN PORRITT, Treasurer.
FLETCHER BEACH, Secretary.
Winchester House, Kingston Hill, Surrey.
November 13th, 1903.

Obituary.

SURGEON-MAJOR-GENERAL J. DAVIS.

IT is with much regret we announce the death of Surgeon-Major-General J. Davis, late Army Medical Staff, at his residence, Broxholme, Waverley Road, Southsea, on November 8th, from angina pectoris. Surgeon-General Davis studied at Dublin, and entered the Army in 1858. After serving in India, he went to New Zealand, where he served in the wars of 1861 and 1865, and received the medal. He was promoted Surgeon-Major-General in 1894, and Principal Medical Officer to the Southern District, and finally retired, under the age clause, on April 15th, 1895. The news of his death will cause much sorrow amongst a wide circle of friends and former comrades.

SIR CHARLES NICHOLSON, BART.

WE regret to announce the death of Sir Charles Nicholson, Bart., at Totteridge, on November 8th. He was born on November 23rd, 1808, took the M.D. degree of Edinburgh in 1833, and in the following year emigrated to Australia. He started in practice in Sydney, and was elected a member of the first Legislative Council of New South Wales in 1844, and was three times chosen Speaker of that body between 1845 and 1856. He was the first Chancellor of the University of Sydney, an office which he held from 1854 to 1860, and returned to England some ten years later. His death closes a remarkably varied and successful career.

DR. G. H. AYRES.

THE death is announced of Dr. George Henry Ayres, which occurred at his residence, 58 West Derby Road, Liverpool, on Thursday. He was a well-known practitioner, and had a most successful career.

MR. P. B. MASON.

THE announcement of the death of Mr. Philip Brookes Mason, of Burton-upon-Trent, will be received with general regret. He commenced his medical education at Glasgow in 1858, and afterwards entered University College, London. After a brilliant career as a student, he became M.R.C.S. and L.S.A. of London. From 1870 he was surgeon to the Burton-on Trent Infirmary, and it is recorded that he was the first surgeon in the neighbourhood to perform ovariotomy. He was also surgeon to the Burton-on-Trent Dispensary and to the Post Office. Mr. Mason was a great naturalist and had a magnificent collection of beetles.

Literature.

UNDERWOOD'S COMPARATIVE ODONTOLOGY. (*a*)

MR. UNDERWOOD prefaces his latest work with the remark that its immediate object is to render the study of comparative odontology easier and more attractive to the student. We are of opinion that he has succeeded in both these endeavours, although comparative odontology needs little to enhance its natural attractions. Comparative dental anatomy is at once the most interesting and the most fascinating of all the purely scientific subjects of the dental student's curriculum, and to him, we take it, this book is in the main addressed. Experience shows, moreover, that it is a subject in which the average candidate for examination is almost invariably well grounded. This is, no doubt, due to the thoroughness of the teaching in the various schools, and to the excellent text-book which we possess in Mr. Tomes' well-known work, but it also tends to show the interest which is taken in this subject by the majority of students. We have perused Mr. Underwood's book with pleasure. The arrangement of the subject-matter is distinctly good, the language is free from ambiguity, the illustrations, which are by Mrs. Underwood, are well drawn and clearly reproduced; there are few, if any, errata, and the last two chapters, entitled respectively "The effect of environment upon animals" and "The chain of life," will repay careful perusal. Finally, we welcome as a most useful auxiliary to the better understanding of those portions of the text dealing with palæontology the table of stratified rocks on page 27. This gives at a glance the sequence and significance of those geological periods with which all students of comparative dental anatomy make early acquaintance, and the meaning of which, we fear, is to many of them far from clear. Mr. Underwood's manual will prove a valuable addition to the dental student's library, and it ought to find many readers among scientific students of every class when once its merits have become known to them.

MANKIND IN THE MAKING. (*b*)

MR. H. G. WELLS has gained wide renown by his scientifically directed romances and much popularity by his attractive novels; but judging by his recent brilliant sociological essay, "Anticipations," and this his latest production, it is as a serious writer and deep thinker concerning matters which go to the making of men that he deserves to win lasting distinction. And Mr. Wells has certainly come to his own. The present volume is a most valuable contribution to questions of vital importance and will be of permanent interest. It is an attempt to deal with social and political questions in a new way and from a new starting-point. A comprehensive view is taken, and the author with firm grasp, scientific in its precision and yet sympathetic in its direction, seeks to group human affairs in orderly array as parts of one universal evolving scheme.

Of necessity there are errors of commission and defects of omission, but taken as a whole the work is not only remarkable in its design, but admirable in its execution. It is a volume which should be read and studied by every thoughtful Englishman, and we particularly commend it to the attention of members of the medical profession.

There is originality of thought, freshness of expression, fertility in illustration, and an audacity in attacking long-established customs, yet, withal, a scientific optimism and something of a seer-like intuitiveness which makes this work particularly

(*a*) "Studies in Comparative Odontology." By Arthur S. Underwood, M.R.C.S., L.D.S., Professor of Dental Surgery in King's College, London. London: Bailliere, Tindall and Cox. 1903.

(*b*) "Mankind in the Making." By H. G. Wells. London: Chapman and Hall, Ltd. 1903. Price 7s. 6d.

refreshing. Every page is laden with suggestive thought and no paragraph is without interest.

The work attempted is not so much special and technical as a work of reconciliation, the suggestion of broad generalisations upon which divergent specialists may meet and arrange for advance.

Among much of particular interest to the medical mind we may draw attention to the valuable discussion on the problem of the birth supply, and the exposure of the folly contained in many of the current suggestions for improving the race. Mr. Wells is an ardent evolutionist whose enthusiasm is kept within bounds by sound scientific methods of caution. He firmly believes in that wonderful and continually more elaborate and penetrating analysis of the evolutionary process elaborated by Darwin and his followers and successors which seeks to secure the entire subordination of the individual lot to the specific destiny of the race.

He adopts the evolutional method and unfolds his views with a scientific precision which is apt to be forgotten in the attractiveness of the presentation. In his studies on the beginning of the mind and language, the man-making forces of the modern state, schooling, and political and social influences, Mr. Wells does not fail to probe, too, the necrosing elements of our system, and in scathing words ridicules much of our silk-bedecked rottenness.

In his chapters on the cultivation of the imagination, the organisation of higher education, thought in the modern state, and the man's own share in his making, there is synthetic power and constructive energy which should go far to accomplish what the writer has at heart —the uplifting of the individual and the betterment of the race.

HANDBOOK OF PHYSIOLOGY.(a)

LITTLE remains of the long-approved "Kirkes'" save its outward form and certain ancient illustrations. Under the experienced direction of Professor Halliburton the work has been rebuilt in accordance with present-day needs, and now admirably meets the requirements of the modern medical student. Dr. Halliburton first undertook the editorship of "Kirkes'" in 1896, and the influence of his guiding hand is sufficiently made manifest when we remember that the present is the fifth edition of what is now to be known as "Halliburton's Handbook of Physiology." The present edition is mainly a reprint of the last issue of the work which appeared in the summer of 1901, but by the addition of an Appendix the work has been brought up to date. Here will be found reference to Pawlow's important researches on salivary and gastro-intestinal secretion, recent extensions of Nussbaum's experiments on the kidney, modern views on osmotic phenomena, a description of Waller's method of testing excitability and estimating fatigue in nerves, and the latest results of investigations into cerebral localisation.

The work is eminently suited to the requirements of the average student, but we could have wished that some of the old figures might have been replaced by more faithful illustrations, and certainly some of the coloured plates leave much to be desired.

BANDLER ON UTERINE AND TUBAL GESTATION. (b)

WE are very pleased to find that Dr. Bandler has published in book form a series of articles which appeared under his name in the pages of the *American Journal of Obstetrics and Gynæcology*. Dr. Bandler is a well-known writer in that journal, and the present book represents one of many contributions. The book contains much that is very new, in fact, much that is as yet far from being generally received, and will well repay perusal. The author inclines strongly to the belief that the placenta possesses glandular functions, and that its secretion is of great importance. He also brings forward several personal views concerning the formation of villi and the blood-forming function of the trophoblast, with, as he confesses himself, "a full realisation that criticism and further observations are to prove them correct or otherwise." His views on the causation of menstruation, labour, and eclampsia are decidedly striking. Ovarian secretion, he considers, exerts great trophic influence upon the uterus, and is responsible for the occurrence of menstruation. When, however, fecundation and the development of the ovum take place, the ovum and its enzymes nullify the menstrual stimulation of the ovarian secretion. However, at the end of nine months the ovarian secretion is sufficient in amount to overcome the neutralising action of these enzymes, and labour occurs. If shortly before, during, or after labour, there is "an overwhelming superiority of ovarian secretion over the placental, the constitutional involvement known as eclampsia results." Truly no one can say that Dr. Bandler's book does not depart from the beaten tracks of obstetrical beliefs.

MEDICAL EXAMINATIONS FOR LIFE ASSURANCE. (a)

THIS concise little handbook for medical men called upon to act as advisers to assurance offices has for long been deservedly popular. Although by no means exhaustive, and even in some respects not sufficiently explicit, it admirably meets the requirements of the general practitioner who in the course of ordinary practice may be required to examine applicants for life assurance. It is not intended for the assurance expert or statistical specialist, but well serves its purpose as a clear and fairly dogmatic guide to the inexperienced. The present, the third edition, has been considerably enlarged, thoroughly revised, and, we think we may safely say, much improved. All phases of the subject are presented, but certain portions might well have been extended with advantage. The young medical practitioner would do well in his own interests to study the section on the selection of an office and much assistance may be expected from the conveniently arranged table of assurance offices. The frontispiece consists of a coloured map, which conveniently indicates at a glance the usual rating adopted for foreign residence. Dr. de Havilland Hall's little manual has been well designed and admirably executed; we have no hesitation in recommending it to the consideration of practitioners whose duty may require them to undertake the examination of cases for life assurance purposes.

Medical News.

Death from "Potash" Pellets.

An inquiry was held at the Railway Hotel, Snaith, last week, into the death of a little boy, four years of age, named Francis Barraclough. Deceased, who had been given potash pellets for a relaxed throat; unknown to his parents, took about twenty from the box and ate them. The doctor who administered an emetic to the child, said twelve pellets would prove a fatal dose for a young child. A verdict was returned of "Accidental death." It may be presumed the "potash" pellets were chlorate of potash. The case, is, accepting that version, probably unique.

Coaching by Correspondence.

AT Buxton, Dr. William T. Hannah, a well-known medical man of Buxton, brought an action against Mr. E. Gooch, Principal of the Medical Diploma Correspondence Institute, London, to recover two guineas

(a) "Handbook of Physiology," By W. W. Halliburton, M.D., F.R.S., Professor Physiology, King's College, London. Fifth Edition (being the Eighteenth Edition of Kirkes' Physiology). With upwards of 700 illustrations. Pp. 912. London: John Murray. 1903. Price 14s.

(b) "Uterine and Tubal Gestation: A Study of the Embedding and Development of the Human Ovum, the Early Growth of the Embryo, and the Development of the Syncitium and the Placental Gland." By S. W. Bandler, M.D., Instructor in Gynæcology, New York Post-Graduate Medical School. New York: William Wood and Co. 1903. Pp. xi. and 159.

(a) "The Medical Examination for Life Assurance: With Remarks on the Selection of an Office." By F. de Havilland Hall, M.D., F.R.C.P., President of the Medical Society of London; Physician to the Westminster Hospital. Third Edition, greatly enlarged. Pp. 112. Bristol: John Wright and Co. 1903. Price 4s. net.

paid in advance for lectures by correspondence on certain medical subjects. The doctor saw an advertisement in a medical journal as the result of which he communicated with the defendant, with reference to a course of instruction by correspondence in connection with a diploma as M.R.C.P., London. A course of twenty-five communications was to be given for eight guineas, and two guineas was sent for one quarter. No instruction had, however, been given, and the claim was for repayment. There being no appearance for the defence, judgment was given for the amount claimed with costs.

Central Midwives Board.

AT a meeting of the Central Midwives Board, held on October 29th, Dr. F. H. Champneys in the chair, the following business was transacted:—(1) A letter was read informing the Board that a person had visited a nursing institution and had endeavoured to collect the fees for certification. The Board desire it to be known that the secretary alone is authorised to receive the fees. (2) A letter was read from the Colonial Nursing Association directing the attention of the Board to the case of the midwives now working abroad, sent out by the Association. As most of them were in distant parts of the world it would not be practically possible for them to forward their certificates to the secretary for verification. Under the special circumstances of these cases the Board resolved to adopt the procedure prescribed by the rules in the case of lost certificates. (3) The Secretary was instructed to add the Rural Midwives Association, 47 Victoria Street, S.W., to the list of bodies to whom applicants for training should be referred. (4) The Board resolved to receive the certificates of the following bodies as approved qualifications under Section 2 of the Midwives Act, 1902: (*a*) Queen Charlotte's Lying-in Hospital, (*b*) Manchester Southern and Maternity Hospital, (*c*) Liverpool Ladies Charity and Lying-in Hospital, (*d*) British Lying-in Hospital (*e*) Glasgow Maternity Hospital, (*f*) St. Mary's Hospital, Manchester. (5) The consideration of other applications approved by the Board was for the present deferred. (6) Draft rules of procedure on proposed removal of a midwife's name from the Roll, or cancelling of her certificate, were considered, amended, and ordered to be forwarded to the Privy Council for approval. (7) After consideration of applications for certificates, the names of 126 women were passed under Section 2 of the Act, and ordered for entry on the Roll. Of this total 74 claimed as holding the certificate of the Obstetrical Society of London, 3 that of the Rotunda Hospital, Dublin, and 49 were admitted as having been in bona-fide practice for one year prior to July 31st, 1902. (8) A design of certificate on parchment was approved and ordered to be printed. (9) A form of certificate of identity, as prepared by the secretary, was approved and ordered to be placed on sale with the other official forms of the Board. (10) The tender of Messrs. Spottiswoode and Co., Ltd., 54, Gracechurch Street, E.C., for printing was accepted. The Register can be obtained from Messrs. Spottiswoode as above. price 1s. (11) The Secretary reported that as the Privy Council had raised no objection to the Board issuing their "Suggestions to County and Borough Councils" on their own responsibility, he had sent out copies to all those Councils—about fifty in number, who had applied for them.

London School of Tropical Medicine.

THE Craggs' research prize, for the best piece of original work done during the current year by present or past students of the School, has been awarded to Dr. Aldo Castellani for his researches into the etiology of sleeping sickness. It will be remembered that Dr. Castellani isolated a peculiar streptococcus in sleeping sickness, and was the first to point out the association of trypanosomes with this disease, having demonstrated their frequent presence in the cerebro-spinal fluid as well as in the blood. Dr. Travers, who also competed for the prize, has been awarded honourable mention for his paper on beri-beri.

Dublin University Biological Association.

THE opening meeting of this Association will be held on Thursday next in the Front Hall, Trinity College, at 8.15 p.m., when the President, Mr. R. C. B. Maunsell, F.R.C.S., will deliver an address on "Surgical Intervention in Some Gastric Diseases." The speakers on the address will be Mr. A. W. Mayo Robson, F.R.C.S., Sir C. B. Ball, F.R.C.S., Mr. E. H. Taylor, F.R.C.S., and Mr. J. Lumsden, M.D.

Royal College of Physicians of Ireland.

AT the stated meeting of the President and Fellows of the Royal College of Physicians of Ireland, held on the 13th inst., the following were admitted to the grade of Licentiates in Medicine of the College:—Mrs. Agnes Forbes Savill, M.D.; Thomas Gillman Moorhead, M.D.

St. Andrews Graduates' Association.

AT a general meeting of the association held on November 5th, it was unanimously agreed that the Association, having fulfilled the objects for which it was instituted, be dissolved, and that the balance standing to its credit be equally divided between the British Medical Benevolent Fund and the Royal Medical Benevolent College, Epsom.

Cancroin.

FROM the Vienna correspondent of the *Lancet* we quote the following interesting account of a professional imbroglio:—Some years ago Professor Albert Adamkiewicz, of Cracow, in Austrian Poland, read a paper in Vienna announcing the discovery of a remedy against carcinoma. This remedy, to which he gave the name of cancroin, was a solution of choline, citric acid, and phenol. The most eminent physicians and surgeons, however, such as Billroth, Albert, and Kaposi, agreed that this method of treatment had nothing to recommend it, and Professor Adamkiewicz has therefore sought some other way of inducing the profession to make use of cancroin. In the middle of October the chief surgeons of the public hospitals belonging to the State were surprised by receiving an order from the Home Secretary to make trials of the cancroin of Professor Adamkiewicz. This remarkable and unprecedented order has naturally aroused much indignation in medical circles. Professor Adamkiewicz also called the newspapers to his aid, publishing most encouraging results of the treatment of cancer by means of cancroin, but Dr. Husche, of Rostock, has stated that one of the patients whom Professor Adamkiewicz and Dr. Katscher claimed to have cured really died from cancer of the stomach a short time after treatment with cancroin.

Society of Apothecaries of London.

THE Lord Mayor's Day dinner of the Society of Apothecaries was held at the Society's hall in Blackfriars, London, on November 10th, the Master of the Society, Mr. Clarence Cooper, being in the chair, supported by the wardens, Mr. Albert B. Day and Mr. J. H. Jeffcoat. Among the guests were Sir W. S. Church, President of the Royal College of Physicians of London, Mr. J. Tweedy, President of the Royal College of Surgeons of England, Mr. A. Gibbs, M.P., Sir Joseph Fayrer, Professor A. Macfadyen, Sir Hugh Beevor, Sir William Wilson, Sir Trevor Lawrence, Dr. F. T. Roberts, Mr. S. R. Atkins, President of the Pharmaceutical Society, Mr. S. F. Cowell, Mr. Shirley F. Murphy, Dr. Dawson Williams, Mr. W. Arbuthnot Lane, Mr. W. A. Frost, Mr. Andrew Clark, and Mr. G. H. Makins. Sir William S. Church, as a visitor, said that there was a close connection between the Society of Apothecaries and St. Bartholomew's Hospital, and for more than two centuries there had been at St. Bartholomew's a resident apothecary, the last being Mr. Frederic Wheeler, to whom he (Sir William Church) had been apprenticed. Mr. Tweedy said that all must respect the useful work done by that Society in the interests of the medical profession. The Society of Apothecaries had fulfilled an important function in medical education and in licensing practitioners. In his opinion the medical student was in danger of being over-educated and he would rejoice to see that Society take a larger share in the future in medical education and qualification. The subject was an economical one

as well as educational, because the increasing cost of medical education had reached such a degree that a man had to consider whether it was worth while paying for the costly and elaborate training required for the University of London with no further recompense at the end than such as was to be gained in remote country districts. Mr. Cooper, in acknowledging the toast, explained the lines on which the Society had lately been affording opportunities for the progress of medical science.

Dublin Death Rate.

THE deaths registered during the week ending Saturday, November 7th, 1903, in the Dublin registration area represent an annual death-rate of 22.8 in every 1,000 of the population. Tuberculous disease caused 36 deaths; diseases of the respiratory system caused 36 deaths; diseases of the nervous system caused 20 deaths; and diseases of the heart and blood vessels caused 23 deaths; 45 infants died during the week, of whom 32 were under one year old. In 9 instances the cause of death was uncertified, there having been no medical attendant during the last illness. In the city the death-rate was in the Clarence Street North district, 25.8 per 1,000; in the Lisburn Street district, 26.0 per 1,000; in the South Earl Street district, 29.0 per 1,000; and in the Castle Street district, 39.9 per 1,000.

The Royal Waterloo Hospital for Children and Women.

THIS hospital, which was founded in the reign of George III., is now in course of reconstruction, reorganisation, and enlargement. The Board are in hopes of establishing cots, and, if possible, entire wards, to be supported by various public bodies. Owing to the fact that the new Union Jack Club will shortly be erected in the immediate vicinity, they hope to establish a military ward, with the assistance of the various London corps. The name and regimental crest of each Regiment, to be fixed at the head of each cot and devoted to the sick children and wives of the rank and file; 630 shillings, or 30 guineas annually, will support a cot, or the capital sum of 1,000 guineas. Already one individual has generously promised to endow a cot, on condition that five others will do the same.

Royal City of Dublin Hospital.

AT a meeting of the Board of the above hospital, held on Friday last, Mr. T. Gilman Moorhead was elected a physician to the hospital, and Dr. R. A. Stoney a surgeon, in place of the late Sir George Duffy, and the late Mr. Henry Gray Croly respectively. Mr. Moorhead has held the post of assistant physician to Sir Patrick Duns' Hospital for some years, and had a most distinguished University course, gaining amongst other distinctions the Medical Travelling Prize. Dr. Stoney has not previously held a hospital appointment, but he has also had a most distinguished University career. He has been for some time senior demonstrator in the anatomical department of the School of Physic, Trinity College, and during the interregnum between the departure of Professor Cunningham and the taking up of office by Professor Dixon discharged with success, in conjunction with Mr. Moorhead, the duties of the management of the anatomical department. The staff of the City of Dublin Hospital may be congratulated on the appointment of these gentlemen.

Typhoid Fever in Southend.

DR. NASH, the medical officer of Southend, has reported that out of twenty-three case of typhoid fever notified in the borough during October, there was a definite history of the eating of shellfish in eighteen cases. Of the remaining cases, one proved to be not typhoid, while two had partaken of watercress. Dr. Nash pertinently remarked: "Thus again in October, in about 80 per cent. of the cases notified, after eliminating as far as possible all other known factors, the evidence points strongly to shell-fish from sewage-polluted sources."

New Medical Officer of Health

THE Sunderland County Borough Council voted on three names for the position of Medical Officer of Health for the borough. The salary is £500 per annum for the borough and £20 per annum for the port. There were thirty-six applications received, and the Health Committee selected from this number Dr. A. E. Brindley, Medical Officer of Health, Bury; Dr. H. Renney, Deputy Medical Officer of Health, Sunderland; Dr. C. V. Dingle, Medical Officer of Health, Middlesbrough. Of these three the Health Committee recommended the appointment of Dr. Brindley. The voting resulted as follows:—Renney, 32; Brindley, 24; Dingle, 0. Dr. Renny was declared elected. Dr. H. Renney, formerly Deputy Medical Officer of Health for Sunderland (Port and Borough) has been appointed Medical Officer of Health for that town.

The Treatment of Consumption.

AT a conference at Stafford on November 10th, between representatives of the County Council and local authorities, an offer by Colonel J. H. Wilkinson, of Ashfurlong Hall, Sutton Coldfield, to provide a site at Berry Hill, Lichfield, valued at £2,400, for a sanatorium for consumptive patients, was considered, and a resolution declaring the desirability of such a sanatorium was carried.

A Good Riddance.

THE medical profession in London are well rid of one pest for the next three and a half years. A well-known thief has just been convicted of several thefts from medical men. His plan was to watch the doctor off on his rounds, then go his house, and on being told he was out, to ask to leave a note. He had covered a wide area of the Metropolis in his operations, including some of the most fashionable quarters.

Death of Radica.

THE following interesting piece of news comes from Paris:—Radica, the survivor of the Hindoo twins, who were separated by Dr. Doyen, died in hospital on Saturday from the results of the consumption which had attacked both her and her sister.

At the Cancer Hospital.

A MOST enjoyable and successful entertainment was given to the in-patients of the Cancer Hospital, Fulham Road, S.W., on Thursday evening last, by the Social Dramatic Company, under the management of Mr. Reginald H. Lindley. The farcical comedy, entitled "The Strange Adventures of Miss Brown," by the late R. Buchanan and Charles Marlow, was acted. A hearty vote of thanks, proposed by the Secretary, Mr. F. W. Howell, was accorded with acclamation. During the interval Mrs. Grant very kindly played some pianoforte selections.

Rats in the Port of London.

DR. WILLIAMS, the Medical Officer of Health for the Port of London reports the destruction of 6,000 rats between September 27th and October 24th, bringing up the total death-roll to 250,000.

PASS LISTS.

Conjoint Examinations in Ireland.

THE following candidates have passed the Final Examination by the Royal College of Physicians and the Royal College of Surgeons:—*Honours*—M. J. Ryan. *Pass*—E. B. Bird, J. Casey, A. H. R. Duncan, G. H. Enright, James Hayes, D. F. Hegarty, P. J. Irwin, L. C. E. Murphy, J. J. M'Connell, P. J. O'Farrell, C. F. P. Plunkett, J. J. Ryan, P. Sampson, Geo. G. Tabuteau. These gentlemen will be admitted to the Licenses—if of full age—on Thursday (Surgeons) and Friday (Physicians).

The undermentioned candidates have passed the Public Health Examination:—

Honours.—Major W. E. Jennings, I.M.S. *Pass.*—H. G. Critchley, M.D. (October), Hall, L.R.C.P.&S.Ed., H. Powell, L.R.C.P.&S.Ed., A. D. Souza, L.R.C.P.& S. Ed., G. J. Whyte, F.R.C.S.I.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

VETERINARY STUDENT.—Yes. Comparative pathology furnishes numerous parallels. In horses the non-descent of the testicle is comparatively common, as any prolonged experience of the operation of castration will speedily demonstrate. A long list of operations upon cryptorchid horses may be found in Mr Hobday's monograph dealing with that subject. Owing to sepsis and the extent of the operative measures sometimes required, the removal of the undescended testicle now and then proves fatal. There appears to be a large field open in the operative surgery, not only of the horse, but of cattle and other domestic animals, notably the dog. Judging from recent veterinary progress the day of fuller achievement has already dawned upon the present generation.

THE VALUE OF SAMPLES.

MISTRESS to Cook: Bridget, what did you do with the shredded wheat I gave you to cook for supper?

Bridget: To cook, was it ma'am? Begorra, didn't I think it was shavings, and made a beautiful bed for the pup with it, so I did.

(Many of the samples with which medical men are swamped do not serve even so useful a purpose.)

Meetings of the Societies, Lectures, &c.

WEDNESDAY, NOVEMBER 18TH.

ROYAL MICROSCOPICAL SOCIETY (20 Hanover Square, W.).—8 p.m. Papers—Prof. J. D. Everett—Microscopic Resolution.—Mr. W. Weeche—The Mouth Parts in the Nemocera and their Relation to the other Families in Diptera.

ROYAL METEOROLOGICAL SOCIETY (Institute of Civil Engineers, Great George Street, Westminster, S.W.).—7.30 p.m. Papers—(1) Dr. H. R. Mill and (2) Mr. R. G. K. Lempfert—The Great Dustfall of Feb. 21st and 22nd, 1903, and its Origin.

SOCIETY OF ARTS (John Street, Adelphi, W.C.).—8 p.m. Sir W. Abney—Opening Address of the 150th Session.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. J. Cantlie—Clinique. (Surgical.) 5.15 p.m. Mr. J. Clarke—On the Operative Treatment of Piles and Kindred Affections.

THURSDAY, NOVEMBER 19TH.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road, W.).—8.30 p.m. Dr. D. B. Lees—The Treatment of some Acute Visceral Inflammations. (Third Harveian Lecture.)

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM (11 Chandos Street, Cavendish Square, W.).—8 p.m. Cases will be shown by Mr. G. W. Roll, Mr G. H. Pooley, and Mr. R. W. Doyne. 8.30 p.m. Papers—Mr. E. Nettleship—Case of Indirect Gunshot Injury of the Eye.—Major Maynard and Dr. L. Rogers—Pulsating Exophthalmos due to Dilation and Dropsy of the Optic Nerve accompanying Internal Hydrocephalus.—Dr. F. Fergus—(1) An Easy Operation for Ectropion—(2) Average Visual Acuteness.—Mr. N. B. Harman—The Judgment of the Size and Distance of Objects.—Dr. G. Byers—On the Cure of Catarrhal Inflammation of the Lachrymal Apparatus with Preservation of the Normal Anatomical Conditions

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.)—4 p.m. Mr. Hutchinson—Clinique. (Surgical.) 5.15 p.m. Mr. H. L. Barnard—Intestinal Obstruction.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7 Fitzroy Square, W.).—5 p.m. Dr. F. P. Weber—Arrested Pulmonary Tuberculosis, especially in regard to Treatment. (Post-Graduate Course.)

FRIDAY, NOVEMBER 20TH.

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN (11 Chandos Street, W.).—5.30 p.m. Cases and Specimens will be shown by Dr. J. Taylor, Mr. F. Jaffrey, Dr. G. A. Sutherland, Mr H. S. Collier, Dr. G. Carpenter, Mr. D. Drew, and Mr. J. W. T. Walker. Papers—Mr. A. Carless—Some Cases of Lymphangiomata.—Mr. T. C. Dent—A Case of Hypertrophic Stenosis of the Pylorus: Pyloroplasty.—Dr. E. Cautley—An Unusual Case of Hypertrophic Stenosis of the Pylorus.

EPIDEMIOLOGICAL SOCIETY (11 Chandos Street, Cavendish Square, W.).—8 p.m. Council Meeting 8.30 p.m. Paper—Prof. W. J. Simpson—Some Remarks on the Epidemiology of Plague.

HOSPITAL FOR DISEASES OF THE THROAT (Golden Square, W.).—4.30 p.m. Mr. Parker—Diseases of the Larynx.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Dr. St. Clair Thomson—Clinique. (Throat.) 5.15 p.m. Dr. L. Williams—Some Points in Climatic and Balneary Therapeutics.

MONDAY, NOVEMBER 23RD.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN (20 Hanover Square, W.).—8 p.m. Council Meeting, 7 p.m. Casual Communication by Mr. W. S. Nowell, L.R.C.P., M.R.C.S., L.D.S.—A Case of Bilateral and Partial Necrosis of the Mandible.—Paper by Mr. Herbert Tilley, M.D., B.S., F.R.C.S.—Some Observations upon Empyema of the Maxillary Antrum, with Special Reference to the Diagnosis and Treatment. (Illustrated by Diagrams, &c.

TUESDAY, NOVEMBER 24TH.

HOSPITAL FOR DISEASES OF THE THROAT (Golden Square, W.).—4.30 p.m. Dr. Bond—Diseases of the Nose.

Appointments.

BENT, SIDNEY, C. H., M.D.Brux., M.R.C.S., L.R.C.P.Lond., Senior House Surgeon to the Evelina Hospital for Sick Children.

DUNCAN, W. HENRY, L.R.C.P. & L.R.C.S.Edin., House Surgeon to Nottingham Children's Hospital.

GREENWOOD, ALFRED, M.D.Vict., D.P.H., Medical Officer of Health of Blackburn, Medical Officer to the Blackburn Education Authority.

HEPBURN, DAVID Professor, M.D., C.M.Edin., M.R.C.S., F.R.S.Edin., Dean of the Faculty of Medicine of the University College, Cardiff.

ORANGE, MARGARET, L.S.A.Lond., M.D.Brux., Lecturer on First Aid and Home Nursing, London School Board, and Clinical Assistant to the Evelina Hospital for Children.

PARSONS, E. D., L.R.C.P.Lond., M.R.C.S., House Physician to the Evelina Hospital for Sick Children.

SAMUEL, HENRY T., L.R.C.P.Lond., M.R.C.S., Assistant House Physician to the Cardiff Infirmary.

SIMON, DAVID, Ap. M.B., B.S.Glasg., Certifying Surgeon under the Factory Act for Nantgaredig District of the County of Carmarthen

STUART-LOW, WILLIAM, F.R.C.S.Eng., Assistant Surgeon to the Central Throat and Ear Hospital, Gray's Inn Road.

SMITH, D., M.B., M.S.Glasg., Certifying Surgeon under the Factory Act for the Creetown District of the County of Kirkcudbright.

TIMMS, A. E., L.R.C.P., L.R.C.S.Edin., Assistant House Surgeon at the Cardiff Infirmary.

WHEELER, E. R., M.R.C.S., L.R.C.P.Lond., Assistant House Surgeon to the Evelina Hospital for Sick Children.

Vacancies.

Bethlem Hospital.—Two Resident House Physicians. Apartments, complete board, and washing being provided and an honorarium at the rate of £25 each per quarter will be paid. Applications to the Treasurer, Bridewell Hospital, New Bridge Street, E.C. (See advt.)

Brighton, Hove, and Sussex Throat and Ear Hospital, Church Street, Queen's Road, Brighton.—Non-Resident House Surgeon. Salary £75 per annum. Applications to E. W. Pitbeam, Secretary.

Evelina Hospital for Sick Children, Southwark Bridge Road, S.E.—Pathologist. Salary £110 per annum. Applications to the Committee of Management.

Gwaun-cae-Gurwen, Brynamman, Cwmamman and District Medical Aid Fund.—Two Medical Officers. Salaries £400 and £300 per annum with private practice. Applications to the Secretary, Gwaun-cae-Gurwen, Glamorgan.

Hereford County and City Asylum.—Senior Assistant Medical Officer. Salary £150 per annum, with board, lodging, and washing. Applications to the Medical Superintendent.

Liverpool Stanley Hospital.—Senior House Surgeon. Salary £100 per annum, with board, residence, and washing. Applications to the Chairman of the Medical Board.

London Lock Hospital.—House Surgeon. Salary £80 per annum, with board, lodging, and washing. Applications to the Secretary, Harrow Road.

Newcastle-on-Tyne Dispensary.—Visiting Medical Assistant. Salary £160 per annum. Applications to the Honorary Secretary, Joseph Carr, 41 Mosley Street, Newcastle-on-Tyne.

Sheffield Children's Hospital.—Lady House Surgeon. Salary £70 per annum, with board, lodging, and washing. Applications to Mr. Frederick Gill, Secretary, 14 Norfolk Row, Sheffield.

St. Mary's Hospital Medical School, Paddington, W.—Lecturer on Physiology. Salary £400 per annum. Applications to H. A. Caley, M.D., F.R.C.P., Dean.

The Royal Infirmary, Sheffield.—Matron. Salary £100 per annum, with board and washing. Applications to the Secretary.

Township of Toxteth Park.—Resident Medical Officer.—Assistant Medical Officer. Salary £100 per annum, with board, washing, and apartments. Applications to J. Moulding, Clerk to the Guardians, 15 High Park Street, Liverpool.

Wolverhampton Union.—Assistant Medical Officer. Salary £130 per annum, together with apartments, rations, and washing. Applications to Frank Harrison, Clerk to the Guardians.

Wrexham Infirmary.—Resident House Surgeon. Salary £80 per annum, with board, lodging, and washing. Applications to J. Bagnall Bury, Secretary, 9 Temple Row, Wrexham, North Wales

Birth.

MASON.—On Nov. 10th, at Cumberland House, Somers Road, Southsea, the wife of W. Blaikie Mason, M.R.C.S., L.R.C.P., of a daughter (stillborn).

Marriage.

CHAPPEL—GADDUM.—On Nov. 12th, at the Parish Church, Bowden, George Pester Chappel, M.D., of Tottenham, son of the late Canon Chappel, Camborne, Cornwall, to Mary Emily, elder daughter of Harry T. Gaddum, J.P., Bowden, Cheshire.

Deaths.

ALEXANDER.—On Nov. 3rd, at Ashford, Middlesex. Ella Harriette, widow of the late Alexander Charles Archibald Alexander, M.B.Cantab., Surgeon-Major, Coldstream Guards, aged 43.

CRADOCK.—On Nov. 1st, at her residence, 52 Huskisson Street, Liverpool, Lucy Elizabeth Cradock, L.R.C.P.I.

HARRIS.—On Nov. 13th, at Thialion, 9 Crescent Road, Beckenham, Alfred Harris, M.R.C.S.Eng., aged 82.

LOCKING.—On Nov. 12th, at Stower Provost, Dorset, Frances Elizabeth Locking, widow of John Locking, M.D., in her 84th year.

NICHOLSON.—On Nov. 8th, at the Grange, Totteridge, Sir Charles Nicholson, Bart., M.D., D.C.L., LL.D.Cantab. and Edin., aged 95.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVII. WEDNESDAY, NOVEMBER 25, 1903. No. 22.

Original Communications.

SOME QUESTIONS IN SEASIDE CLIMATOLOGY. (a)

By ALFRED F. STREET, M.A., M.D., D.P.H.,
Westgate-on-Sea.

PART I.

MY remarks will concern certain questions which have long interested me with regard to the air of Westgate-on-Sea, where I have the good fortune to live. That locality, Dr. Ord says, is "singularly pure and invigorating," and Dr. Burney Yeo tells us its air has "important tonic properties," while Dr. Ewart writes that it has a soil drier than almost any other in England, that it is the last to be visited by the storms which come to us from the Atlantic; that owing to the absorbent qualities of its soil its land wind is more than usually free from moisture; that it enjoys almost the full advantage of the warmth of the Gulf Stream; and that his only indictment against it is that it is "hyperventilated," for it is on record that the number of calm days in the year is only thirty-eight.

That close observer, the late Sir James Paget, said to me nearly twenty years ago that his experience was that many scrofulous patients would get well there when they would not elsewhere. He frankly admitted that he could not say what special property the air had, but as to its effects he entertained no doubt.

Can we, in the light of the fuller knowledge of to-day, point to facts which may to some extent explain the essential causes of differences of climate such as do not find full explanation by the barometer, the thermometer, and other ordinary meteorological instruments? For it has been very truly said that just as no two faces are alike so there are no two places having quite the same climate.

The factors of climate are said to be reducible to—

1. Distance from the equator.
2. Distance from the sea.
3. Height above the sea.
4. Direction of most prevalent winds.

But this is only a very partial statement of the truth; for instance, it takes no cognisance of so potent a factor as the Gulf Stream, to which we in these islands are indebted for the advantage that though London has the latitude of Labrador it has a far higher mean winter temperature.

Nor does the statement that "weather spells climate" carry the whole truth, for there are many other factors in climate, at any rate in local climate, which after all is what chiefly concerns our patients.

Besides such local influences as the Gulf Stream there are the configuration and inclination of the land, the character as to porosity or drainage of the soil, the presence or absence of vegetation, of cultivation, of plantations or of forests, the degree of protection afforded by trees, by mountain ranges, or merely by higher ground in the vicinity, the density of population, the neighbourhood of manufactories and their nature and so on. It would be more true to say that climate depends upon soil, air, temperature, moisture, solar radiation in its many forms, and possibly on electrical and other less known conditions.

Can we make any notable advance towards that clearer insight which enables us to replace empirical by rational knowledge?

In considering the claims of any locality with reference to the cure of any disease the first question which presents itself is: To what extent does that particular malady prevail among those born and bred in the locality? If we take scrofula as an example it must be conceded that the north-east corner of Kent, for instance, comes out exceedingly well. Those who practise there find very little home-grown tuberculosis, and imported cases commonly do well.

In the face of the prolonged experience of many careful observers extending over many years, it would surely be unreasonable to deny the claims of various localities to be credited with various cures, and the further question arises: To what factor or combination of factors does a particular locality owe its influence? We all know that in the case of a spa the popular answer is "To the waters," and in the case of most seaside places "To the air."

When a visitor comes to the seaside it matters not whether he feels better or worse. The cause so far as he is concerned is "The air." Perhaps he calls it "The strong air." He does not know what he means by the epithet "strong," but it has the advantage of being capable of conveying either praise or blame. Indeed, one constantly finds it considered capable of producing diametrically opposite effects in different people. One has diarrhœa. The cause is not unripe plums, but "the strong air." Another is constipated, he forgets all about his personal negligences, and again it is "the strong air," and so on.

We cannot credit the air alone with antituberculous virtues. We must give due weight to sunshine and dryness of soil and many other climatic factors. Relative humidity is a thorny subject

(a) Presidential Address delivered before the British Balneological and Climatological Society, on Friday, October 30th, 1903.

not now to be especially considered, but its importance may be judged from the calculation that every pound of water condensed from vapour liberates heat sufficient to melt five pounds of cast iron. Yet it does appear that there is in the air of certain localities a quality which cannot be expressed by chemical symbols and yet of which some of us are conscious. I cannot better express it than by the term briskness, for it is not coldness, neither the coldness measured by the thermometer nor the other coldness so especially appreciated by the skin. It is felt by night as well as by day, and is therefore not wholly dependent upon sunshine. It is most pronounced during the prevalence of winds which are not westerly, and is therefore fairly attributable to the sea over which every other wind has passed immediately or nearly so. It has been truly said, " Each health resort is distinguished from all others by meteorological conditions of its own," and the more closely we investigate these the more differences do we find beyond the invariable differences of latitude and longitude ; in fact, Professor Buchan declares that " we are only on the threshold of a rational inquiry into the true character of seaside climates." We are told by a writer in the last number of our journal that " few seaside places are really bracing," but he will not carry that proposition *nemine contradicente*. Let us next consider how geographical position affects the physiological effects of air.

Is there, for example, a greater percentage of ozone ? Now, ozone has long occupied a commanding position in this connection, but one of the objects of this address is to submit to you that ozone, like many other prominent folk, is an impostor. There is no question of denying its existence, nor of doubting its constitution, nor its willingness to part with its odd atom in the good cause of oxidation, but is there convincing evidence that it is produced in Nature except during thunder-storms, as was known to Homer by what he calls the smell of the thunderbolt? In a recent article Professor Abbe asserts that there is no such evidence.

Yet its presence should be determinable beyond doubt, since Hartley Chappuis and Schöne agree in saying that it has a definite absorption spectrum. Professor Miller wrote as follows—" The existence of traces of ozone in the atmosphere, probable though it is, cannot be said to have been unequivocally proved."

Various observers have asserted that it is formed in Nature in various ways. Thus M. Peyron found that papers moistened with a solution of starch and iodide of potassium and suspended over a patch of growing lucerne acquired a deeper coloration than similar papers similarly suspended over a neighbouring plot of ground free of vegetation.

Now this test was hopelessly discredited years ago, for it can easily be proved that such papers react to peroxide of hydrogen and to nitrous acid and other bodies often present in the atmosphere, and that unless the iodide of potassium has been freed from iodate even the carbonic anhydride of the air in presence of water will discolour the paper. The fact is that no satisfactory test for ozone in the air has yet established its position.

It is asserted that ozone is formed when electricity is generated by the friction of waves beating on rocks. It has even been asserted that it is formed during the combustion of carbon in air.

There are many other tests for it, such as red litmus paper moistened with a solution of iodide of potassium, paper moistened with a solution of thallous hydroxide, which it turns brown (probably peroxide of hydrogen does the same), or by one of manganous chlorine.

In the laboratory chromic acid will decompose peroxide of hydrogen and not ozone, but this test has not been applied to the atmosphere.

Again, ozone may be distinguished from both peroxide of hydrogen and nitrous acid by the red colour which, according to Erlwein and Weyl, it alone gives with metaphenylene diamine in the presence of an alkali, but this, too, has not been used in the case of atmospheric air. From spectroscopic observations Schöne concludes that there is no more than a probability of its presence in the atmosphere, and Professor Ramsay, a great authority, states in a recent work as follows :—" The occurrence of ozone in the air is still a matter of dispute."

Yet most books on climatology not only confidently assert its presence, but distinguish between places and seasons in which it is more or less prevalent. Thus we are told that there is more in mountain air than in sea air, and *vice versâ*, and more in the spring than at other seasons, and more in forests than over plains, and one-third more in air from over the sea than in that from over the land, and by Würster that it is formed by sunlight upon clouds, and by silent electrical discharges. Though the ozone produced by electricity in the laboratory is destroyed by heat, this is probably, as pointed out by Fenton, due to the fact that the electricity has subjected it to strain and that it has thus been formed in excess of the equilibrium value for ordinary temperatures.

Guntz believes that he has shown that the ozone formed by lightning is formed not by the electricity, but by the heat which results from the electrical discharge, and Professor Nernst at the recent German Congress of Applied Chemistry, has pointed out that owing to the enormously high temperature and great gravitational pressure the oxygen in the sun is probably wholly in the condition of ozone, and this view is borne out by the fact that being an endothermic body it becomes more stable the higher the temperature to which it is raised.

So ready is ozone to part with its loosely attached atom, and so universal is the presence of oxidisable matter in the localities where ozone is said to be produced, that it is hard to understand how sufficient can escape destruction to enable us to detect its presence, except perhaps by means of the spectroscope, for it is said that it is never present in greater quantity than one part in 700,000.

It would, indeed, relieve us of many of our sanitary difficulties if it were produced by Nature in large quantity. Apparatus for the production of ozonised air in the sick-room is advertised by instrument makers, but apparently the demand for it, and, perhaps, also the utility of it, is not very great, for, according to Dr. B. W. Richardson, even small percentages of ozone in inspired air cause inflammation of the respiratory tract, and it is possibly for this reason that it does not seem to have been considered advisable to add it to the oxygen which is manufactured for use in cases of pneumonia. Oudin asserts that the inhalation of ozonised air causes a rapid increase in the hæmoglobin of the blood, though he does not indicate how this is effected. In places where the difficulty of dealing with dead seaweed is insuperable it is locally said to exhale ozone, and I remember that on visiting a resort

where the retreating tide exposed many acres of sewage-polluted mud I was asked to believe that the mud generated ozone.

The so-called ozone of pine forests has been shown to be camphoric acid, and not ozone at all.

In connection with the claims of ozone there are those of peroxide of hydrogen to be considered, but we know scarcely more than that chemists have been aware of its existence in atmospheric air since it was discovered by Schönbein in 1840. He found that it was formed together with ozone during all the slow oxidation processes in course of which the latter is formed and also during its electrical production. It has no smell. It has been found by Clermont in most unexpected places—in vines, in lettuces, and even in tobacco-juice.

There are special chemical reasons for believing that it is present in the atmosphere, for Fenton has shown that tartaric acid in presence of iron gives, when exposed to air and sunshine, the characteristic reactions of dioxymaleic acid, and he finds that sunshine and air may in this reaction be replaced by peroxide of hydrogen, but not by ozone nor by nitrous acid, so that he very plausibly argues that peroxide of hydrogen is formed by the action of the sun on the air. But books on climatology disregard it, and no one seems to have concerned himself about its influence, whether climatological or physiological, though Meissner, in 1863, claimed to have detected its constant presence in atmospheric air, and Struve found it in water and in snow. There is not much probability that it will succeed to the reputation which ozone does not deserve, though such influence as it has is no doubt good, because, like ozone, it is always ready to hand on its extra atom of oxygen.

It has been supposed that the chloride of sodium diffused by spray in seaside air has a tonic effect, but it seems hardly reasonable to think that a very minute quantity of a chemically inert body should have important effects on the body which is permeated by fluids which contain it in plenty. Iodine and bromine have also been brought forward, but in what compounds and in what quantities we are not told, and considering the usual medicinal doses of their compounds the quantities possibly present in the air must be quite unimportant. A consideration of what is known of argon, helium, krypton, neon and zenon shows them to be extraordinarily inert, for they form no known compound, and therefore have no polarity. One is inclined to wonder if there is not here an exception to what is said to be the only undisputed maxim in philosophy, namely, "Natura nihil agit frustra," but in the hands of Professors Liveing and Dewar the spectroscope has shown that in the case of krypton, at any rate, the maxim still holds good, for krypton is probably responsible for one of the green rays of the aurora borealis.

The same observers tell us that in the spectrum of the gas which separates from atmospheric air solidified by liquid hydrogen, and which has so far proved to be incondensible, there are a vast number of rays most brilliant at the violet end and which belong to elements hitherto unidentified. This spectrum suggests the presence of more than one unknown substance in the most volatile portion of the atmosphere. Can there be here any gas of climatological or physiological importance?

Is there a yet undiscovered element, minute as it must be in proportion, but potent in action?

When we remember the wonderful properties of the most minute fragment of a compound of radium, or the powerful physiological action of very small fractions of a grain of hyoscin or of adrenalin, it is not impossible to think that an element or compound as yet unknown may be responsible for important therapeutic effects.

(*To be continued in our next.*)

MULTILOCULAR OVARIAN CYST OF SIX MONTHS' GROWTH, WITH SOLID CONTENTS WEIGHING 22½ POUNDS.

By F. A. PURCELL, M.D., (*a*)
Surgeon to the Cancer Hospital.

THE specimen was taken from E. F., a married woman without any children, æt. 33, who was admitted to the Cancer Hospital, September 22nd, 1903.

History.—Complaining of a tumour in her abdomen, causing severe throbbing pain. The tumour was first noticed at the end of last May, when it reached just above the symphysis pubis. It has been growing steadily since. The patient had been married eighteen months; she had a menstrual cycle of twenty-eight days, and a period of five days; much blood was lost at times of menstruation. She was regular up to the end of September, 1902, and then fourteen weeks elapsed before the menses returned. Immediately after this there was a "flooding" lasting for six or seven weeks, the discharge being thin, slightly blood-stained, and extremely offensive, but unaccompanied by any other symptoms to cause her alarm; she did not then seek medical advice nor take to her bed. The flooding ceased suddenly. Since then she had often had a loss of blood in addition to that of menstruation, and since January 1st, 1903, she has seldom gone more than a week at a time without hæmorrhage. She has never passed anything larger or more remarkable than large clots. She is rather troubled with her micturition; sometimes she passes none for a whole day, but, as a rule, she has a frequent desire to make water; there is nothing about the urine to call for note.

Her bowels were regular; according to her own story, and that of her husband, she has lost flesh to a marked degree, but is not yet particularly emaciated.

Examination.—The abdomen is distended by a large tumour, which rises to within two inches of the ensiform cartilage; the percussion note is normal in the flanks and epigastrium, but it is dull all over the tumour which is hard and tense on palpation, but not uniformly so; at its summit there is a hard rounded prominence; below this and to the left there is a shallow depression, and still further downwards and to the left there is another markedly hard rounded prominence. Fluctuation is not evident, but when an assistant pressed with the edge of the hand in the mid-line, a smart tap on one side of the tumour gave an impulse against the finger on the opposite side. There is half an inch of difference in the measurements from umbilicus to the anterior superior iliac spines, the right being greater. No movements have been felt by the patient; no fœtal heart sounds have been de-

(*a*) Read at the Meeting of the British Gynæcological Society on November 12th, 1903.

tected. Over an area of two inches in the line between the right anterior superior iliac spine and the umbilicus a venous hum is heard (the right ovarian vessels); the umbilicus is everted.

Vaginal examination reveals a soft œdematous cervix, drawn upwards; and filling the pelvis there was a large tense mass, not to be differentiated from the uterus; the uterine sound was not passed.

The breasts, although there were dark areolæ round the nipples, were shrunk and small, and no milk could be expressed.

The patient was examined by the members of the staff of the hospital. Opinions differed and suggestions were made to postpone operation with the view of further developments; the majority, however, ruled for intervention.

Operation.—She was duly prepared for operation, and on September 30th, 1903, she was anæsthetised and brought to the theatre. A four-inch incision was made in the middle line below the umbilicus; on exposing the tumour the ovarian vein and tube showed the engorged vein coursing across the tumour upwards and outwards to the right. On inserting the examining hand, extensive omental adhesions were found, and solid masses were felt below and behind; the tumour, indeed, presented the appearance of a huge sarcoma. The trocar was plunged in at a place where the wall was thin and free of veins, but no fluid escaped; a second thrust was made at another spot with the same result, the contents being too viscid to come away. Every effort to reduce the size failing, the abdominal wound was extended upwards to within a couple of inches of the tip of the ensiform cartilage, and the tumour was then turned out, the omental adhesions tied and separated, the pedicle tied with silk, the tumour released, and the peritoneal folds sutured over the stump. The uterus, small and rather elongated, lay towards the iliac fossa. During the toilet, and whilst the peritoneal edges were being sutured, some four pints of saline solution at a temperature of 105° to 108° F. were poured into the abdominal cavity. The incision was so long that the intestines could be seen floating about. The abdominal wall was closed by the three-layer method.

The patient bore the operation well, and did not suffer from shock. The tumour was of a multilocular cystic character, with very viscid contents, and weighed 22½ pounds.

The night following the patient passed an inordinate quantity of water, no doubt caused by the four pints of the saline fluid poured into the abdomen during the operation; she made an uninterrupted and uneventful convalescence.

I am gratefully indebted for these notes and to the care of the patient to my house surgeon, Mr. Archibald Leitch, and for the following pathological report on the specimen to Messrs. Plimmer and Morgan, pathologists to the Cancer Hospital.

The tumour, which weighed 22½ pounds, was a large cyst, with a solid mass of considerable size attached to one part of the wall. The cyst wall was smooth and showed no intra-cystic growths. Microscopically, the sections showed ordinary cystic growth lined with one layer of cells, and the main bulk of the more solid portion consisted entirely of degenerated material which would not stain, and in it there was very little that was cystic.

CYSTIC AND SCLEROTIC OVARIES REMOVED ON ACCOUNT OF INTENSE & PERSISTENT PAIN.

By BEDFORD FENWICK, M.D., (*a*)
Physician to the Hospital for Women, Soho Square.

THE two sections which I show, by means of the epidiascope, this evening have been made from the ovaries which I removed on October 28th from a patient in the Hospital for Women. She is a single woman, æt. 27, occupied at home, and was first sent to me by Dr. Munshé about a year ago. She had then been under treatment for nine years for a persistent pain in both ovarian regions, but especially on the left side. This pain was accentuated for three days before and during each period. She described it, at its worst, as if she were being stabbed with a red-hot needle, darting through into the back and down the left thigh and leg into the foot. The pain in the right side, and as a rule also in the left, was described as of a dull, aching character. There was a frequent feeling of nausea, and occasionally leucorrhœa. Otherwise, except that she had been losing flesh steadily for some months past, she made no other complaint. There was no apparent reason why she should simulate illness, and certainly the loss of weight, the increasing bodily weakness, and the frequently sleepless nights, whilst she was under treatment in the hospital, were not traceable to any other cause than the constant pain of which she complained. On examination, the cervix was found to be small and the os somewhat smaller than normal. The uterus was in front, small but normal in shape. Both ovaries could be felt, the left slightly lower than normal, and both felt slightly harder and were apparently less sensitive than usual. For nine years, then, she had been under constant medical treatment, going from practitioner to practitioner, while all the time the pain was steadily growing worse. She had been in two hospitals during that time, and in Charing Cross was curetted, but still obtained no relief. She had worn pessaries off and on without any beneficial result. She had taken many tonics and sedatives without any effect. Finally, as her health was evidently depreciating, I took her into my wards, and she was carefully dieted, blisters and other applications were employed, and tonics administered for five weeks. Still she continued to lose flesh and strength, and the sister and nurses were persuaded that she actually suffered the constant and sometimes severe pain which she described. As a last resource, then, at her earnest request to have something done for her relief, I performed laparotomy. Both ovaries were slightly enlarged, the left had slight adhesions around it, the right was quite free. A colleague who was assisting me agreed that the ovaries were, to all outward appearance, healthy; and certainly to the naked eye there did not seem to be any obvious disease. Still, remembering her ten years' suffering, her enfeebled general health, and the results which have followed in some half a dozen other similar cases, I removed both ovaries. The night after the operation she had no sleep at all; the following night and ever since she has slept well; better, she says, than she has done for many years. Since the second day after the operation, she has been

(*a*) Read at the meeting of the British Gynæcological Society on November 12th, 1903.

entirely free from any pain. She rapidly regained her appetite, lost the sallow, haggard appearance she had before, and is now quickly gaining flesh.

So much for the clinical features. Mr. Eastes has been good enough to make very careful sections of the ovaries for me, and I am indebted to him for those which I will now show by the epidiascope. It will be observed that these ovaries, which seemed so healthy on the surface, are literally riddled with cysts, so that there is little ovarian tissue left. Moreover, the remaining stroma and the capsule itself appear to have undergone considerable condensation and thickening.

The case, then, is one of much practical importance to us as gynæcologists. We are exceedingly and, of course, rightly, scrupulous as to the removal of ovaries in which we cannot distinguish by the touch, or by the naked eye, evidences of gross disease. I can recall, during the last twenty years, some five or six other patients in whom, as a last resource, I removed both ovaries after they had undergone years of suffering quite unrelieved by any treatment, and in whom the general health had become seriously impaired. In each case I found marked thickening of the capsule and cystic degeneration, and in every one of these cases the patient was at once and permanently relieved of her pain; in every case the general health began to improve at once; and in one case in which the sleeplessness caused by the pain had led to a complete mental breakdown, the patient was also cured of her maniacal attacks.

With regard to the pathology of these cases, in each instance I have observed that the Fallopian tubes appeared to be quite healthy, but that the uterus was somewhat abnormally small, and in one case, in which I obtained some good sections, the ovarian artery appeared to me to be certainly much smaller in its calibre than usual. If one accepts a fibroid thickening of the capsule as a feature of these cases, I suggest that it would explain the occurrence of cystic disease in consequence of the enforced retention of the Graafian follicles at each menstrual period, their development into cysts and the gradual destruction of the surrounding tissue by the pressure of such cysts. On the other hand, the thickened peripheral stroma and capsule may cause abnormal pressure on the ovarian nerves, and thus reflex irritation of the ovarian and hypogastric plexuses and of the sacral nerves. This particular patient, for example, could map out her sciatic nerve in tracing the course of the pain down the thigh and leg.

Finally, in the face of such cases as these, a practical question of much importance arises—whether, in fact, we are justified in permitting patients suffering from definite signs of ovarian nerve irritation to continue to suffer, year after year, without adopting radical treatment for their relief. I fully admit the gravity of the question, but surely it is one which should be faced. I frankly confess that out of the hundreds of patients I must have seen with severe ovarian pains during the last twenty years, I have only had the moral courage to remove the ovaries in at most six cases, which I admit were extreme. But the results attained in those cases and the pathological conditions shown in the present instance, make me doubt whether such strict conservatism is altogether justifiable.

A CASE OF INCARCERATED IRREDUCIBLE FEMORAL HERNIA IN A WOMAN. (a)

By ROBERT HUGH HODGSON, M.D.

A LADY, æt. 48, the mother of four children, the youngest being now twenty-one, had suffered right femoral hernia for the last twelve years. She had worn a truss constantly. Six years ago the rupture came down, and was reduced by me, and a new truss applied. With the exception of occasional constipation and slight pains no inconvenience was experienced from the hernia until July 23rd of the present year, when the patient found a swelling in her right groin about six inches long and two broad, running parallel with Poupart's ligament. She complained of pain and constipation, and said that the swelling had all come on that day. The symptoms increasing in severity the patient sent for me on July 27th, four days later. Upon examination, it was evident that the hernia had again appeared and, becoming impacted with fæces, was causing obstruction. Trusting to the history that the whole of the swelling had occurred within the last five days, I tried gentle taxis, but as no alteration was thereby effected, and there was no impulse on coughing, I ordered that the swelling be covered with ointment and a crushed linseed poultice applied over the ointment. A gentle purgative was given at short intervals. With the exception of relief from pain, no improvement having taken place by the next day, I advised taxis under anæsthesia, and explained to the patient that should I fail then to reduce the hernia it would be necessary to operate. On the 29th, chloroform was administered and taxis again tried, but without effecting a reduction. I therefore opened the sac and found the following condition: a knuckle of small intestine protruded from the crural canal, running straight down the thigh. On the inner side of this knuckle (that is to say, nearer the median line of the body) there was a pouch-like protrusion of the intestinal wall, about an inch and a half long, and on the outer side of the knuckle another protrusion about two and a half inches long, running outwards and upwards parallel with Poupart's ligament and quite free in its sac. The bend in the gut forming the knuckle and the protrusion on the inner side were, however, firmly adherent to the sac. The neck of the sac was united to the surrounding structures for nearly the whole of its extent, the exception being the outer side of a small portion of the lower boundary. Here, then, arose my difficulty: What was the best course to pursue, to make an artificial anus, to open the abdomen and perform enterectomy, or to separate the two pouch-like portions from the sac and free the gut at the femoral ring? Having decided on the last course, I freed a small portion of the intestine from the sac with my finger, but found it necessary to dissect out the remaining intestine, leaving pieces of sac adherent to the gut. These pieces I pared off as closely as possible. Then, with the end of a Stanley director I was able to detach some of the intestine from the ring, and completed the separation with my finger. After division of Gimbernat's ligament I found it still impossible either to draw the intes-

(a) Read at the meeting of the British Gynæcological Society on November 12th, 1903.

tine down or to push it into the abdomen owing to the fact that it was adherent to the abdominal wall. Fortunately this attachment was not very firm, and gave way to digital pressure, and I was then able to return the gut into the abdomen. The ragged pieces of the sac having been cut away close to the ring, a purse-string suture was inserted round the edges of the opening, drawn tight, and tied. The lower border of Poupart's ligament was next stitched to the fascia covering the pectineus, and the wound closed.

The patient made a complete recovery, and the bowels act regularly and well. I have brought this case before you, believing it to be interesting for the following reasons: The patient's positive assurance that the hernia had been down only a few days; the extensive adhesions both in and outside the abdomen; the peculiar shape of the protruded bowel, which was that of an irregular cross; and the all-important question of the selection of operation.

THE RADICAL CURE OF A RECURRENT VENTRAL HERNIA. (a)

By INGLIS PARSONS, M.D.,
Physician to the Chelsea Hospital for Women.

THIS patient, a woman, æt. 36, had for many years suffered from diseased appendages. In March, 1898, she was taken into one of the provincial hospitals and both appendages were removed, and soon after leaving the institution she noticed a swelling in the scar left by the operation. In September, 1898, she was readmitted, and the same surgeon operated on the hernia. In January, 1899, the swelling again appeared in the same place, and she then decided to come into the Chelsea Hospital for Women, and was admitted under my care in April, 1899.

On admission, the patient, who was a strong, stout woman, was found to have a ventral hernia about the size of a large orange in the middle line between the umbilicus and the pubes. The separated edges of the muscles and aponeurosis formed a well-defined ring about three or four inches in diameter.

Menstruation had not ceased since removal of the ovaries, but had become irregular, sometimes profuse, at other times scanty.

On May 4th, ether was administered, and with the assistance of Dr. Berkeley the abdomen was opened by a curved incision along the edge of the ring formed by the muscles and aponeurosis. This course was adopted because, as a rule, either intestines or omentum are found to be adherent in the middle line to the scar left by the old incision. This case was no exception to the rule—a large piece of omentum was found adherent. This was tied with a catgut ligature and divided.

The sac, consisting chiefly of peritoneum and skin, was then removed. The fibrous tissue in the ring, which matted together the layers of the abdominal wall, was pared away until each layer could be distinctly made out and separated. The peritoneum was first united with a continuous fine silk ligature, and the cut ends were turned up into the wound, so as to avoid leaving a raw surface in contact with intestines or omentum. The muscular and fibrous layers were next united with interrupted silkworm-gut sutures. As these are the most important in preventing hernia, and are left buried, great care was used to ensure that fascia and muscle were accurately brought together on each side. The skin and subcutaneous tissues were next united by interrupted silver wire sutures.

The temperature remained normal after the operation, and she made an excellent recovery. I heard from the patient November, 1900, eighteen months after the operation, and she keeps quite well, and is able to earn her living by acting as an insurance agent, which entails a good deal of bicycle riding through the country.

Remarks.—At the first two operations the patient tells me that the abdominal incision was united in a single layer. As she is a very intelligent woman, and received her information from the nurse, I have no reason to doubt it. My own success I attribute entirely to sewing up in three layers and using buried silkworm-gut for the muscles and aponeurosis.

The difficulties in these cases are, first, the adherence of bowel or omentum to the old cicatrix; this is met by avoiding the middle line and making a curved incision to the side; the flap can then be turned back, and anything adherent separated with ease; and secondly, the matting together of all the layers round the edge of the ring. This is met by removing the fibrous tissue from the ring and by prolonging the incision a little above it, so as to get into the normal layers as they are found on first opening the abdomen.

(a) Read at the meeting of the British Gynæcological Society on November 12th, 1903.

THE AFTER-TREATMENT OF INTRA-NASAL OPERATIONS.

By SIR FELIX SEMON, C.V.O., M.D. (a)

THE lecturer began by saying he should limit his remarks to intra-nasal operations, particularly those undertaken for the relief of nasal stenosis, and should entirely exclude those performed for disease of the accessory and naso-pharyngeal cavities. Although impossible to proceed so strictly aseptically as in most other regions of the body, yet it would be the duty of every operator to take all possible precautions, such as sterilising instruments, dressings, &c. Local anæsthesia (*i.e.*, cocaine) would be preferred in the great majority of operations, as it was essential for the patient to be sitting upright, so that the operator might see clearly at every moment exactly what he was doing. This outweighed all claims in favour of general anæsthesia. With regard to the use of adrenalin, he was under the impression that since he had used adrenalin in these cases he had heard more frequently from patients of the occurrence and persistence of hæmorrhage than in previous times. For the prevention of adhesions, the advantages and disadvantages of plugging were referred to, the opinion being expressed that plugging was apt to produce considerable irritation, to cause local anæmia of the injured parts, and thereby to prevent healthy healing. With the view of diminishing (though it did not actually prevent) inflammatory reaction, the use of a spray consisting of three grains of cocaine and half a drachm of boric acid in six ounces of water was recommended three or four times daily. For prevention of secondary hæmorrhage, firm plug-

(a) Abstract of remarks on opening a discussion at the Laryngological Society of London, November 6th, 1903.

ging should be avoided, as it did not with certainty prevent it, as such hæmorrhages might, and did, often occur when the tampon was removed on the day after operation. If there were no reason to expect considerable hæmorrhage, he used no plugging, but ordered the boric and cocaine spray previously indicated. If the wound should be at all extensive, a strip of cyanide gauze soaked in a solution of hydrogen peroxide was introduced with the view of preventing subsequent hæmorrhage. If bleeding occurred the patient should be directed to apply cold water compresses over the nose. The advice that the patient should inspire deeply with closed mouth, and slightly expire with open mouth, would also be found very useful. In some cases, of course, powerful styptics and energetic plugging by means of Belloc's cannula might be found to be indispensable. Meddlesome interferenoe, such as washing out, cauterising of granulations, insufflations, &c., was deprecated as being usually superfluous, sometimes even prejudicial to healing. If there were risk of the formation of adhesions more active treatment would be required, the nasal cavity should be rendered patent *pro tem.* by means of cocaine or adrenalin, the cicatricial bands should be divided by cutting instruments (not with a probe), and a piece of gutta-percha paper introduced into the nose.

The Out-Patient Departments.

CARDIFF INFIRMARY.

Some Clinical Remarks on the Diagnosis of Aneurysm and other Causes of Intra-Thoracic Pressure.

By W. MITCHELL STEVENS, M.D., M.R.C.P.Lond.,
Assistant Physician and Pathologist to the Cardiff Infirmary.

(*Concluded from page* 530.)

CASE 6.—A woman, æt. 42, complained of pain in the upper part of the right chest and about the right shoulder. There were no other symptoms of pressure, but an aneurysm was discovered in the ascending part of the aortic arch.

CASE 7.—A man, æt. 41, with a history of acute rheumatism two years previously, complained of shortness of breath for some months which was followed by alteration in the voice and by paroxysms of distressing breathing. An examination showed not only an aneurysm, but also both aortic and mitral valvular disease. A few days after being under observation he developed somewhat suddenly swelling and cyanosis of the head, neck, and upper part of the chest.

CASE 8.—A man, æt. 35, had complained for eight months of some dyspnœa and cough. He was supposed to be suffering from bronchitis. Rather acutely he developed a noisy difficulty in breathing, but his voice was unaffected. In this case physical examination showed nothing; the pulses and pupils were equal and there were absolutely no signs of aneurysm, nor were there any laryngeal symptoms or pain. A large aneurysm was found springing from the descending portion of the aortic arch.

CASE 9.—A woman, æt. 41, came with what she called "asthmatic attacks" and shortness of breath on exertion, with an irritating and ineffectual cough. There was no pain nor dysphagia. The cough had a peculiar indescribable "tone," and was associated with paresis of the left vocal cord. Physical examination showed absolutely nothing, but the autopsy revealed a small aneurysm in the third part of the arch of the aorta pressing upon the left bronchus.

Each of these cases illustrates some point in the clinical diagnosis of intra-thoracic pressure. In all cases of obscure symptoms or physical signs in connection with the chest there is one question which ought always to be considered—*viz.*, "Are any symptoms or signs of intra-thoracic pressure present?" These have already been referred to, but it is necessary to remember that they may be slight or very marked, and that they are apt to be obscured by other symptoms and signs pointing to disease of the lung itself. The main point is, therefore, to consider if there be any symptoms present which may be due to pressure and which would then indicate disease in the mediastinum. Having, then, arrived at a certain probable or possible diagnosis of intra-thoracic pressure, the next question is, "What is the cause?" In answering this it is first necessary to bear in mind that syphilis may be the cause of tracheal or bronchial obstruction, and that consequently in unusual cases of thoracic disease the possibility of the presence of this affection is not to be lost sight of, for it may produce both inspiratory dyspnœa and laryngeal symptoms.

Excluding mediastinal abscess, which may be due to tuberculous disease of the bronchial glands, and the so-called mediastino-pericarditis, which may cause pressure upon the superior vena cava, inspiratory swelling out of the veins in the neck and the so-called "pulsus paradoxus," we have left as possible causes the three following affections: (1) Aneurysm, (2) mediastinal tumour, (3) enlargement of the bronchial glands. The latter condition (bronchial phthisis) is not uncommon in children and may produce difficulties in breathing of a paroxysmal character, often called "asthma," and also a "croupy" cough, with, perhaps, other symptoms both general and local. In such cases some slight physical signs may be found over the upper part of the manubrium or in the interscapular space.

The main difficulty, however, in the differential diagnosis of the cause of intra-thoracic pressure lies between aneurysms and mediastinal growth, and in such cases the following points may be considered in arriving at a conclusion when the nature of the affection is doubtful. (*a*) *Age.* If the patient be under twenty-five it is probably a mediastinal growth. Aneurysm is most common in middle life. (*b*) *Sex.* An aneurysm is rare in women. (*c*) *Occupation.* A laborious occupation predisposes to aneurysm. (*d*) *History.* A history of syphilis may suggest aneurysm, while one of malignant disease or of lymphadenoma suggests a mediastinal growth. (*e*) *Symptoms.* Severe pain, especially if in the back, is common in aneurysm. Dysphagia as a primary symptom suggests a growth commencing from the œsophagus. It is also seen in aneurysm, but, on the whole, is rather more indicative of the former. Dyspnœa and laryngeal symptoms are met with in both, though they tend to be rather more urgent and marked in aneurysm. Hæmoptysis may be present in both affections, but is more common in growths, especially where the lungs are involved. Pyrexia, though often absent in both diseases, is more often seen in growths. Wasting and cachexia vary very much and are often absent in tumours for a considerable time, while they may be marked in some cases of aneurysm. If very distinct, they would rather suggest growths. (*f*) *Physical signs.* Œdema and dilatation of veins from pressure are commoner in growths. Inequality of the pulses is more frequent in aneurysm. Tracheal tugging points to the latter affection, while enlarged glands in the neck or axilla are indicative of growths. The absence of all physical signs may be seen in both, but is more suggestive of aneurysm. The limitation of the physical signs to the region of the aorta and the presence of localised bulging, pulsation, thrill, or diastolic shock point to aneurysm. Extensive dulness in various parts or over the whole of one side of the chest and the presence of a pleural effusion is indicative of growth. It is always to be remembered that pleural effusion is often secondary to a mediastinal growth, and that the only physical signs present may be those of effusion, and the combination of this sign with symptoms of an unusual character, especially those pointing to pressure, is most suggestive of growth. In some cases the effusion contains blood, and when it is drawn off the symptoms are but little relieved. Careful examination may then,

perhaps, determine the presence of signs which corroborate one's suspicions.

In conclusion, it may be said that the diagnosis of intra-thoracic pressure is not, as a rule, difficult if its possible presence be borne in mind and a careful examination be made. The reason that it is so frequently overlooked is because it may come under observation before obvious physical signs are present and because due weight is not given to the symptoms.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—XXI.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

BRIGHTON'S MUNICIPAL SANATORIUM.

SANATORIA for the isolation, education, and treatment of sufferers from pulmonary tuberculosis are rapidly springing into being in all parts of the civilised world, and in this country remarkable progress is being made in the establishment of institutions for the hygienic management of phthisical cases. The results of such action certainly seem to indicate that in the so-called open-air treatment we have arrived at the most satisfactory method hitherto known of combating pulmonary tuberculosis. And yet it must be admitted that for many reasons the institutional treatment of phthisis should be considered as still in the experimental stage.

Many more or less satisfactory sanatoria are available for the well-to-do, but for the vast number of sufferers among the so-called working classes adequate accommodation is exceedingly meagre, and at present for the indigent and pauper consumptives there are very few suitable establishments.

This is not the place to discuss the various measures advocated for a successful warfare with tuberculosis, and now receiving the careful consideration of sanitary authorities in this country; but we wish to draw attention to what must be considered a most interesting experiment in the provision of what may be termed an educational municipal sanatorium.

It seems likely that in the near future the Metropolitan Asylums Board may undertake the treatment of London's phthisical cases; and already County and Borough Councils, Boards of Guardians, and other public bodies in various parts of the country have provided, or are taking steps to secure, hygienic treatment for tuberculous cases arising within particular areas.

The position taken by the Borough of Brighton, acting under the advice of its distinguished Medical Officer of Health, Dr. Arthur Newsholme, is of great interest.

As is well known, a system of voluntary notification has been at work in Brighton since 1899, with considerable measure of success; and in the provision of an educational municipal sanatorium London-by-the-Sea may well claim pioneer rank.

In July of 1902 phthisical cases were first admitted to one of the pavilions of the Borough Fever Hospital. Further accommodation has been rendered available, so that at the present time there is one ward for male and another for female cases.

We have carefully inspected the portion of the sanatorium devoted to the phthisical cases, and consider it well adapted to their needs. The situation is somewhat exposed and open to winds, but a large and well protected day shelter is available for the men and smaller ones are reserved for the women.

Great care is taken to carefully train the patients in hygienic procedures. The dietary is abundant and well selected. A trained nurse is always in attendance. Every patient is kept under strict medical supervision. Careful notes are taken of every case. Treatment is conducted in strict accordance with the best hygienic methods.

It is necessary, however, to point out that while everything is done to provide means for improving the condition of each individual, the main object of the sanatorium is to secure advantage to the public. As Dr. Newsholme points out, "Apart from the possibility of curing such patients it is in the public interest to admit consumptive patients not living under favourable conditions at home to the Borough Sanatorium for a month or two, according to circumstances. It will diminish disease and improve the public health in three ways:—1. The patient himself will be improved, and enabled to start afresh with a good prospect of recovery; (2) while he is in the sanatorium his house can be cleansed and purified, his wife and family will have a holiday in the sense of being free from repeated attacks by the infective material causing consumption; (3) The patient, when sent home, will have been taught to so manage his expectoration that it is no longer a source of risk to his family and to those with whom he works."

Dr. Newsholme has recently reported to the International Congress of Hygiene and Demography at Brussels as to the results obtained at the sanatorium, and as far as we have been able to judge they must be considered eminently satisfactory.

The main feature of this effort is its important educational aspect. The "Precautions for Consumptive Persons" issued by Dr. Newsholme are so sound, simply expressed, and comprehensive that we make no apology for quoting them.

"Consumption is, to a limited extent, an infectious disease. It is spread chiefly by inhaling the expectoration (spit) of patients which has been allowed to become dry and float about the room as dust.

"*Do not spit except into receptacles, the contents of which are to be destroyed before they become dry. If this simple precaution is taken, there is practically no danger of infection.* The breath of consumptive persons is free from infection, except when coughing."

The following detailed rules will be found useful, both to the consumptive and his friends:—

"1. Expectoration indoors should be received into small paper bags and *burnt* immediately.

"2. Expectoration out of doors should be received into a suitable bottle, to be afterwards washed out with *boiling water*; or into a small paper handkerchief, which is afterwards *burnt*.

"3. If ordinary handkerchiefs are ever used for expectoration they should be *put into boiling water before they have time to become dry*; or into a solution of a disinfectant, as directed by the doctor.

"4. *Wet* cleansing of rooms, particularly of bedrooms occupied by sick persons, should be substituted for "dusting" and sweeping.

"5. *Sunlight* and *fresh air* are the greatest enemies of infection. Every patient should sleep with his bedroom window *open* top and bottom, a screen being arranged, if necessary, to prevent direct draught; and if possible occupy a separate bedroom. The patient need not fear going out of doors in any weather if warmly clad.

"N.B.—The patient *himself* is the *greatest gainer* by the above precautions, as his recovery is retarded and frequently prevented by renewed infection derived from his own expectoration.

"6. Persons in good health have little reason to fear the infection of consumption. Over-fatigue, intemperance, bad air, dusty occupations and dirty rooms favour consumption."

Although it may be thought that the description of such an institution as the Brighton Borough Sanatorium for Consumption hardly comes within the scope of this series of articles, we are nevertheless of opinion that it merits much attention, since it indicates the progressive trend of thought and action which is forcing sanitary authorities into practical efforts, not only to attempt the cure of the patient, but to secure means for the adequate protection of the public.

Royal College of Surgeons in Ireland.

FELLOWSHIP EXAMINATION.—The following candidates have passed the primary part of the Fellowship Examination:—Mr. P. F. Foran, Dublin; Miss C. E. O'Meara, Dublin; Mr. H. I. Perry, Cork; and Mr. H. Stevenson, Belfast.

Transactions of Societies.

BRITISH GYNÆCOLOGICAL SOCIETY.

MEETING HELD THURSDAY, NOVEMBER 12TH, 1903.

DR. HEYWOOD SMITH, President, in the Chair.

DR. F. A. PURCELL exhibited a large multilocular ovarian cyst; notes of the case will be found on page 581.

Dr. BEDFORD FENWICK, by means of the epidiascope, showed sections of ovaries removed from a young woman for pain persistent for ten years; an account of the case will be found on page 582.

Dr. INGLIS PARSONS said that he entirely agreed with the views expressed by Dr. Bedford Fenwick. Some years ago much obloquy was cast upon a well-known and esteemed surgeon in Liverpool for removing ovaries, as it was alleged, unnecessarily; now unfortunately the pendulum had swung too much the other way, and the surgeon sometimes held his hand when it would be far better to remove the ovary. One had, of course, to be careful that the patient was not merely neurotic or hysterical, that her symptoms could not be attributed to the condition of her nervous system, but when that had been ascertained, and other treatment had had a fair trial, one was certainly, on the evidence of any enlargement of the organ, justified in removing the ovary.

Dr. G. R. HODGSON said that he was much interested in the case in connection with one he had brought before the Society last year, in which the patient, in spite of treatment by various medical men and in hospitals, had been constantly suffering pain for seventeen years after he had first seen her, but from the day he removed the ovaries all pain ceased, and her recovery was complete. He had been somewhat reluctant to perform the operation, as in another case of the kind, some ten years ago, the pain did not entirely disappear, but the result in the one operated on last year had been most satisfactory.

The PRESIDENT thought they were indebted to Dr. Bedford Fenwick for bringing the case, and the condition of things it exemplified, to their notice. He was sure that there were many cases of ovarian suffering in which the ovaries did not attain a size much larger than normal, as, for instance, in the two cases he had himself described at their last meeting, in which the ovarian stroma had been extremely dense. No doubt abdominal pain did sometimes persist after the operation, perhaps owing to the inclusion of a nerve in ligaturing the pedicle, but such pain, he thought, generally disappeared in time.

Dr. BEDFORD FENWICK said that he had hesitated to bring forward the case because, though he had met with numerous ones of the kind, he had not had the moral courage to operate upon more than five or six. He thought Dr. Parsons was right in saying that the tendency now was in the opposite extreme to that of thirty years ago, and that the operation was now too seldom performed for the condition described. The patient in the case he had reported was only twenty-seven years old; he had kept her under observation in the hospital for five weeks before doing anything; even at the operation, both to Dr. Stevens and himself, the ovaries seemed to the naked eye to be fairly normal, and it required some resolution to remove them simply on account of her sufferings; now, however, she was greatly dissatisfied because they had not been removed sooner.

The PRESIDENT showed, with the aid of the epidiascope, a section of the remarkable fibroid tumour in calcareous degeneration, which he had brought before the notice of the last meeting of the Society.

Dr. G. R. HODGSON read notes of a case of

INCARCERATED AND IRREDUCIBLE HERNIA IN A WOMAN,

which will be found on page 583.

Dr. A. P. HILLS gathered that Dr. Hodgson had arrived at the conclusion that the hernia was irreducible; if so, was it safe to give even a gentle purgative? He had always understood such treatment to be very doubtful, indeed, very dangerous.

Dr. HODGSON, in reply, said he had relied upon the history that the hernia had come down only a few days previously, and could not anticipate that he would find it all glued together. He had therefore felt justified in attempting to soften the motions in the hope of emptying and then releasing the bowel he had not considered it irreducible until the operation.

Dr. INGLIS PARSONS read notes of a successful operation for the cure of a large ventral hernia, which will be found on page 584.

Dr. PARSONS, in reply to a question of the President, said that the hernia had occurred twice. The patient had been operated upon for it in the hospital in which the abdominal section had been done to remove her appendages; the hernia recurred in the same spot within three months, and it was for the recurrence he had operated. It would have been very difficult to separate the layers of the abdominal wall, which were, as usual, firmly matted together, had he not cut away the whole of the fibrous ring; he was then able to find and unite the layers, as after an ordinary section of the abdominal wall for the first time.

LARYNGOLOGICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, NOVEMBER 6TH, 1903.

The President, DR. P. MCBRIDE, in the Chair.

SIR FELIX SEMON, C.V.O., M.D., opened a discussion on the

AFTER-TREATMENT OF INTRA-NASAL OPERATIONS,

an abstract of which will be found on page 584.

Dr. SCANES SPICER considered it necessary to give a general anæsthetic in these cases in order to do all that was necessary at once, instead of proceeding by piecemeal operations under cocaine anæsthesia. He referred to alar collapse and rigidity as a cause of prolonged after-treatment, which he was in the habit of dealing with by forcibly stretching with a screw dilator.

Dr. STCLAIR THOMSON said that the best way of avoiding the difficulties of after-treatment was to take precautions before operating, with regard to the preparation of the patient, the surgeon, and the operator. It was of the highest importance to avoid the use of powders and plugs, and to bear in mind that fresh blood was itself a germicide. The attempt to make antiseptic powders or lotions in the nose have any germicidal effect was futile, for the Schneiderian membrane would tolerate no active bactericide.

Mr. CRESSWELL BABER was convinced that the less that was done to the nose after operation the better. He did nothing more than place a light plug of antiseptic wool in the vestibule, which was frequently changed. If there were any fear of adhesions, he passed a probe through the cavity once a week or instructed the patient to pass for himself a thin bone spatula, 9-16th in. in width, through the nasal cavity two or three times a week. He thought that in only two circumstances was it necessary to leave a foreign body in the nasal cavity after operation, *viz.*, in case of hæmorrhage, which was rare, and to retain in place a deflected septum which had been divided and pushed into a more normal position.

Dr. BRONNER advised syringing the nose after operation with a 4 per cent. solution of bicarbonate of soda. This relieved pain, and prevented the formation of crusts. Should there be sloughing, he removed the crusts and applied trichloracetic acid. He thought it dangerous to give a general anæsthetic when the patient was in a sitting position. He advocated the use of an antiseptic mouth wash, as a septic mouth very readily gave rise to suppuration after nasal operations.

Dr. H. TILLEY was of opinion that general anæsthesia was advisable for the satisfactory performance of intra-nasal operations. With regard to adhesions he was of opinion that they were generally the result of wounding the opposed surface. In removing a septal

spur it was easy to unconsciously abrade the mucous membrane of the opposite turbinal, and thus an adhesion would almost certainly result if a suitable plug were not inserted. Normal mucous membrane could never unite with a granulating surface. He thought the use of adrenalin predisposed to secondary hæmorrhage.

Dr. WATSON WILLIAMS said that for the prevention of adhesions he had had a speculum made with long ivory blades, which were adjustable, so that either blade could be made from an inch to an inch and a half longer than the other. This enabled him, when inserting the speculum on either side, to expose one side of the nasal cavity while it protected the other. He thought that in using the cautery, the opposite side, though not actually touched by the cautery point, was apt to be scorched by reflected heat. He was of opinion that the tendency to hæmorrhage was increased by the use of adrenalin.

Dr. DUNDAS GRANT said the anxiety attending nasal operations depended upon the possibilities of hæmorrhage, local or general sepsis, the formation of adhetions, insufficient result from removal of too little tissue, or persistent crust formation, and dry pharynx from removal of too much. He avoided plugging if possible. In galvano-cauterisation he thought he had been fortunate in avoiding the formation of adhesions. His plan was to introduce the cautery point under the mucous membrane, and withdraw it at a red heat. This submucous puncture could be repeated at several spots. The punctured spots were then painted with deliquescent trichloracetic acid (which appeared to produce an antiseptic seal); the whole turbinal was then brushed with a 10 per cent. solution of antipyrin, which kept it in a state of contraction for several hours, and, lastly, a little aristol or europhen insufflated was calculated to form an antiseptic barrier between the opposing surfaces.

Dr. DONELAN thought that synechiæ could be certainly avoided only by ensuring adequate separation at the time of operation either by the removal of sufficient tissues, the use of suitable splints, or by both. The successful after-treatment of intra-nasal operations depended not only on the manipulative skill of the operator, but on the judgment and mechanical ingenuity with which he devised modes of procedure suited to individual peculiarities.

Dr. FURNISS POTTER had had considerable experience with adrenalin, and had not had any trouble with hæmorrhage after its use. He admitted that he nad been in the habit of plugging with gauze, which he usually left in the nose for from six to twenty-four hours after operation. If an hour, or half an hour, previous to removal, the gauze were moistened with a spray of peroxide of hydrogen, and then carefully withdrawn, bleeding would be avoided.

The following members also joined in the discussion: Dr. W. Hill, Mr. E. B. Waggett, Mr. Hunter Tod, and Dr. L. H. Pegler.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, November 22nd, 1903.

BLOOD-LETTING.

IN passing in review the history and modern indications of blood-letting Professor Garry said that the oldest medical writings mention it, and long before Hippocrates Greece and Africa claimed the honour of this discovery.

Hippocrates recommended bleeding provided it was moderate, but Erasistratus proscribed absolutely the operation, as, imbued with the ideas of the Pythagoricians, he placed the seal of the soul in the blood. In more modern times, however, Galen was the recognised partisan of blood-letting. For the doctor of Pergamus the humours could be vitiated in various ways, and Nature required frequently to be aided in the evacuation of the offending humours, but he was an adversary of the abuse of removing the sanguine liquid.

In the Middle Ages, blood-letting was carried to extremes. According to Riolan a patient could lose without danger the half of his blood, while Botal recommended that two or three quarts of blood should be drawn at each séance. Guy Patin bled thirteen times in a fortnight for pleurisy a boy of seven years old. Later, Harvey made a strenuous opposition to blood-letting, taxing his contemporaries with exaggeration and calling them "sanguinary pedants."

With Quesnay, Bocquillon, Franck, and Broussais, and above all Bouilland, the practice of blood-letting recovered its former vigour.

If the first quarter, or rather the first half, of the last century might be justly accused of "hæmatomanie" it seemed that the second half fell into the contrary excess, that of "hæmatophobie," so that many practitioners of the present generation never bled any person nor perhaps saw any operation of the kind.

First extolled as a universal remedy, afterwards regarded as a terrible pest, blood-letting seems for the last few years to be coming back to favour.

Commenced in France with Vinay (1880), continued by Huchard, Thierry (1887), Dujardin, Jaccoud, Hayem, &c., the movement extended rapidly to Germany (Kroenig, Albu), 1896; while three reports were presented on the subject at the Congrès de Médecine (1900) by Hayem, Boginski, and Robin.

According to these authors it was concluded that whereas formerly bleeding was practised against the entire morbid evolution, to-day it was regarded as an urgency (moyen d'urgence) against the complications of a disease and not against the disease itself.

Thus conceived and practised, blood-letting deserved the esteem of practitioners; and the sage moderation, together with the method observed in the limitation of its employment, guaranteed a modest but durable fortune in the future.

By blood-letting the tension is lowered progressively, and when the vein is closed the pressure rises slowly, and at the end of twenty-four hours it remains fixed at a point slightly inferior to that before the operation. The depletive mechanical action is one of the most manifest and the most incontested effects of bleeding. In opening the vein of a patient suffering from dyspnœa and cyanosis from insufficiency and dilatation of the right ventricle, an immediate and progressive relief is produced, the respiration becomes easier and deeper, the heart becomes more regular, the beating diminishes in frequency, cyanosis disappears gradually and the patient comes back to life. Not only does bleeding act in the above mechanical manner, but it plays also a purifying rôle. In the normal state the toxins fabricated in the organism are destroyed and eliminated by certain organs, essential conditions to the maintenance of health. When one of these organs fails, a series of troubles is immediately produced, which may become extremely grave after a certain time.

In removing from the organism a certain quantity of blood, toxins are drawn away at the same time, and Bouchard has demonstrated that an ounce of blood taken from a person suffering from uræmia contained ten grains of extractive matter, or 1-16th of the totality of these matters contained in the urine of a whole day.

As regards the affections benefited by bleeding, the number is not very large, but, on the other hand, the indication is precise: those where the tension is exaggerated or which are characterised by the intensity of the congestive phenomena and poisoning of the blood. But it should be always borne in mind that

blood-letting should be regarded as an emergency operation directed against a threatened complication, the treatment of a symptom and not of a disease.

Among the maladies where blood-letting is clearly indicated may be mentioned cardiac thrombosis as a complication of mitral insufficiency, dilatation of the heart, acute œdema of the lung, uræmia, puerperal eclampsia, hyperæmia of the nervous centres, meningitis, congestion of the brain with threatened hæmorrhage, pneumonia in young and vigorous patients, renal sclerosis, and so on.

Thus understood, blood-letting, says Professor Garry, will render good service, as nothing could replace it in the moment of imminent danger. If the greater or less frequency of its employ be subjected to controversy, the operation itself should be admitted, and if the practitioner refrained from it, let at least his conduct be not instigated by either fear or contempt.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, November 21st, 1903.

AT the Medical Society Hr. Abel read a paper entitled

THE VAGINAL OR THE ABDOMINAL ROUTE IN GYNÆCOLOGICAL OPERATIONS?

He referred in laudatory terms to Dührssen's interesting efforts in the introduction of the vaginal route in gynæcological surgery. That laparotomy was not an ideal operation was shown by the fact that the mortality of it varied between 4 and 10 per cent. The chief dangers of abdominal section were infection from the air, shock from contact and dragging on intestine, and post-operative ileus. The evil results that might follow afterwards were then enumerated.

For various reasons the vaginal route has been looked upon as unsurgical, one being that the field of operation was not properly visible, and another the uncertainty about arrest of hæmorrhages. The speaker had himself been impressed with these objections, and had for a time in consequence abandoned the route. When he returned to it, however, with greater energy he had seen that all objections were due to defective technique. When this was once overcome all these objections would vanish. Experience had shown that when the vagina was disinfected in the usual imperfect way, only the peritoneum took no harm from infection; the dragging on the uterus, even when it was brought to the vulva, was not greater than when it was pulled up to the abdominal wall.

Generally, the whole operation could be carried out under the guidance of the eye. The lighting up of the field of operation and exactness of arrest of hæmorrhage could only be obtained by the use of threads and not forceps.

Large cystomata could be removed *per vaginam*, but the route was not suitable for the extirpation of malignant and solid ovarian tumours.

He had performed 121 vaginal cœliotomies with only two deaths.

It was easier to persuade patients to submit to vaginal operations than laparotomies, they could therefore be operated on earlier, and this was of special importance in the case of myomata. These were not in a proper sense malignant; but independent of malignant degenerating adenomyomata and myosarcomata, they had an enormous influence on the organism, and, especially during recent years, it had been shown that the heart was prone to early serious changes. The vaginal route permitted extirpation to be carried out with comparative safety.

At the Society for Internal Medicine Hr. Tobias brought forward a case of

EARLY DIAGNOSIS OF AORTIC ANEURYSM BY RÖNTGEN ILLUMINATION.

A farmer, æt. 42, had been treated for obstinate intercostal neuralgia for a long time. He was healthy previously, had never had syphilis, and was moderate in the use of alcohol. He was married and had three healthy children. In the spring of 1902 he felt a peculiar cold spot between the left shoulder-blade and the spine, which became the seat of a pricking pain later on. Various rubbings, electricity, and morphia were used, but without effect. At the commencement of 1903 he was sent to Carlsbad on account of enlargement of the liver. There he lost 16·5 kilogrammes in weight; the pain got worse and spread to the front. The man could no longer lie on the left side, the whole of the sixth intercostal nerve was affected. Electricity was again tried, but with no result. He now came under the speaker's treatment. The heart and lungs were then normal, only the second aortic sound was a little musical; no abdominal dulness about the thorax, no arterial sclerosis that could be felt, no albumin in the urine, and no disturbances of sensation. It was now suspected that the pain was from pressure of a tumour, possibly an aneurysm of the descending aorta, but objectively this could not be made out. Röntgen illumination, however, confirmed the diagnosis—aneurysm of the descending aorta.

A discussion took place on the

INTERESTING CANCER CASES

shown by Hr. Westenhöffer at the previous meeting, in connection with which Hr. Gottschalk showed a very rare preparation of carcinoma of the uterus that had developed on a myoma, and was limited to it in its growth. It was removed by vaginal extirpation from a patient, æt. 77, without narcosis and without any expression of pain on the part of the patient, who recovered easily from the operation. She was discharged on the twentieth day after the operation, and soon afterwards she died of cerebral hæmorrhage.

Hr. Adler spoke of the case of gastro-enterostomy for carcinoma of the stomach in which case the Murphy's button remained behind. The patient at first felt very well, could bear any kind of food, and had increased 15 kilogrammes in weight. That this could not long continue was foreseen, as the disease was malignant. That the falling away again was not due to the Murphy's button was evident by the fact that the button was afterwards found lying free in the stomach, and not in any way interfering with its function.

Hr. Westenhöffer observed on the remark of Hr. Kraus regarding the invasion of coli bacilli in the case of pachymeningitis carcinomatosa, that it was not to be looked upon as etiological, but was an accidental symptom. Large metastases were found in the whole bony system. Albrecht, of Munich, had drawn attention to the question whether the onset of fever might not be made use of from a differential diagnostic point of view. With extensive metastases fever was met with without any mixed infection.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, November 21st, 1903.

SYPHILIS OR CANCER?

AT the Gesellschaft der Aerzte, Turc presented a female patient with all the phenomena of recent syphilis, although the case was shrouded in much obscurity.

The syphilitic theory was sustained by an induration on the anterior margin of the labium of the portio, swelling of the glands in different parts of the body, and exanthemata with scars, the result of gummata. The ciliary portion of the left eye appeared to have disappeared entirely from the effects of a gumma. The patient was quite sound up to Christmas, 1902, when she gave birth to the seventh child; all the children were perfectly healthy. From the history of the case it would appear that the infection was not suspected till the month of May, from which time it has assumed all the appearance of malignancy running a rapid course.

Jungmann presented another case, æt. 44, a joiner's labourer, who acquired syphilis six weeks ago in the form of a sclerosis on the penis.

Five weeks later large papular syphilides appeared all over the body. As a cause of this unusual appearance it was noted that the drunken habits of the patient had much to do as a potent factor.

INCOMPLETE PTOSIS.

Elschnig exhibited photographs of nine cases of shortening the levator palpebræ superior to remove incomplete ptosis. He further showed another case of complete ptosis which he had repaired by Hess' modification. This method was accomplished by passing a thread through the frontal muscles and raising the upper lid. The modification was performed with a piece of magnesium wire with this thread, which supported more of the fibrous tissue.

Königstein remarked that he thought this modification of Elschnig's would prove to be a good one, but reminded the meeting of a method by Motais that had been very little used in surgery. His method was to free the rectus from its attachments and unite directly with the tarsus by stitches.

CHYSMA OF ARGENTUM COLLOIDAL.

Löbl reported the success of injecting into the bowel Credé's colloid of silver in cases of sepsis, erysipelas and other puerperal conditions. His method of operating is to dissolve 0·15 to 0·3 gramme of the colloid substance in 75·0 grammes, or two to three grains in 2½ ounces of water. This ought to be repeated within eight days.

Schlesinger reported a few excellent results from rectal injections, and highly commended Löbl's prescription. The intravenous might be urged as the best, but this form of treatment was not always practicable nor easy of application, while the rectal method had everything in its favour.

Löbl remarked that Credé himself admitted that the intravenous method was difficult if not dangerous in individuals with large quantities of fat, which greatly narrowed the superficial veins, thus making it a difficult task to enter them at any particular place.

GASTRIC CANCER.

Ullmann brought forward two female patients on whom he had operated very successfully for cancer of the stomach.

The first, æt. 62, began to complain about the autumn of 1902. She was operated on about the middle of June this year, when the whole of the stomach was removed and the jejunum drawn up and attached to the cardiac end of the stomach. Since that time the patient has expressed herself as perfectly well, and has added 3½ kilogrammes to her weight.

In the second case the whole of the small curvature of the organ was removed, giving the whole the appearance of a continuous tube or bowel. She is also well.

TAPPING THE PERICARDIUM.

Lothersen exhibited a young coachman, æt. 20, on whom he had successfully operated for hæmorrhage into the pericardium. This is no new operation, as hundreds have already been performed, with the very high death-rate of 60 per cent.

He also showed another young man, who had been stabbed in the thorax with a knife, producing hæmopneumothorax and wounding the cystic duct. Owing to the thinness of the walls of the latter, stitches were inadmissible and tampons had to be used, with perfect success.

APPENDICITIS.

Spieler next showed an anatomical preparation which he had removed from the pelvis of a young girl, æt. 12. The appendix was perforated by a bent rusty needle without a point. How the crooked substance reached the appendix is hard to explain. The patient is now well.

REMOVAL OF INTRA-CRANIAL FOREIGN BODIES.

Domeny reported an experiment he performed on animals with intra-cranial foreign bodies, such as small shot. In one case the shot was only one millimetre in diameter, but by the help of the Röntgen rays it was speedily removed in less than three minutes, the animals afterwards remained reactionless.

Holzknecht told how he had operated in the same way with the radioscope in dividing one of the columns in a case of hemiathetosis; also in neuralgia, due to central disturbance; puncture of cerebral abscesses, as well as injecting medicaments into the cerebral centres.

BAZIN-HUTCHINSON SUMMER ERUPTION.

Ehrman presented a man, æt. 45, with Bazin-Hutchinson summer eruption, which had been treated with the blue-ultra-violet rays, leaving behind deforming scars. The rays produced red vesicles which broke down.

The patient has two sisters who suffer from a similar eruption.

The Operating Theatres.

ROYAL FREE HOSPITAL.

OPERATION FOR CATARACT IN A CASE OF SENILE DEMENTIA.—Mr. WORK DODD operated on a man, æt. 77, who had been admitted suffering from cataract in the left eye; the patient had been mentally deficient for some years. At the hospital he was found to be very violent and noisy, requiring sometimes several attendants to maintain him in bed. About a month before his right eye had been operated upon at a special eye hospital by a colleague of Mr. Dodd's, but after this operation the patient had torn off his bandages and rubbed the eye, which naturally became inflamed, and all hope of regaining his sight in that eye was lost. The case was transferred to the Royal Free, a general hospital, in the hope that, owing to the larger number of attendants and staff, more control could be exercised over the man. There was a fairly mature ordinary senile cataract in the left eye, and the patient was a man who, for his age, was, as far as general health was concerned, in a fairly good condition. There was no albumin nor sugar. The patient being so violent it was decided to do the operation under a general anæsthetic, and chloroform was therefore administered. The operation performed was a modification of what is known as the three millimetre operation, that is to say, the knife was entered at a point three millimetres from the upper border of the cornea and brought out at a corresponding place on the opposite of that structure. An iridectomy was performed, and after the anterior capsule of the lens had been torn through the cataract was squeezed out by graduated gentle pressure with a tortoiseshell scoop; the pillars of the iris were restored to their proper position and the wound thoroughly cleared of all

débris. The lids were closed and a dry dressing applied, which was fastened on with collodion. The man was then carried back to the ward, still under the influence of the anæsthetic, and fifteen minims of inj. morph. (B.P.) administered. Mr. Dodd said his chief reason for operating on this eye was that he hoped the mental condition of the patient might improve, if he were restored to more intimate acquaintance with passing events through his sight being given back to him. Mr. Dodd was encouraged in this hope by other like cases on which he had operated, especially one of a man from whom he had extracted a cataract, and who, at the time, was in a lunatic asylum and blind of both eyes. On recovering his sight after the operation the mental condition of this patient became normal and he lived for several years with his family in possession of all his mental faculties. Mr. Dodd pointed out that many old people have a tendency to senile dementia, and that it is quite possible that the loss of sight might be the last straw which overbalances the already enfeebled brain. This cause being removed the subject then has more hope and interest in life, and has thus a better chance of regaining control over his actions, &c.

The patient after the morphia injection was put into a strait-jacket; a sheet made up into a sort of rope was then looped round his axillæ and fastened to the head of the bed; the long sleeves of the jacket were attached to either side of the bed itself, so that it was quite impossible for the man to raise his hands to his eye; by these means he was more or less fixed immovably as to his shoulders and head: he was at the same time well padded with pillows. He was kept under the influence of morphia by daily injections for about four or five days, but even under the drug he was noisy and endeavoured at intervals to struggle. His back and protuberances were during all the time thoroughly looked after by the sister of the ward, and therefore there was no trouble in the direction of bed-sores or excoriations. The eye did uninterruptedly well and was dressed on the fourth day after the operation and daily afterwards, the strait-waistcoat being left for seventeen days. Twenty days after operation the patient was discharged, being able with a glass to read large print; in fact, the result of the cataract operation was unusually good and rapid. His mental condition undoubtedly improved very much towards the latter part of his stay; he frequently held sensible conversations, though he still had occasional attacks of mental aberration. Considering the short time that he was under observation, the change for the better in his mental state was marked.

GREAT NORTHERN CENTRAL HOSPITAL.

Operation for Malignant Pustule.—Mr. Acomb, house surgeon to the hospital, operated, at Mr. Peyton Beale's suggestion, on a man, æt. 35, who had been admitted to the hospital with the following history:—The patient, a coffee-stall keeper, was quite well about five weeks before: he then first noticed a small, reddish, itching pimple situate about midway between the angle of the jaw and the left clavicle. He thought it to be a small boil, and apparently his only discomfort was the constant itching. This sensation was so severe that he was constantly touching the place and finally "he broke the skin." In the evening he felt seedy—slight headache and chilliness, no pain in limbs. He took no further precaution beyond poulticing the "boil" with linseed until two days afterwards, when he consulted a medical man. On the next day he came to the hospital and was admitted. On examination, it was found that about the angle of the lower jaw and midway between angle of the jaw and left clavicle there was a large brawny swelling which could be covered by a 5s. piece, hard and indurated around, with considerable infiltration and erythema. Situated in the middle of the broken down centre of the swelling was a black slough about the size of a shilling; surrounding this slough was a ring of "weeping" vesicles (fluid in vesicles clear with a yellow tint). There was no glandular enlargement. The tumour seemed fixed, but this was probably due to the tension on the surrounding parts caused by infiltration and œdema. It was an undoubted malignant pustule. Pulse 70 and good, temperature 99·6°. Mr. Beale, having been informed as to the man's condition, suggested that Mr. Acomb should operate at once. This he did as follows:—

Pustule excised down to and including some fibres of the left sterno-mastoid, through an elliptical incision some three inches long. A margin of ¼ inch of healthy skin was excised with the tumour. Parts extremely vascular. Wound swabbed with pure carbolic, a drain inserted and wound closed with silkworm-gut sutures. On the day following, the patient was quite cheerful, pulse 64, temperature 99·4°. Seven days afterwards he was quite himself again, temperature and pulse normal, wound healthy, only a very small amount of induration being present. He was discharged cured on the following day.

A section of tissue was cut and showed numerous anthrax bacilli. The slide was exhibited at a meeting of the North London Medical Society.

It was pointed out as of interest to note that on the morning from which his symptoms dated the patient slept for an hour or so on some straw in a stable, but beyond this there was no evidence to show how he became infected with anthrax.

Mr. Beale remarked that malignant pustule was a condition very rarely seen in London, except in the neighbourhood of the docks. He had only seen one other case during the last thirteen years, that was to say, only one which was definite. Mr. Acomb, who had been a house surgeon at Leeds, had seen six or seven cases. It had been stated lately that these cases did well without operation, which meant that if the patient was still alive at the expiration of eight or ten days after the formation of the pustule, the probability was that he would recover without operative interference, the pustule scabbing over and drying up. He thought, however, that it must be a far safer proceeding to at once excise freely the pustule directly it came under observation, and before the constitutional symptoms, which usually came on with great severity about the fourth day, had developed to any extent. On the other hand, if grave constitutional symptoms had already manifested themselves, he could not think that excision of the pustule could in any way prolong life, so that it would appear that there were two classes of cases, those in which a general infection occurred rapidly, and those in which the infection remained localised and did not involve, at any rate rapidly, the system.

Society of Members of the Royal College of Surgeons of England.

The annual general meeting and dinner of this society was held at the Frascati Restaurant on November 10th. Mr. Joseph Smith, J.P., M.R.C.S., was re-elected President; Dr. Danford Thomas, Dr. Thomas Morton, and Dr. Herbert Snow, Vice-Presidents; Dr. Brindley James, Honorary Treasurer; and Dr. W. G. Dickinson, Honorary Secretary. The finances of the Society were reported to be in a satisfactory condition, and a substantial balance was in hand. The membership of the Society had much increased of late years, and through its agency the report of the College Council was now circulated annually to over 3,000 members.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 25, 1903.

THE ANTI-VIVISECTIONIST ON TRIAL—BAYLISS *versus* COLERIDGE.

THE anti-vivisectionist and his methods, as set forward in the person of their arch-protagonist, Mr. Stephen Coleridge, have been tried in the balance and found wanting. Not many months ago, at a crowded meeting of the National Anti-vivisectionist Society in St. James's Hall, London, that gentleman announced that he had evidence of eye-witnesses to certain illegal acts committed at University College. The outcome of that public statement was an action brought by Dr. W. M. Bayliss, Assistant Professor of Physiology at the above-named institution, to recover damages for slander and libel on the part of the Hon. Stephen Coleridge. The specific charge was that the defendant had imputed that the plaintiff had been guilty of cruelty to a dog, and had vivisected it without properly anæsthetising it as required by the Vivisection Act. The defendant pleaded justification and fair comment. His justification was the evidence of two tainted witnesses, two Swedish girls who had joined the classes at University College, and who were simply novices and unskilled observers from a scientific point of view, besides being notorious anti-vivisectionist partisans. "Fair comment" appears to be, in Mr. Coleridge's mind, on the strength of such evidence, to impute not only abominable cruelty, but also the commission of an illegal act by the evasion of the conditions imposed by the Vivisection Act. Mr. Coleridge admitted in court that he trusted solely to the statements made by the Swedish girls, and that he took no steps to ascertain from Dr. Bayliss the truth or otherwise of their evidence. That fact alone stamps with an indelible brand the nature and methods of Mr. Coleridge's campaign. For his purpose, any evidence, any reckless assertion, any false argument, any bitter public imputation of evil motive, in short, any weapon whatever, no matter how unfair or how falsely it be used, is good enough to support his own particular views. His two lady witnesses, untrained in medical matters, see a dog struggling under an anæsthetic and straightway swear that its struggles were "purposive"—the dog "arched its back and jerked its legs." The movements were, as a matter of fact, similar to those invariably made by any human being who takes an anæsthetic, but of which he knows nothing after regaining consciousness. It is inconceivable that any person who had been in the habit of seeing chloroform administered, or who had the slightest knowledge of the subject, either in theory or in practice, could have fallen into so ludicrous and childish an error as to suspect a chloroformed dog of making "purposive" struggles. In court the plaintiff had not the least difficulty in proving that the animal was properly anæsthetised, and the movements of an ordinary reflex and unconscious nature. Mr. Coleridge, however, preferred the sentimental and untrained conclusions of his Swedish witnesses, whose impartiality may be gauged by the fact that they sat down and wrote an account of what they had seen at University College in a book under the catch-penny title of "Shambles of Science." That a learned lawyer should make grave public charges on such hopelessly tainted evidence would be incredible were not one already acquainted by long experience with the hopelessly faulty intellectual methods employed by Mr. Coleridge with regard to the question of experimental investigation. Truth is logic, and to be illogical is to be untruthful. We have again and again pointed out the illogical nature of Mr. Coleridge's arguments and conclusions. Now, for the first time, he has been called upon in a Court of Justice to satisfy the logical sense of the law as to the methods whereby he has sifted the terms and premisses of his publicly-stated conclusions. He has failed to prove that his methods are logical, or, to put it in another way, that what he said was true. The special jury engaged in the trial marked their sense of his reckless conduct in publishing so false and serious a slander by assessing the damages against him in the substantial sum of £2,000. It is too much to hope that even so severe a lesson will bring Mr. Coleridge to the full possession of the realities of his position as a self-constituted critic of medical science and its methods of research. The attitude of the anti-vivisectionists generally may be to some extent inferred from an article published in the *Daily News* shortly after the trial. The writer might have been Mr. Coleridge himself, so stuffed is the whole effusion with logical fallacies. First of all, experimentation is called "torture," a begging of the question that stamps the writer at once as a partisan. He assumes, for purposes of argument, that man has a right to experiment for purposes of science as, say, for food. He makes an exception, however, in the case of the dog, because "it might almost be said to have surrendered itself into our safe-keeping." What about lambs, and calves, and horses and pigeons: how does man repay them for their trustfulness? We have no hesitation in saying that more brutality

to horses could be seen in a single walk along a crowded London street than could be found in all the physiological laboratories of the United Kingdom in a month. Besides, the animals in the laboratories do not feel any pain, whereas the horses are flogged and broken down with terrible labour and burdens until they die. But the *Daily News* prefers to tickle the sentiment of its readers by talking about the "poor, big, brown doggie," that is brought into the lecture-room to be "mangled." It would be just as reasonable to write diatribes upon the beauteous lads and lasses who are daily taken into the operating theatres of our hospitals to be "mangled" by the surgeons. It is to be hoped that within the next generation the general level of intelligence will have advanced beyond that of the journal from which the foregoing passages have been quoted. Then the proposition that experiments on living animals are necessary for teaching purposes will not be met with such irresponsible clap-trap as that used by the above-quoted journal in the statement that "we are all responsible for this hideous defiance of the laws of humanity." Meanwhile, the verdict in the case of Bayliss *v.* Coleridge may be welcomed as a vindication of truth, reason, and sober humanity against the aspersions of weak and misguided sentimentalism.

THE VALUE OF EPONYMIC NOMENCLATURE.

THE custom of associating proper names with diseases, physical signs, or clinical tests is one which has long been prevalent in medical science, and it appears to show no sign of falling into disuse. From the student's point of view many objections have been taken to the practice, which seem at first sight to be plausible, on the ground that it burdens the memory needlessly with a useless mass of names. It is argued that it is the disease itself which should be studied rather than any particular individual, be he never so illustrious, with whom it is connected. This is, of course, true in the main, but it was never intended that medical biography should enter seriously into the student's already over-full curriculum. Dr. George L. Richards, in his Presidential Address delivered before the Section of Laryngology and Otology at the last meeting of the American Medical Association, strongly deprecates this eponymic tendency, especially when used to distinguish certain operations, and pleads for a more anatomical description. A little reflection, however, will show that this tacking on of proper names, far from being a hindrance to the student, has a definite mnemonic value, for by the adjectival use of the surname a new and concise term is formed by which a great deal of unnecessary circumlocution is avoided. How much easier, for instance, is it to speak of a patient as possessing "Romberg's sign" than to waste words in saying that is "unable to stand steadily with his feet together and his eyes shut"? Though we cannot yet say that there are no more diseases to discover, yet the number of new and distinct clinical entities which are added to our list year by year are, from the very nature of things, made up of such a complexity of symptoms that here again we are glad to say that a patient is affected with "Banti's disease," rather than that he is suffering from "a chronic intoxication with anæmia accompanied by chronic endophlebitis of the spleen, jaundice, and hepatic cirrhosis." Some mental effort is, doubtless, necessary in order to associate a given proper name with a long string of symptoms and pathological changes, but the whole training of the medical man has enabled him to go through this process of "mental association" with comparative ease. Other sciences, also, besides medicine, yield a variety of eponyms, all of which possess a certain value to their respective students. There is another use for eponymic nomenclature which members of an ancient and learned profession will not be slow to appreciate. We refer to the honouring of a great master of medicine or surgery in handing his name down to posterity by associating it with some disease, physical sign, symptom, or operation described or devised by him. It is very unlikely that "Bright's disease" will ever be known by any other name, such a hold has it taken upon the medical and lay public; yet there are those who would discard it altogether, preferring to speak of nephritis with a prefix designating its particular variety—when this can be accurately determined during life. Other names, like "Addison's disease," are so admirably distinctive, that it would be hard to find for them a substitute. Where the evil lies, of course, is in rushing to the extreme and dragging in the name of Jones or Smith—joining them, if necessary—to every slight variation or modification in already existing maladies or operations which are named after this fashion. To tack on any other name to that of Bright or Graves would be little short of sacrilege, while in many instances the practice only excites ridicule. Nevertheless, we cannot help thinking that the total banishment of eponyms would be a retrograde step and one which would be, in the long run, distinctly disadvantageous alike to the student and practitioner.

MODERN VIEWS OF DIPHTHERIA.

IN the history of diphtheria as a disease there has not been any startling change since the discovery of an anti-serum and the establishment of its value in practice. Nevertheless, year by year our attitude with respect to certain problems, both of diagnosis and treatment, is changing, and we have to accommodate our views to the observations and generalisations of modern observers. In regard to the diagnosis of the disease, there have been during the last few years many different doctrines in vogue for limited periods. There was the time when the diagnosis was made on purely clinical grounds—no other, indeed, being possible. Then, on the discovery of the diphtheria bacillus, there was the inevitable tendency to rely almost entirely on bacteriological examination for a decision as to the specific nature of the disease. With a firm faith in the infallibility of the pronouncements of the bacteriologist, it is to be feared that the physician grew somewhat careless

as to the clinical features of the case. Instead of making a provisional diagnosis pending bacteriological information, he too often made none, but waited till he received it ready-made from the laboratory. Nowadays, however, a certain proper scepticism of laboratory-made diagnoses is appearing, and, of necessity, at the same time a greater reliance on clinical conditions. Various facts have conduced to this position. The physicians have discovered that they were receiving positive reports in cases of coryza and scarlatina, as well as in health; while, on their side, the bacteriologists have found that the features on which they were in the habit of relying for purposes of distinction were insufficient, and that there are many other organisms which resemble the diphtheria bacillus in everything except pathogenicity. While it is perfectly right that main reliance should be placed on clinical features for purposes of diagnosis, yet the physician must still look for considerable help to laboratory methods. Although tests of pathogenicity are, on account of the delay involved, as well as of the heavy expense, limited in their usefulness, yet there are certain procedures by which a speedy and very useful opinion can be formed. The most important of these is the examination of a direct smear of a swab from the throat. With the help of Neisser's distinctive stain, diphtheria bacilli can nearly always be recognised if present, and there is less confusion from other organisms than when cultures have been made. It is satisfactory, however, whatever be the difficulties of diagnosis, that the treatment of the disease is well established. Not only is the value of antitoxin so far above question as to render its omission a crime, but its harmlessness in all conditions is so certain that a doubtful diagnosis is of much less grave import than it would otherwise be. In all cases of doubt it is not only a wise rule, but an imperative, to administer antitoxin. As to the methods of administration and the dosage, there is some change in the body of current opinion. The tendency is to increase the dose of antitoxin in severe cases far above what was formerly the custom, and further to hasten its action by injecting it intravenously rather than subcutaneously. It is curious that in these countries the operation of intubation is still in disfavour compared with tracheotomy, since its results in hospital treatment elsewhere are so encouraging. Whatever be its relative disadvantages in private practice, there is little doubt that in hospitals they are outweighed. In the pathology of the disease, also, we have some new facts. The most important of these is the proof that in severe diphtheria there is an actual bacteriæmia. Following from this we find that lavage of the blood by large saline injections is gaining ground as a mode of treatment. In reference to the bacteriæmia, too, it has been pointed out that in nearly half the deaths from diphtheria there is found to be thrombosis in the heart. There can be little doubt that many of the sudden deaths we were in the habit of vaguely explaining as due to toxic action on the heart muscle are, in fact, due to thrombosis.

Notes on Current Topics.

The Edalji Petition.

THE petition to the Home Secretary has been widely signed by members of the medical profession. Amongst the signatures are those of Dr. G. H. Savage, Professor Clouston, of Edinburgh, Dr. F. J. Waldo, Dr. F. J. Smith, Dr. Ward Cousins, Dr. H. Jellett, and Mr. E. H. Tweedy. In order to prevent misunderstanding it may be stated that this petition is simply for an inquiry into the state of mind of the prisoner Edalji. If he committed the crime of which he was convicted, namely, the purposeless maiming of a number of cattle, then he must be fitted rather for a lunatic asylum than for a convict prison. That is a purely medical issue, and as such is approached by a petition to the Home Secretary for a formal inquiry into the state of mind of Edalji. We shall be glad to receive any further signatures within the next few days, and also to forward forms for any medical men who may wish to add their names.

Auto-Tattooing of the Buccal Mucous Membrane in Plumbism.

THE presence of the well-known "blue line" on the gums is one of the first things the physician seeks when he is investigating a case the symptoms of which suggest chronic lead-poisoning. At a recent meeting of the Société Médicale des Hôpitaux, MM. Caussade and Montés exhibited two patients who not only showed this feature, but also presented a much rarer manifestation in the shape of tattooed-looking plaques on the mucous membrane of the cheeks. These peculiar lesions were well described by Gubler, in 1868, as slate-coloured patches resembling the spots seen upon hunting-dogs. Both patients were males, workers in colours, and had suffered from other symptoms of plumbism, such as colic. This "tatouage saturnin" appeared in the form of large, slaty-grey plaques, having a somewhat star-shaped or whorled arrangement, composed of an aggregation of minute points, and were situated on the inner side of the buccal mucous membrane. Where the teeth were deficient no pigmentation was visible, and it was observed that the patches corresponded accurately to the position of the teeth, the sharp notches of which were traced, as it were, in a metallic pattern upon the cheek. The condition was, therefore, plainly one of auto-tattooing or inoculation of the sulphide of lead clinging about the gingival borders directly into the adjacent mucous membrane. The authors consider that these plaques are an evidence of a grave intoxication of the system with lead, so that they would possess a distinct prognostic value. They are also said to occur with much greater frequency than is generally believed.

Diet and Physicial Deterioration.

THE factors that induce physical degeneration are so many and various that not the least part of the work of the Physical Deterioration Commission will be that of classifying and arranging

them into something like a comprehensive and systematic order. Directly after birth there are influences at work which may make or mar the future physical prosperity of the infant. Later, the process of education, the habits of daily life, the hygienic, mental, and moral surroundings, the struggle for existence, and the stress of competition all leave their mark for good or for evil upon every individual. But through and above all the question of suitable and sufficient diet becomes one of paramount importance. The life of the infant may be endangered or even sacrificed by improper feeding and unwholesome food. The digestive powers of the young and vigorous may be so sorely tried by reason of the rush and hurry of modern life that in after years they become continual martyrs to dyspepsia. Excess in eating, especially of certain kinds of food, is a fruitful cause of suffering of another kind. From the figures quoted by Major Craigie in his recent presidential address to the Royal Statistical Society, there seems to be no doubt that we, as a nation, habitually consume far too much animal food. This applies, of course, more particularly to the upper and middle classes, who are accustomed to partake of meat three and sometimes four times a day. As compared with 1859, it is seen that the quantity of meat consumed in this country is nearly four times as much per head of the population. The penalty paid for this excess will probably be found in gout and all the evils dependent upon it, chief among which are arterio-sclerosis and granular kidney. The popular idea that flesh-foods increase the animal spirits has some foundation in fact, for dyspepsia caused through overloading of the stomach commonly leads to neurasthenic manifestations. On the other hand, a deficiency of meat is a fruitful cause of anæmia and associated disorders, which are, naturally, more predominant among the poorer classes. It is also pointed out that tea-drinking and cigarette smoking are largely in excess of what they were seventy years ago. These latter act more directly upon the nervous system, and, therefore, tend to produce less stable and resistant mental organisations, which are unable to bear increased strain. As the burning-power of a fire is measured by the quality and quantity of the coal it consumes, so it will be seen that there is more than a casual connection between the diet of the individual and his physical condition. We hope that the matter will receive at the hands of the Commission all the consideration which it deserves.

A Minister of Public Health.

Persons with a cause at heart, which they wish to see pushed forward at a greater pace than the conservative instincts of the community allow, are apt to think that an extra Cabinet Minister, charged to carry out their ideas, would cleave his way through the difficulties that obsess their path. Merchants clamour for a Minister of Commerce; hygienists for a Minister of Public Health. At almost every gathering of medical officers of health and sanitary officers a resolution is passed calling for such an official. It is certain that a great deal more public attention to matters bearing on health will have to be aroused before such a proposal is likely to assume concrete shape, and the functions of the President of the Local Government Board be divided up between two members of the Government. Cabinets are becoming more and more unwieldy every year, and the addition of another Minister or two would only add to the evil—already great enough—of divided responsibility. The enthusiasts who want a Public Health Minister and a general public health service for the whole country are oblivious of the fact that legislation is tending to take quite the opposite course to the one they desire—namely, towards devolution as opposed to centralisation. It may comfort them to know that that go-ahead little colony, New Zealand, has lately created a Ministry of Public Health, but then New Zealand has not centuries of tradition behind her, and she likes experiments. One would wish that the dream might be realised for this country, but it is no good disregarding patent facts, which all go to show that efforts to raise the health of the nation must be primarily directed at the local authorities, and not at the central Government.

"Rural Hygiene."

A third edition of Dr. Poore's "Rural Hygiene" serves as a reminder that there is plenty of life still in the common-sense theories and practical methods of its author. To write popularly on such unromantic subjects as the supply of water and the disposal of excreta argues a rare gift, and the book is worth reading if only to enjoy the masterly use that Dr. Poore makes of irony and satire. Soon after the first edition had appeared in 1893 it was said in one of the society journals that every other girl whom one met at a country house was deep either in Sarah Grand's "Heavenly Twins" (then in its first blush of popularity) or in Poore's "Rural Hygiene." There can be little doubt as to which proved the most profitable, for though Dr. Poore's ideal may be Utopian, there is much that may well give food for mature reflection, and the tendency of some of the recent advances in the science of public health has certainly been to confirm his contentions. These are conservative in the best sense. Everything has its use and nothing should be wasted; excreta should be employed to enrich the earth, not to pollute the air; corpses should not be sunk into clay to putrefy, but covered with earth to nutrify. Fresh air and clean water are eloquently pleaded for, and scorn is heaped on the favourite "schemes" of sanitary authorities. To the orthodox Dr. Poore's ideas have always been a source of amused contempt, but could they all be carried into practice life would be much cheaper, healthier, and happier.

Diarrhœa and Polluted Water.

It is so seldom that an epidemic of diarrhœa can be demonstrated to have been due to the fouling of a particular source of water supply

that considerable interest attaches to the report of Dr. Thresh on the outbreak of diarrhœa that recently affected Chelmsford and the neighbouring district. On July 25th a large number of persons were suddenly seized with diarrhœa, and before August 25th no less than 1,400 people had suffered similarly, fourteen of them fatally. All ages and classes were affected, but the mortality fell chiefly on young children. As attention was directed to the outbreak it was found that the patients were confined to one part of the borough of Chelmsford and to a neighbouring village. The water supplying these areas was derived from mains which conducted it from a small uncovered reservoir, into which water was pumped from a deep well. This reservoir was not bricked up to the ground level, and a heavy fall of rain on July 23rd seems to have washed into it soil from a patch of garden in which it was situated. The bottom of the reservoir was shiny with mud and teeming with worms, and two days after the water from it was cut off the cases ceased. Epidemic diarrhœa may be caused by bacterial infection, decomposition products, or the mechanical irritation of solid particles in the intestine. A good many outbreaks due to these causes have been recorded by Dr. Thresh in his book on "Water and Water Supplies." None of these, however, have been on so large a scale as the Chelmsford epidemic, and in few have the results of investigation and prompt action been so markedly demonstrated.

Thrombosis in Chronic Dysentery.

THE occurrence of thrombosis in a limb as the result of a specific infectious disease, or in the course of some grave cachectic condition, is well recognised. It is concomitant with certain changes in the composition of the blood itself, and in anhydræmic and oligæmic states it would almost seem to be a protective act on the part of the organism. As a complication of chronic dysentery, however, thrombosis is very rare, and only a few cases have been recorded in the literature of that disease. Special interest, therefore, attaches to a case published by Dr. Githens, occurring in the Philadelphia Hospital under the care of Dr. Riesman. The patient was a man, aged forty years, who had suffered from a chronic form of dysentery for fifteen years, with twelve to fifteen liquid stools daily. He was anæmic and considerably emaciated. One day, when lying in bed, he experienced a sudden stabbing pain in the inner side of the left thigh, and the limb speedily became swollen and tender. The saphenous vein was hard, but there was no œdema. Two days later the limb was still acutely painful, and the capillaries were intensely injected. Some petechial spots and œdema appeared. The blood showed only a slight reduction in the number of red cells. After three weeks, walking became possible. The pathology of phlebitis in dysentery is somewhat doubtful, but it appears probable that it is due to a condition of anæmia combined with some infection from the gastro-intestinal tract. The eruption of petechiæ in the case quoted is a very unusual accompaniment of femoral thrombosis, and Dr. Githens has found only three other cases reported. The treatment of this troublesome complication, which, from its liability to cause embolism, is a dangerous one, consists of absolutely immobilising the affected limb and relieving pain by the local application of belladonna ointment without rubbing, assisted, if necessary, by hypodermic injections of morphia. Massage should not be commenced until at least six weeks after the onset of the attack.

The Arrest of Inebriety.

THE inebriate has long been regarded as a sinner rather than a patient needing protection and direction. It is only with recent years that an enlightenment of conception has led to any improvement in practice. Even yet our means for efficient control are most meagre. Many of the institutions seeking to afford measures making for restoration are still dominated by the persistence of mediæval methods, and it must be regretfully admitted that in not a few instances those who are responsible for the conduct of these so-called retreats are almost entirely ignorant of scientific methods and fettered and weighted by old-time traditions and effete customs. It is necessary to remember this when studying the excellent report of Dr. R. Welsh Branthwaite, the inspector under the Inebriates Act. In this new Blue Book will be found much matter for careful consideration. In spite of the limitations and deficiencies in our legislation for dealing with the inebriate class, and notwithstanding the low standard of efficiency prevalent in some institutions, most encouraging results have been attained. Dr. Branthwaite considers that about 38 per cent. of cases turn out well. He also contends that women are not less reformable than men. As evidence of the rapid increase of inebriety among women there is the startling note that while the number of male patients admitted to retreats has remained practically stationary the number of women entering was almost double that of the former year. Manifestly with the establishment of clear views regarding the etiology and pathology of inebriety, an extension of legislative measures will have to be secured. The Act of 1899, which requires that the consent of a habitual inebriate, who does not break the law, shall be obtained before he or she enters a retreat, is inadequate and will probably need to be strengthened before any great reduction of secret drinking can be hoped for.

Fever and Small-pox.

IT is well to remind the public that small-pox is still with us, and that outbreaks are occurring at intervals over the whole of the United Kingdom. In the case of so highly infectious a malady, the presence of a multitude of potential centres of fresh mischief can hardly be regarded with complacency, especially in view of the fact that a large percentage of the population remains unprotected by vaccination. The mass of infection of all kinds in our midst is simply stupendous, and it says much for the courage of modern

sanitary science that its efforts are never for one moment relaxed in the fight against communicable maladies. The metropolis alone furnishes a small army of patients suffering from specific febrile invasions. The returns issued by the Metropolitan Asylums Board on November 20th, for instance, showed that there remained under treatment in the various hospitals belonging to the Board 2,868 patients. These were made up of 1,810 scarlet fever cases, 803 diphtheria cases, and 255 enteric cases. There were remaining under treatment 50 small-pox patients, 49 being at the Long Reach Hospital and one at the South Wharf Shelters. While there is a single small-pox patient in a London hospital, the provincial medical officers of health will have a corresponding load of anxiety.

Epistaxis in Acute Rheumatism.

THE occurrence of nose-bleeding in children is generally regarded by parents as a thing of little consequence, to be treated by simple expedients, such as posture. Its significance is not always appreciated even by medical practitioners, for as a symptom it is too often apt to be looked upon as salutary, or something of the nature of a safety-valve. Like children's tears, the blood in the frail vessels of the nasal mucous membrane is very close to the surface, ready to make its appearance upon some slight local or systemic provocation. In a paper read before the Ohio State Medical Association in June, Dr. Friedlander, of the Jewish Hospital, Cincinnati, calls attention to the fact that idiopathic nose-bleeding may be one of the earliest manifestations of acute rheumatism in childhood. When no local cause can be found to account for this symptom its occurrence is to be regarded with some suspicion. More recently, Dr. H. G. Langwill, (*a*) of the Leith Hospital, Edinburgh, records three cases in which epistaxis was seen in direct connection with the onset of acute rheumatism, one case having had it at the beginning of three separate attacks. The disease as it affects children is notoriously protean in its manifestations, while many of the symptoms are altogether latent. It not unfrequently happens that grave cardiac mischief supervenes before the true nature of the illness has been recognised. In the adult, the malady is generally more straightforward, but it has been observed that epistaxis may occur with the onset of acute rheumatism, even when the age of childhood has passed. The connection of this symptom with granular kidney is more widely known. Since the early signs of the disease in the child are vague, any sign, such as epistaxis, which has been proved to have even an indirect connection with it will be welcomed as being likely to possess some diagnostic value.

Artificial Fertilisation of Mammals.

FROM the earliest times the artificial fertilisation of phanerogamous plants has been in vogue, and from time to time the artificial fecundation of mammals practised, sometimes successfully and sometimes not. In modern times Brown-Séquard and Marion Sims conducted experiments on mammals. The question attracted the attention of Dr. Ivanoff, who has for some considerable time past been experimenting (*Vratch*) on guinea-pigs, dogs and rabbits, and more recently on sheep, cows, and horses, with semen preserved in a saline solution, entirely free from the prostatic secretion and all other products of the accessory glands. The practical results of his researches have already been adopted to some extent in stock-raising in Russia, and so successful has he been that every one of his experiments on horses in 1901 turned out successfully. Remarkable results have been obtained in this way in cross-breeding and the production of hybrids. In the simplicity of the methods of procedure he resembles Lazaro Spallanzani, whose researches on reproduction are almost as much forgotten as his controversy with Buffon. Experimenting on the same lines Ivanoff has advanced our knowledge considerably, especially on the subject of hybrids, and has demonstrated the accuracy of the views enunciated at Padua by Spallanzani.

(*a*) *Scottish Medical and Surgical Journal*, November, 1903.

The Homicidal Hat-pin.

FEMININE fancy has ordained that the skewer-like hat-pin is an essential element of cephalic attire, and must be retained. It is an instrument with potential energy for endless damage. Numerous accidents, some of which have proved fatal, have resulted from a persistence in the practice of hat-fixing by this convenient but dangerous article. A return to attachment by elastic may not arouse æsthetic enthusiasm, but certainly it is time the wit of womankind was turned to the inventing of some means by which the offending hat-pin was robbed of its homicidal tendencies, or the refractory hat might be retained by safety-pins or other guileless means. Unless woman will look to this matter mere man will have to intervene, if only in his own interests and as a means of self-protection. Possibly the plan of licensing might be followed with advantage. Just as a man may not carry a revolver without a license, so a woman may not carry that hardly less deadly weapon, a hat-pin, without a yearly license purchased from the State.

The Radical Cure of Epilepsy.

IN spite of the many therapeutic remedies that frequently cure, and almost always modify, epilepsy, cases occur in which the disease is not amenable to treatment with drugs, and call for the interference of the surgeon. In one such case recently reported by Jonnesco, the disease was cured, that is, the epileptic attacks ceased and the patient, a young woman, went about for some months as usual. The operation performed by Jonnesco, which was followed by such good results, calls for description. His preliminary incision was only 7 cm. in length, and was parallel to the posterior border of the sterno-cleido muscle. It was completed without cutting the external jugular vein. When the sterno-cleido muscle was

exposed he tunnelled under it with his index finger until he felt the trunk of the sympathetic nerve. He excised with a blunt-pointed curved pair of scissors the three cervical ganglia and the first thoracic. In each case he isolated the ganglion between two catch-forceps before excision. The operation was almost bloodless and was quickly followed by relief. We acknowledge that the dexterity of M. Jonnesco is equal to the task of operating with such a limited incision successfully; but we think that, as a rule, the incision for the removal of the four ganglia should be much longer.

Cured Without Drugs.

ALL medical men know that the treatment of chronic constipation with drugs is unsatisfactory. It is very often entirely unsuccessful, and even at its best it but substitutes one evil for another. It may cure the symptom, mere coprostasis, but it has no effect on the anatomical or physiological condition which is at its root. In many cases the cause is local, as, for instance, when constipation follows on piles, fissures or strictures of the anus or rectum, and local treatment is then required. In other cases the constipation may be traced to improper diet, irregular habits, insufficient exercise, or lack of tone in the abdominal and intestinal muscles. Careful inquiry should always be made as to the ultimate cause, and measures of relief adopted in relation thereto. It will be found that in most cases successful results can be obtained without resort to a habit of continuous drugging. Dr. Gant, of New York, who for many years has not made use of medicines in treatment of chronic constipation, enumerates in an interesting paper (*a*) some of the methods he has found of use. These vary in nature and severity according to the nature of the case, from the simple drinking of cold water to the divulsion of Houston's valves, or even of the sphincter muscle. As a substitute, when abdominal massage is unattainable, he recommends that the patient himself, while lying down, should roll a heavy cloth-covered ball over the course of the colon. Though one may not agree with all Dr. Gant's suggestions, it cannot be too strongly impressed that medicinal treatment of chronic constipation is only a makeshift or a last resort.

Cancer of the Lung.

ONE of the least common of diseases is cancer of the lung, and, we may add, one of the most difficult of recognition. It is seldom treated of in manuals of medicine, and even the voluminous works of these modern days do little more than mention it. Withal, it is worthy of study in that when present it simulates pleuro-pneumonic infection, for which it is too often mistaken. From some cases published by Musser we infer that the pathogenic sign of the disease is the presence of a nodule in the lung, which may or may not be found by exploration. The sputum revealed nothing; a short time before death the lymphatics became involved and cachexia appeared. The amount of the expectoration is very variable in different patients, in some, scarcity in amount is present throughout the disease, and in others it is abundant. In one case the fluid welled up from the pharnyx and œsophagus in such quantities that it was calculated that three pints daily were expelled. Of course there is comparatively little trouble in recognising secondary carcinoma of the lung when it occurs; nevertheless, the physician might, in some cases in which the infection of the lung occurs early in the disease, mistake the disease as pleuro-pneumonia occurring as a complication of the disease.

(a) *Medical Record*, October 24th.

Anti-Cancerous Serum.

AT a recent meeting of the French Surgical Society, M. Doyen brought under notice a serum which he described as anti-cancerous serum. This serum was tried on eighty cases of cancer, in forty-eight of which it gave no results, the treatment having been commenced either too late or not continued long enough to produce, according to M. Doyen, good effects. In the remaining thirty-two cases the results were satisfactory. Unfortunately, no information of the source or mode of preparation of the serum has been given. We hope, however, that M. Doyen will make known the nature and mode of preparation of his remedy.

THE Society of Apothecaries engages both sympathy and attention, not less on account of its ancient traditions than of the activity it has displayed of recent years. The value of the diploma granted by the Society has multiplied a hundred fold from the scientific point of view, and has for some time past become a token of solid training and achievement. In past times the Society has had to hold its own against powerful rival bodies, but its record of late years has happily been one of continuous progress. Under these circumstances we are glad to hear that the associated physicians and surgeons of the Society of Apothecaries have called a conjoint meeting of the Apothecaries' Halls of London and of Ireland, to be held at the Blackfriars Hall, on December 1st next, at 4.30 p.m.

PERSONAL.

A PORTRAIT has been presented to Dr. D. H. Starling, of Aberdeen, by the Perthshire branch of the British Medical Association on the occasion of his jubilee.

MR. THOMAS W. CUTLER, F.R.I.B.A., has been elected Treasurer to the Sanitary Institute, to succeed the late Professor W. H. Corfield, M.A., M.D.Oxon., F.R.C.P.

THE Bradshaw lecture before the Royal College of Surgeons of England will be delivered on Wednesday, December 9th, at 5 p.m., by Mr. Henry Morris, who has chosen for his subject "Cancer and its Origin."

SIR HERMANN WEBER will deliver a lecture on Thursday, December 3rd, at 5 p.m., at the Royal College of Physicians of London, "On the Means for the Prolongation of Life."

DR. F. PARKES WEBER and Dr. T. N. Kelynack have been appointed full Physicians on the staff of the Mount Vernon Hospital for Consumption and Diseases of the Chest, Hampstead and Northwood.

MR. T. H. OPENSHAW, F.R.C.S., C.M.G., surgeon to the London Hospital, has been appointed by the Metropolitan Asylums Board honorary consulting surgeon to the training ship *Exmouth* at Grays.

DEPUTY-INSPECTOR-GENERAL of Hospitals and Fleets Edward Elphinstone Mahon, C.B., has been promoted to the rank of Inspector-General of the Hospitals and Fleets in His Majesty's Fleet (dated October 10th, 1903)

DR. ALLAN MACFADYEN will deliver a lecture at the Lister Institute of Preventive Medicine, Chelsea Gardens, London, S.W., on Thursday, December 3rd, at 9 p.m., on "Intracellular Bacterial Toxins and their Practical Application."

THE Public Orator, Dr. Sandys, delivered a more than usually interesting Latin oration on the recent occasion of presenting for the complete degree of Master of Arts *honoris causâ* Mr. Howard Marsh, the newly elected Professor of Surgery.

SIR HENRY BURDETT will open a discussion on "London Hospitals and Medical Schools and Their Sites" at a meeting of the Hospitals Association on Thursday, December 3rd, at 4.30, in the board-room of Charing-cross Hospital. Mr. Thomas Bryant will take the chair.

SIR ANDERSON CRITCHETT and Mr. Malcolm Morris have retired from the respective posts of Ophthalmic Surgeon and Dermatologist at St. Mary's Hospital, London, after twenty years' service in those capacities, An account of the presentation of testimonials will be found in another column.

Special Correspondence.

[FROM OUR SPECIAL CORRESPONDENTS.]

SCOTLAND.

SMALL-POX IN GLASGOW.—There were forty patients last week in Belvidere Hospital suffering from small-pox. Dr. Chalmers, the medical officer of health, emphasises the necessity of medical practitioners exercising the utmost care in diagnosing cases, many of the present cases being of such a mild type as to be readily overlooked unless the greatest care is taken. The antivaccinators have just held their annual conference in the Christian Institute, Glasgow. It is said there was a large attendance of representatives from all parts of the country. One gentleman urged that it was necessary to resist vaccination by every means in their power, and that it should be made a test question at all elections. The president of the Conference read a paper on vaccination and cancer. The general conclusion reached was that vaccination, especially when performed with calf-lymph, is capable of producing cancer. With such views promulgated, it is not to be wondered at that there is always a residuum of the population who refuse to submit to re-vaccination, and hence in all likelihood the outbreak of small-pox at the present time. The problem is how to get at this recalcitrant class.

GLASGOW SOUTHERN MEDICAL SOCIETY.—The usual fortnightly meeting of this society was held on the evening of Thursday, the 12th inst., in the committee room of the Royal Infirmary, the President, Mr. Thomas Richmond, in the chair. Dr. T. K. Monro, one of the physicians to the hospital, gave a most interesting and extremely instructive demonstration on "Some Diseases of the Spinal Cord." Patients were present, who exhibited well-marked symptoms of locomotor ataxia, hereditary ataxy (Friedreich's disease), Duchenne's paralysis, and other forms of spinal cord affections. Dr. Monro described in detail each case, explaining the columns of the cord involved in the different cases, and by means of the lantern a large number of beautiful pictures—anatomical and pathological—were shown on the screen, which enabled those present to have a very clear and accurate conception of the different forms of spinal paralysis. The demonstration lasted nearly two hours, and undoubtedly proved a *multum in parvo*. A very hearty vote of thanks was awarded to Dr. Monro for his admirable demonstration. and a similar vote of thanks to the managers of the Royal Infirmary and Dr. Thom, the superintendent, for their kindness to the members of the society.

GLASGOW ROYAL INFIRMARY.—It is very gratifying to learn that the fund for the reconstruction of the infirmary, which for some time remained about £90,000, is now nearly £200,000. The estimated total was £240,000. This sum, however, will in all probability be exceeded considerably, and there is every prospect ot the full sum required being realised at an early date

BELFAST.

ULSTER MEDICAL SOCIETY.—The annual dinner of this society was held in the Medical Institute, Belfast, on Thursday evening, the 19th, when about eighty Fellows and Members were present. After dinner the president, Dr. John Campbell, proposed the toasts of "The King" and "The Lord Lieutenant, and Prosperity to Ireland," the latter being responded to by Dr. J. R. Davison. The third toast, "The Irish Medical Association," was a new one on the list, and was introduced to give the members an opportunity of showing their sympathy with the present movement on behalf of the Poor-law Medical Service. The toast was proposed by Professor Lindsay, who, in the course of his speech, said that to such an audience it was not necessary to expound the disabilities under which our brethren in the Poor-law Service laboured. In seeking to remedy their wrongs the waiting policy had been tried without success, and the time had now come for a policy of action. The programme of the Irish Medical Association was a very moderate one, and personally he thought they should aim at being made a branch of the Civil Service. The care of the public health was a matter of quite as great importance as the care of the public exchequer. Dr. Lindsay further dwelt on the increased cost of medical education and of living as reasons for reconsidering the remuneration of medical men in the public Services. He coupled the toast with the name of Dr. Kidd, the President of the Irish Medical Society, who had done so much, both by voice and pen, for his brethren. Dr. Kidd, in replying, said that the association now numbered 33 branches and 900 members, an important factor in the fight, for without the sinews of war little could be accomplished. A conference, that modern remedy for all human ills, had been proposed, but it would be impossible to have all the 159 unions of Ireland represented at it, and some plan for appointing represen tatives of groups would have to be found. Before such a conference could be of use it would also be necessary to clear the public mind of some misapprehensions regarding the movement. £200 a year was often mentioned as the sum they aimed at, but this was not an irreducible minimum, but merely a general standard, liable to modification in different circumstances. It was also necessary to contradict a statement often made, which he could only characterise as a malicious falsehood, namely, that this movement was a political affair, run by Protestants, Orangemen, and Freemasons. As a matter of fact, of the nine members of Council, six were Roman Catholics, and their one wish was to keep entirely clear of religion and politics. As regards the proposal to make the Poor-law Service a branch of the Civil Service, it was not sufficiently known that at the present time three-fourths of the medical officer's salary actually came from Government, so that it would not be a long step to pay the other quarter as well, and make the service a Govern-

ment one, with entrance by examination and promotion by merit.

The toast of "The Queen's College and the Belfast Medical School" was proposed by Dr. McLoughlin, of Derry, President of the Ulster Branch of the British Medical Association, and responded to by the President of Queen's College, Dr. J. Walton Browne, and Professor Milroy. The toast of the President of the Ulster Medical Society, proposed by Sir William Whitla, brought a very successful evening to a close. During the evening songs were given by Dr. W. C. Mackenzie, Dr. M'Harry, Dr. Leslie, Dr. McKisack, and Dr. MacIlwaine, Dr. McLeish playing the accompaniments. Dr. Morrow, by special request, recited "The Country Doctor."

GOLF.—The medical golfers of Belfast, who form an important section of the profession, have heard with much satisfaction that Professor Lindsay has offered a silver challenge cup, to be competed for annually by medical men. A small committee has been appointed to draw up rules and conditions for the competition.

NEWRY UNION.—The proverbial caution of the Ulster native was well shown at a meeting of the Guardians of this Union on the 16th inst., when the invitation of the Ballinasloe Union to meet in conference in Dublin to discuss their medical officers' salaries, &c., came up for consideration. The Clerk said that they had no trouble with the medical officers in the Newry Union. Mr. O'Callaghan: "But we do not know when we might have, and it is too late to sharpen the sword when the drum beats for battle." Mr. McQuaid: "It is time enough to bid the 'Old Fellow' good-morrow when we meet him." Finally it was resolved to appoint two representatives.

Correspondence.

"TREPANATION IN CORNWALL."

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—It is stated in Dr. Robert Redruth's work, "Trepanation in Cornwall" (*British Medical Journal*, 1874), cited in the *Revue d'Anthrop.*, 1886, pp. 648-657, that even to-day trepanation of skulls is an honour among the miners of Cornwall, England. May I ask of your kindness to inform me whether this belief has any connection with ancient trepanation of prehistoric skulls, found in round burrows of palæolithic man, in Cornwall and other parts of Great Britain? Could you put me in communication with a surgeon of Cornwall who is interested in the subject of prehistoric races of Ireland and Scotland, or Kymri and Celts of France?

I am, Sir, yours truly,
ALBERT S. ASHMEAD, M.D.

New York, November 5th, 1903.

[Perhaps some of our readers may be able to give Dr. Ashmead the desired information, which suggests a field of considerable interest. In America, Dr. Ashmead has, we believe, made many valuable observations upon the remains of Aztec and other ancient or prehistoric races from the medical point of view. He has, for instance, by the application of the Röntgen rays, negatived the theory that a pre-Columbian syphilis and not leprosy was the cause of certain bone changes found in Peruvian mummies.—ED.]

Obituary.

SIR ROBERT MARTIN CRAVEN, J.P., F.R.C.S.E.

WITH much regret we announce the death of Sir Robert Craven, at the age of 79, which occurred at his residence in Hull on Sunday, November 15th. He springs from a family that for three generations has been famous as medical practitioners in Yorkshire, and has been also associated with the Hull Royal Infirmary. Sir Robert was born in Hull in 1824, and was the eldest son of the late Robert Craven, F.R.C.S., of Hull. His professional studies were commenced at the Hull Royal Infirmary and at the Hull Medical School, and he then entered St. Bartholomew's Hospital, London. He studied also in Paris, and in 1846 he became a M.R.C.S.E., and in the following year L.S.A. Two years later he went into partnership with his father in Hull, and in 1852 he was elected Honorary Surgeon to the Royal Infirmary there. He became F.R.C.S.Edin. in 1879, and was elected F.R.C.S.Eng. in 1889. On more than one occasion he was President of the East Riding and the North Lincolnshire Branch of the British Medical Association, and of the Hull Medico-Ethical Society. As a Lecturer on Anatomy and Physiology at the Hull Medical School, where he held office for nearly twenty years, he was greatly appreciated. After being forty years Honorary Surgeon to the Infirmary he was elected Consulting Surgeon, and retained this position until the time of his death. A ward was dedicated to his name in the infirmary, in recognition of the services of himself and his family to that Institution.

MISS LUCY ELIZABETH CRADOCK, L.R.C.P.I., L.M.

THE death is announced of Miss Lucy Elizabeth Cradock, L.R.C.P.I., L.M., at Liverpool, on November 1st. Born in 1850, at the village of Widdrington Castle, Northumberland—her father, a clergyman, was first in the Indian Civil Service, but later took the degree of M.D.Edin.—Miss Cradock was educated at Queen's College, London, and began her professional studies by being apprenticed to Dr. Plowright, of King's Lynn. After the usual course of study at the London School of Medicine for Women, she obtained the diploma of L.R.C.P.I. in 1883. She held the post of house physician to the New Hospital for Women, London, and in 1885 was appointed by the late Mr. Fawcett, then Postmaster-General, medical officer to the female staff of the Liverpool Post Office. Miss Cradock was one of the pioneers in the female medical movement. Her loss will be felt by a wide circle of friends and patients.

MR. CHARLES HENRY RUSSELL, M.R.C.S., L.R.C.P.

WE regret to announce the death of Mr. Charles Hy. Russell, M.R.C.S., L.R.C.P., Medical Officer of Health for the Urban and Port Sanitary Authorities of Yarmouth. Dr. Russell was appointed to the post on November 24th, 1899. He also acted in the capacity of medical superintendent of the Great Yarmouth Isolation Hospital. The deceased gentleman had been most assiduous and energetic in dealing with all sanitary matters, and had been the means of effecting a number of improvements. Dr. Russell was engaged in his professional work up to so recent a period as October 3rd. His death is reported as due to a species of blood-poisoning, caused through a scratch from a hot-water bottle. He was a native of Southampton, and leaves a widow and three children, and was universally respected by his fellow townsfolk in Great Yarmouth.

Medico-Legal Intelligence.

A REMARKABLE LUNACY CASE—HUTCHINSON *v.* WALSH, M.B., AND MEEHAN, M.B.

THE case of Hutchinson *v.* Walsh and Another, which was heard in Dublin before the Lord Chief Baron on the 9th—12th inst., presents certain features which ought not to be allowed to pass unnoted.

The plaintiff, a young man of 30, sought to recover damages from his brother-in-law, a Dr. Walsh, and a Dr. Meehan, for conspiracy to detain him unlawfully. The facts as sworn to were as follows. The plaintiff is stated to have been a quiet, solitary and somewhat sullen young man, and addicted to secret vice. He occasionally had been heard singing and making a noise at night. On February 28th, 1901, after he had taken a couple of glasses of spirits, he became violent and abusive, and it is said suicidal, so that it was considered necessary to bind him. Next day he was

taken by the parish priest to the House of St. John of God, an asylum maintained by a religious community at Stillorgan, near Dublin. Previous to leaving home, Dr. Walsh asked Dr. Meehan to give some sort of certificate, saying that he could not give a certificate himself, being a relative. Dr. Meehan said he was well acquainted with the statutory form of certificate, but on this occasion he did not see the patient, and merely wrote a letter stating that the man was suffering from temporary derangement. Both doctors said that they thought the institution was a private home, not a public asylum. On Dr. Meehan's letter, plaintiff was admitted into the House of St. John of God on March 1st, 1901, and one of the community wrote out a certificate in statutory form in Dr. Meehan's name (a copy of which was sent to the Government Inspectors), this form stating that Dr. Meehan had personally examined the patient. Another certificate was procured on March 2nd, from Dr G. R. Armstrong, and on these two certificates the plaintiff was detained until April 1st, 1901, when, being ill with influenza, he became a voluntary boarder, remaining as such until discharged on April 17th, 1901. The resident medical officer at the House of St. John of God, Dr. O'Connell, stated that the plaintiff was sane on March 15th and probably earlier. The Government Inspector, who saw him about the same time, had stated that he must be discharged. Dr. O'Connell swore also that the process of making out certificates from mere statements of opinion by doctors had been carried out at the House of St. John of God "a few times" to his knowledge. He disclaimed all responsibility for this, and for the discharge of the patient when recovered, on the ground that he was not medical superintendent, but only resident physician, and stated that it was no one's duty to discharge the man when sane.

The Lord Chief Baron in his charge said that there was no doubt that the unfortunate plaintiff was illegally imprisoned, but that the act of wrongfully imprisoning him was that of those who represented the institution of St. John of God, and not the act of any other person in point of law. There was no evidence of conspiracy to go before the jury, who were merely to decide whether on February 28th, 1901, the plaintiff was of unsound mind and dangerous to himself and others; if so, was Dr. Walsh's treatment of him on that day reasonably necessary?

The jury disagreed. We are debarred from comment at present, as further legal proceedings are to be taken.

Literature.

THE DISEASES OF THE MOUTH AND TEETH. (a)

Although the entire lack of illustrations renders the explanations and instructions in this book difficult to follow, it is, on the whole, so far as it goes—and this is not very far—clearly written and arranged. A considerable number of "queer slips" are, however, prominent to casual observation; as, for example, on pages 1 and 2, wnere the age of puberty is given as the twenty-fifth year. The book displays a knowledge of the subject such as any dentist who had devoted a little special study to it might easily acquire. Great part of the subject is, however, quite outside the scope of dental surgery. Neither the complete diagnosis nor the treatment of diseases of the antrum fall within the province of a dental surgeon. If in any case he suspect or diagnose disease of the antrum, which he ought to be able to do, his duty ends in directing the attention of his patient to the fact, and in referring the case to a surgeon. In treatment, the dentist's share lies in extracting diseased teeth, and, in co-operation with the surgeon, in perforating the antrum and constructing a drainage apparatus, when these measures are called for. It is not likely that Mr. Lavan's experience has extended beyond these limits. If it did it could be only by improper encroachment on surgical practice, which Mr. Lavan is, we are sure, incapable of. His book throughout suggests, perhaps necessarily, that it is rather a compilation than the outcome of original knowledge derived from practice. The dentist's share in treatment of empyema of the antrum hardly calls for a separate treatise, especially as it is discussed in works on dental surgery; but thi subject, which alone falls within the author's province, is dealt with too briefly to be of any great use to the dentist or surgeon. The substance of the rest of the book is to be found most fully and clearly expounded in works on general and special anatomy, pathology, and surgery; and we do not think that Mr. Lavan's work is needed, or likely to be in demand by any class of reader.

(a) "The Diseases of the Mouth and Teeth." By Lloyd T. Lavan, L.D.S., R.C.S., late Assistant House Surgeon, National Dental Hospital, Member of the Abernethian Society, etc. Part 1,—The Diseases of the Antrum (Maxillary Sinus). London Adams Brothers, 1903.

SYPHONAGE AND HYDRAULIC PRESSURE IN THE LARGE INTESTINE. (a)

In this *brochure* the author has offered to the scientific world the benefits of the light of the special revelation which he believes has been given to him regarding the heretofore rather mysterious functions of the large intestine in the domain of human physiology. The difficulties, hitherto, not satisfactorily explained, connected with the presence and position of the cæcum —to say nothing of its troublesome (but now, happily, lucrative) appendix—have usually been slurred over by surgeons and even physiologists. The missing key has, happily, been at last discovered by Dr. Leftwich. Its wards are the syphonage and the hydraulic pressure which influence the contents of the large intestine as a whole. The tonic contraction of the longitudinal bands of muscular fibres maintain the walls in the physical status in which those special forces are most satisfactorily utilisable. He points out, with justice, that in modern times but little attention has been given to "generalisation and co-ordination of observation bearing upon the science and practice of medicine." And we are informed that "it is the author's hope that he has made a modest advance in this direction." There may be a difference of opinion regarding the applicability of the term "modest"; but the subject is one which deserves consideration, and should be studied by all in these *appendicular* days.

JELLETT'S MIDWIFERY. (b)

"It is not an exaggeration to say that the most essential knowledge in midwifery is the knowledge of asepsis." This is the sentence with which the book commences, and it forms the key-note to the entire work. The author counsels against over-zealous antepartum and post-partum douching, and even advises against smearing the fingers with antiseptic vaseline before making a vaginal examination. We quite agree with him. There is at the present time far too much interference with normal labour among certain sections of the profession. Meddlesome interference must always be avoided as it is certainly fraught with danger; we are accordingly pleased to note that the practice carried out at the Rotunda Hospital accords with our own views on this all-important subject. The chapter on the management of normal labour is a model one. Support of the perineum during the birth of the head is not recommended. Another mode of preventing perineal laceration is stated, and consists in pushing the head forward by applying the heel of the right hand between the anus and tip of the coccyx, while the fingers of the left hand endeavour to draw the head forwards. Jellett insists on the necessity of first

(a) "On Syphonage and Hydraulic Pressure in the Large Intestine, With their bearing upon the Treatment of Constipation Appendicitis, &c." By Ralph Wionington Leftwich, M.D., Late Assistant to the East London Children's Hospital. London: J. and A. Churchill. 1903. Price 3s. net.

(b) "A Short Practice of Midwifery, Embodying the Treatment Adopted in the Rotunda Hospital, Dublin." By Henry Jellett, B.A., M.D., B.Ch., B.A.O.Dub. Univ., F.R.C.P.I., L.M., Ex-Assistant Master, Rotunda Hospital, etc. etc. With a Preface by W. J. Smyly, M.D., F.R.C.P.I., late Master of the Rotunda Hospital. Fourth Edition, Revised, Pp. xxiii., 557, with 152 illustrations. 8s. 6d. London: J. and A Churchill. 1903.

wringing the sanitary towel out in antiseptic lotion before applying it, in order to prevent vaginal sepsis from decomposing lochial discharges. Ergot should only be given when the uterus is completely emptied, and should then be administered in at least drachm doses, smaller quantities being quite inert. In speaking of eclampsia, the author favourably regards Frommer's modification of Bozzi's dilator as a means of facilitating delivery. Taken as a whole this volume gives a very clear and concise account of present day midwifery practice. It contains much that will, doubtless, be new teaching to some, while others will find in it a confirmation of their own routine methods. An appendix containing the statistics at the Rotunda Hospital for the last thirteen years has been added to this edition. The author is certainly to be congratulated on the splendid results obtained, as shown by these carefully compiled statistics. As a text-book for students we know of no other that is at once so thoroughly practical and at the same time concise. Practitioners will find much help and guidance within its pages for which larger treatises will often be consulted in vain.

THE REPORT OF THE REGISTRAR-GENERAL OF IRELAND FOR THE YEAR 1902.

THROUGH the courtesy of the Registrar-General of Ireland we received a copy of the thirty-ninth detailed Annual Report of marriages, births, and deaths registered in Ireland during the year 1902. The report is much more than a mere compilation of statistics, although as such it gives all the statistics that lay bare the social condition of the people, and compares those of 1902 with those of each year of the decade. By an excellently arranged system of tables and coloured diagrams, and black and white charts, the matter is so arranged that the reader has no difficulty in obtaining the desired information. Taking up the statistics of deaths we learn their number and proportion to the population; the death-rate in the provinces and certain counties. The classification of the causes adopted is that of the new official nomenclature of diseases and so presents certain changes. Taking the highest and lowest mortality from disease from twenty-two of the principal causes of death in Ireland, we find the numbers to range from 334 deaths from epilepsy to 11,837 from tuberculosis. It is interesting to note that malignant diseases, including carcinoma, sarcoma, and cancer, caused 2,861 deaths in 1902, being 32 under the number for 1901, but 344 over the average for the ten years 1892–1901. But to form any idea of the wealth of information the report contains it must be seen and read, as should be the meteorological observations of Sir John Moore for each month of the year 1902, which are appended. As a book of reference the report is of permanent value; and its arrangement, classification, and diagrams tell of the intelligent and experienced workmanship of all concerned in its production.

Medical News.

Bequests to Hospitals.

UNDER the will of the late Mr. Richard Thomas, of Ealing, and formerly of Macclesfield and Burnley, the following bequests have been made, subject to a life interest:—£1,000 each to the Victoria Hospital for Burnley and District, and the Macclesfield Infirmary, to endow beds in perpetuity bearing the name of the testator's son, William Brindley Thomas; also £200 to the Ealing Cottage Hospital Endowment Fund, also in memory of his son. Mr. Carr Wigg, of Hove, has left £250 each to King's College, London, the Sussex County Hospital at Brighton, and the Royal Alexandra Hospital at Brighton.

The Royal Victoria Eye and Ear Hospital, Dublin.

A LARGE bazaar will be held on Tuesday next, December 1st, and the three following days, in aid of the furnishing fund for the new buildings of the above hospital. The bazaar presents a special feature of interest in that it will be held in the hospital itself, which has not been yet opened for the reception of patients. As is well known, the new hospital represents the junction of the two former Dublin Eye Hospitals—St. Mark's and Molesworth Street. These hospitals discharged their duties well for many years, but they have become too small for the increased numbers of patients who come for treatment, besides being ill-adapted to the requirements of modern surgery. It is also hoped to effect a considerable saving in expenses by the substitution of a single establishment for the two at present in existence. The bazaar is being worked by a most competent and energetic committee, and is certain to be most successful.

Presentation to Sir Anderson Critchett and Mr. Malcolm Morris.

SIR WILLIAM BROADBENT, in the board-room of St. Mary's Hospital, Paddington, last week, made a presentation to Sir Anderson Critchett and Mr. Malcolm Morris, who retire from the work of that institution after a service of twenty years. The gift to Sir Anderson Critchett was a pair of silver candelabra and an album, while that to Mr. Morris took the form, by his own choice, of the *Annual Register*, in 145 volumes, with a diamond ring for Mrs. Morris and a pearl brooch for his daughter. Sir William Broadbent made a graceful speech to his two colleagues, and mentioned that Sir Anderson Critchett had held every distinction open to him in the profession. The characteristics of Mr. Morris were his enthusiasm and his energy, and he was the first to establish the Finsen light treatment in this country. One of the greatest distinctions possible for an Englishman had been conferred upon him when he was asked to go to America to deliver the Lane lectures, in which such distinguished men as Sir Michael Foster and Professor Allbutt had preceded him. In reply, both the retiring surgeons spoke of the regret with which they severed their connection with the hospital, and Mr. Morris observed that in working for the poor he had reaped a rich reward in their gratitude and heartfelt thanks.

Dr. Steevens' Hospital, Dublin.

AT a meeting of the Governors of Dr. Steevens' Hospital held on November 10th, a letter was read from Dr. Henry Tweedy resigning his post of visiting physician to the hospital. Dr. Tweedy's resignation was received with regret, and it was unanimously resolved to appoint him consulting physician to the hospital. A letter was also read from Dr. Hastings Tweedy resigning his post as gynæcologist to the hospital on account of his recent appointment as Master of the Rotunda Hospital—an event to which we have already alluded in these columns. We learn that it has been decided to fill both posts at a meeting of the Board to be held on December 22nd, and as there are some other vacancies to be filled at the same time, notably the vacant post of house surgeon, a considerable amount of interest is taken in the proceedings. We learn that for the senior posts many candidates are in the field. Dr. T. P. C. Kirkpatrick, assistant physician to the hospital, is a candidate for the post of visiting physician, and as he has acted as such in place of Dr. Henry Tweedy for a considerable time past we fancy that he will be able to present very strong claims in support of his application.

Bakehouse Sanitation.

THE important question of bakehouse sanitation has been recently advanced by certain fresh official regulations, as shown by the following letter from the Home Secretary:—

"Whitehall, November, 1903. Sir,—With reference to previous correspondence on the subject of the proposal of the Incorporated Society of Medical Officers of Health that the standard of air space in bakehouses for each person employed should be raised to 500 cubit feet, I am directed by the Secretary of State to say, for the information of your association, that after careful consideration he has come to the conclusion that a case is made out for an Order modifying the present standard so far as regards underground bakehouses and bakehouses in which work is carried on at night by artificial light other than electric light. The Order is required to be published in draft before it is finally

made, and a copy of the draft is enclosed herewith.—I am, Sir, yours, &c., Jno. Chalmers. Factory and Workshop Act, 1901. Health. Order of the Secretary of State modifying the proportion of cubic feet of space to be provided in certain bakehouses. In pursuance of the powers conferred on me by subsection 2 of section 3 of the Factory and Workshop Act, 1901, I hereby direct that the proportion of cubic feet of space to each person employed prescribed in subsection (1) of the said section shall be modified—(1) As regards underground bakehouses, by substituting '500 cubic feet of space to every person' for '250 cubic feet of space to every person'; and (2) as regards bakehouses where work is carried on at night by artificial light other than electric light by substituting in respect of the period between 9 in the evening and 6 in the succeeding morning '400 cubic feet of space to every person' for '250 cubic feet of space for every person.'——One of his Majesty's Principal Secretaries of State, Home Office, Whitehall, 1903."

Homœopath as Professor.

The Dutch Government having appointed a well-known Zürich homœopath to the Chair of Pharmacognosis and Pharmacodynamics in the University of Leyden, in opposition to the wishes of the medical faculty, a considerable amount of interest has been excited in Dutch scientific circles as to the results of the quarrel. The issue of this action will be awaited with considerable interest.

The Royal Waterloo Hospital for Children and Women, Waterloo Bridge Road, London, S.E.

The annual Court of Governors of this hospital will take place as usual at the Mansion House, at 3 p.m., on Monday, January 18th, 1904. The President, the Right Hon. the Lord Mayor will occupy the Chair. The Lady Mayoress Miss Ritchie, also is a member of the Ladies' Committee of this hospital, of which H.R.H. the Duchess of Albany is Chairman. The Board wish to thank Mrs. Charles Churchill, of Weybridge Park, for the sum of £104 18s. 6d. handed in as the proceeds of the drawing-room meeting held at her house last week.

Sanitary Institute.

A provincial sessional meeting of the Sanitary Institute will be held at the Town Hall, Leicester, on Saturday, December 5th, at 11 a.m. A discussion will take place on the Collection, Disposal, and Utilisation of Town Refuse in Leicester, to be opened by Mr. Frank W. Allen. On December 9th, at 8 p.m., a discussion will take place at the Parkes Museum, Margaret Street, London, W., on the flooding of basements in London by sewage, which will be opened by Mr. Maurice Fitzmaurice, C.M.G., and Dr. H. R. Kenwood, The chair will be taken by Sir Benjamin Baker, K.C.M.G. Tickets for visitors may be obtained on application to the secretary, Mr. E. White Wallis, at the Parkes Museum.

The Libel in the Bayliss v. Coleridge Case.

The cause of the action lay in the reading of a written statement at a meeting of the National Anti-Vivisection Society at St. James's Hall on May 1st, 1903, and also by causing it to be published in the *Daily News* of the following day. The statement, declared by the defendant to be that of an eye-witness, was as follows:—

"I have attended many lectures at the Physiological Laboratory of University College. I have constantly heard while there the long-drawn howling and whining like that of dogs in terror and agony. When the door of the lecture-room was opened the sound of this grew louder; when the door was again shut the cries seemed to be fainter. On February 2nd this year I saw an experiment by Dr. W. M. Bayliss on a dog at this laboratory. A big brown dog of the terrier type was brought into the lecture-room stretched on its back on the operation board. Its legs were fixed to the board, the head held firmly in a head holder, and it was muzzled so tightly that it was now deprived of every power to give audible expression to pain. In the skin of the abdomen there were several scarcely healed scars and wounds; on one of them that seemed rather fresh there were left a pair of clamping forceps. It was evidently not the first time that the dog had had to serve science. The internal organs of the abdomen had surely had their turns of operations in previous experiments. The neck was opened widely for the stimulation by electricity of a certain gland. The dog struggled forcibly during the whole experiment, and seemed to suffer extremely during the stimulation. No anæsthetic had been administered in my presence and the lecturer said nothing about any attempts to anasthetise the animal having previously been made. When an anæsthetic has been given good care is generally taken to tell the audience about it, and, as a rule, the anæsthesia must be kept up by repeated administration of the anæsthetic used. Nothing of the kind was done here, and the violent and purposeful struggles of the animal indicated complete consciousness. The dog was carried out still fixed to the board after half an hour." "Is not this," defendant asked, when he had read the above statement, "enough to make the blood run cold? If this is not torture, let Mr. Bayliss and his friends—Lord Lister and Sir Victor Horsley—tell us in Heaven's name what torture is."

Hospital Shopping Day.

It is officially announced that the Hospital Shopping Day movement has resulted in an addition to the King Edward's Hospital Fund of a sum of £1,027. This does not represent the total outcome of the movement, but only the total of the contributions received from a minority of the firms which joined, and that in some cases the payments actually made are only on account.

Presentation and Dinner to Professor Cunningham.

On Saturday night the past and present pupils of the Medical School of Trinity College gave a dinner at the Shelbourne Hotel to Professor Cunningham, who for a number of years filled the Chair of Professor of Anatomy in the Medical School of the University, and presented him with a massive silver loving cup of Celtic design, manufactured by Messrs. West and Son, of Dame Street. The presentation was made after Professor Cunningham's health had been proposed and before he replied. When Professor Cunningham had helped himself from it it was carried by Dr. Halahan and Mr. M'Knight round each of the tables, all present following the example of the guest of the evening, after which it was replaced on its plinth opposite where Professor Cunnighham sat. Professor A. F. Dixon presided, and the dinner was largely attended by many of Professor Cunningham's past pupils, colleagues, and friends, amongst whom were representatives of Dublin University, the Royal Veterinary College, the Royal Dublin Society, and the Royal Zoological Society of Ireland. The toasts proposed were those of "The King," "Professor Cunningham," and "Dublin and Edinburgh Universities. Professor Cunningham, in reply to the toast of his health said that the twenty years he had spent in Trinity College were, without doubt, the happiest and most profitable years of his life, and it would ever be to him a memory filled with pride that he had had the privilege of associating during that time with the great and distinguished men of the College, and that he had been permitted to take a small share in the development of the Medical School during what had been a really progressive stage in its career. He congratulated the College on having secured the services of Professor Dixon, one of her *alumni*. The proceedings of that evening throughout the whole of his life would be one of the brightest spots in his memory, and he again thanked them from the bottom of his heart for the honour they had done him, and for their magnificent presentation.

The dinner lasted to a late hour, and was most successful in every way.

On Saturday, the 21st instant, the united employees of Messrs. Odhams Limited, and Southwood, Smith and Co., Ltd., held their second combined dinner in the King's Hall, Holborn Restaurant, which proved a great success from every point of view. The front page of the menu card was filled with the title-pages of the many important journals printed by the firm, among which that of The Medical Press and Circular figured prominently. The dinner was wound up by some excellent speeches and a variety of first-rate musical and vocal entertainment.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

RUSTICUS (Luton).—Yes. The excessive rainfall of last quarter has been attended with a marked decrease in the average mortality in the metropolis. The reason, as you suggest, is doubtless the purification of air and of surfaces generally, a vast quantity of bacteria being thus got rid of. The principle of sluicing away surface impurities has been widely adopted by sanitary authorities, and the making of smooth impermeable roads, and the flushing them systematically with hosepipes, constitutes one of the great sanitary advances of the generation.

SEMPER FIDELIS.—There is no rule to compel a medical man to notify a case as small-pox, so long as he entertains any doubt in his own mind as to the possibility of the disease being chicken-pox. When the diagnosis is clearly that of the more serious malady, not a moment should be lost in notifying. It is always well to regard a diagnosis of chicken-pox with the greatest circumspection and suspicion.

F. J. JONES (Cardiff).—The advertisement you send us is such that no respectable newspaper would disgrace its columns by insertion. Unfortunately, the only law against advertisements of that class is a moral one. The only remedy we can suggest is not to buy the newspaper.

BELFAST.—We regret to say that in our last week's issue the paragraph dealing with "Pernicious Anæmia," gave Dr. Thomas Houston's name as "Hauston." There is no need to point out the error to Belfast men, where Dr. Houston's enthusiasm in the work he is carrying on at the Pathological Laboratory, Queen's College, is well known and appreciated.

VALUE OF SAMPLES.

To the Editor of "THE MEDICAL PRESS AND CIRCULAR."

SIR,—We were greatly amused with the pleasantry which appeared in your columns last week under the above heading, but are still in doubt as to what became of the pup. Did he exercise the wisdom of his kind and eat the "Shredded Wheat Biscuit" and thus become sharp-witted, courageous, and strong of bone and muscle as a well-fed doggie should be, or did he fill himself with impoverished white flour food, and worn out with the agonies of a disordered digestion lay his head on the "little pillows of wheat" and so pine away? We guess not, for we have a higher opinion of the common-sense and discretion of the dog than that.

We are, Sir, yours truly

THE SHREDDED WHEAT CO.

[We feel that in fairness the above should be inserted. The short history in question, unfortunately did not say what was the ultimate fate of the wheat.—ED.]

Meetings of the Societies, Lectures, &c.

WEDNESDAY, NOVEMBER 25TH.

HUNTERIAN SOCIETY (London Institution, Finsbury Circus, E.C.).—8.30 p.m. Pathological Evening. Exhibition of Specimens.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. A. H. Tubby—Clinique. (Surgical.) 5.15 p.m. Mr. J. Clarke—On the Operative Treatment of Piles and Kindred Affections.

THURSDAY, NOVEMBER 26TH.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.) —4 p.m. Mr. Hutchinson—Clinique. (Surgical.) 5.15 p.m. Mr. H. L. Barnard—Intestinal Obstruction.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7 Fitzroy Square, W.).—5 p.m. Dr. T. N. Kelynack—Sanatorium Treatment of Consumption. (Post-Graduate Course.)

HOSPITAL FOR DISEASES OF THE THROAT (Golden Square, W.).—4.30 p.m. Dr. Tilley—Diseases of the Nose.

FRIDAY, NOVEMBER 27TH.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. R. Lake—Clinique. (Ear.) 5.15 p.m. Dr. P. Stewart—Lumbar Puncture and its Clinical Importance.

HOSPITAL FOR DISEASES OF THE THROAT (Golden Square, W.).—4.30 p.m. Dr. Lach—Diseases of the Larynx.

ROYAL ACADEMY OF MEDICINE (Dublin.) Section of Obstetrics President's Address—The Effect of the Medicine Act on Irish Training Institutions and Nurses. Paper—Dr. Jellett—Sarcoma of Vagina with notes on a case. Exhibits by card.—Dr. Tweedy—(1) Pus tubes complicating parovarian cyst.—(2) An omental sac from ventral hernia.—(3) Cancer of Cervix removed by abdominal hysterectomy. Dr. Gleeves—(1) Two cases of retroperitoneal hysterectomy for myoma.—(2) Myomectomy. Specimens—Dr. Smyly—(1) Fibrocyst. —(2) Malignant pelvic tumour. Dr. A. Smith—(1) A tubal pregnancy strangulated by torsion of the pedicle.—(2) An interesting tubo-ovarian abscess sac. Dr. Gleeve—Ruptured tubal pregnancy with inflammation of the appendix vermiformis.

Appointments.

BLACKHAM, ROBERT, J., L.R.C.P.Edin., Royal Army Medical Corps, Clinical Assistant in the London School of Gynæcology (the Hospital for Women), Soho Square, W.

COWPER, WILLIAM P., L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., Assistant Resident Medical Officer to the St. Mary's Hospital for Sick Children, Plaistow, E.

CROWLEY, J., L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., Certifying Surgeon under the Factory Act for the Ballycastle District of the County of Mayo.

EVANS, D. R. POWELL, L.R.C.P.Lond., M.R.C.S., L.S.A., Clinical Assistant to the London Throat Hospital, Great Portland Street, W.

FRAZER-TOOVEY, THOMAS E., F.R.C.S.Edin., Resident Medical Officer to the St. Mary's Hospital for Sick Children, Plaistow E

HEPBURN, DAVID, M.D.Edin., Dean of the Medical Faculty of University College, Cardiff.

LESLIE, R. MURRAY, M.B., M.S.Edin., Physician to the Royal Hospital for Diseases of the Chest, City Road, E.C.

MCGRATH, DR. S., Medical Officer of Health for the City of Limerick, by His Excellency the Lord-Lieutenant, Medical Officer of Limerick District Male Prison, in room of Dr. T. Geeston, who resigned after more than thirty years' service.

MYERS, A. A., M.R.C.S., L.R.C.P.Lond., Assistant Physician at the Mendip Hills Sanatorium, Wells.

NOURSE, W. J. CHICHELE, F.R.C.S.Edin., Surgeon to the Central London Throat and Ear Hospital.

POLLOCK, J. DONALD, M.D.Edin., Radiographer and Superintendent of the Electrical Department of the Cancer Hospital, Fulham Road, S.W.

PURCHAS, F. U., M.D.Edin., Certifying Surgeon under the Factory Act for the Newtown District of the County of Montgomery.

ROGER, R. R., M.D.Canada, Clinical Assistant to the Chelsea Hospital for Women.

STUART-LOW, WILLIAM, F.R.C.S.Eng., Assistant Surgeon to the Central London Throat and Ear Hospital.

Vacancies.

Bethnal Green Infirmary.—Assistant Medical Officer. Salary £100 per annum, furnished apartments board, and washing. Applications to the Medical Superintendent of the Infirmary, Cambridge Road N.E.

Canterbury Borough Asylum.—Assistant Medical Officer. Salary £14 per annum, with board, lodging, and laundry. Applications to the Medical Superintendent.

Evelina Hospital for Sick Children, Southwark Bridge Road, S.E.—Pathologist. Salary £110 per annum. Applications to the Committee of Management.

Galway Hospital.—Resident Medical Officer and Compounder of Medicine. Salary £75 a year. Applications to S. J. Leonard, Clerk to the Board. (See advt.)

Hereford County and City Asylum.—Senior Assistant Medical Officer. Salary £150 per annum, with board, lodging, and washing. Applications to the Medical Superintendent.

Jersey General Dispensary and Infirmary.—Resident Medical Officer. Salary £120 a year, with rooms, gas and attendance. Applications to Honorary Secretary, Infirmary, Jersey.

Liverpool Stanley Hospital.—Senior House Surgeon. Salary £100 per annum, with board, residence, and washing. Applications to the Chairman of the Medical Board.

National Maternity Hospital.—Extern Physician. Immediate application to the Secretary, (See advt.)

National Maternity Hospital.—Intern Assistant Master. Salary £50 per annum. Immediate application to the Secretary.

New Ross Union.—Medical Officer. Salary £150 per annum: also to act as Medical Officer of Health at a salary of £15 per annum. Immediate application to P. A. Pope, Clerk of the Union. (See advt.)

Nottingham General Hospital.—House Physician. Salary £100 per annum, with board, lodging, and washing in hospital. Applications to the Secretary.

Parish of Lambeth.—Medical Officer of the Norwood Schools. Salary £200 per annum. Applications to W. Thurnall, Clerk, Guardians' Board Room and Offices, Brook Street, Kennington Road, S.E.

Royal Hospital for Incurables.—Resident Medical Officer Salary £120 per annum. Immediate application to J. J. Thompson, Registrar. (See advt.)

St. Mary's Hospital Medical School, Paddington, W.—Lecturer on Physiology. Salary £400 per annum. Applications to H. A. Caley, M.D., F.R.C.P., Dean.

West Norfolk and Lynn Hospital.—House Surgeon. Salary £100 per annum, with board, residence and washing. Applications to the Chairman Weekly Board.

Births.

COLBY.—On Nov. 20th, at Hill View, Woking, Surrey, the wife of Frank Colby, M.B., F.R.C.S., of a son.

HUDSON.—On Nov. 19th, at Vine House, Cobham, Surrey, the wife of Arthur B. Hudson, M.R.C.S., L.R.C.P.Lond., of a son.

TYSON.—On Nov. 18th, at Folkestone, the wife of W. J. Tyson, M.D., F.R.C.P., of a daughter.

WESTBROOK.—On Nov. 20th, at 39 Old Town, Clapham Common, S.W., the wife of Ernest Westbrook, L.R.C.P., of a daughter.

Marriages.

BUCK—WATKINS.—On Nov. 19th, at St. Hilda's, Whitby, Charles W. Buck, M.R.C.S.E., of Settle, to Ella Margaret, third daughter of the late Ven. Frederick Watkins, Archdeacon of York.

PAYNE—DUMARESQ.—On Nov. 19th, at St. George-the-Martyr, Deal, Eustace Murray Bruce Payne, L.R.C.P., M.R.C.S., to Mary Edith, third daughter of the late John D. A. Dumaresq, Esq., C.M.G., Colonial Secretary of the Gold Coast and Administrator of the Government of Lagos, West Africa.

TURNER—MAHOMED.—On Oct. 23rd, at Cape Town, George Albert Turner, M.B., M.O.H. for Kimberley, eldest son of George Turner, M.B., M.L.C., M.O.H. for the Transvaal, to Nellie, eldest daughter of the late F. A. Mahomed, M.B., F.R.C.P., Assistant-Physician to Guy's Hospital, and of Mrs. Mahomed, 152 Harley Street, W.

Deaths.

FITZPATRICK.—On Nov. 20th, at Plymouth, Agnes Mary, the dearly loved wife of Walter Fitzpatrick, L.R.C.P. and S.Edin., of Clitheroe, Ashburton, Devon, seventh daughter of the late Robert Bell, Esq., of Taunton and Weston-super-Mare, and of the late Mrs Bell, of Trevone, Padstow. Indian papers, please copy.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVII. WEDNESDAY, DECEMBER 2, 1903. No. 23.

Original Communications.

THE CLINICAL AND SURGICAL ASPECTS OF CANCER WITH A VIEW TO EARLY OPERATION. (a)

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AT no time in the progress of surgery has the question of malignant disease been so fully and widely studied as now, as regards its causation, progress and cure. Being a member of the Committee of the Cancer Research Fund, whose headquarters and central laboratory at present are at Examination Hall, Victoria Embankment, London, I have had exceptional opportunities of learning what has been done, and what is proposed to be done in the near future, by the Committee, from the General Superintendent, Dr. E. F. Bashford, and his able assistant, Dr. J. A. Murray, the active experts who have been appointed to grapple with the important problem of the causation of cancer. And when I say cancer, I mean all forms of malignant disease.

Of recent years, owing to the great advance made in our knowledge relating to pathology, histology and bacteriology, a clinical worker is rather prone to depend too much on the microscope and other means of scientific precision rather than on the knowledge conveyed by the hand and the naked eye of the local appearance of the diseased area alleged to be affected. The pioneers of our profession in days gone by, in the absence of all the present scientific instruments of research, so useful and yet at times so misleading in the diagnosis of the various growths and enlargements in different parts of the body, believed themselves able, by constant observation and long experience, to accurately distinguish at a glance between malignant and benign growths by such means and conditions as :—

1. The physical inspection and palpation of the part.
2. The rapidity of growth, or the reverse.
3. The amount of pain present.
4. The mobility or adherent nature of growth.
5. The implication of glands in the immediate neighbourhood of the growth.
6. The appearance of the patient, whether gaining or losing weight, and whether suffering from that particular form of cachexia so common when malignant disease has been present in the system for any length of time.

I fear nowadays we train our students to rely too much on the scientific assistance they receive in the histological laboratory, and to neglect the long and close observation in wards and out-patient departments of hospitals so necessary in clinical investigation, in fact, throwing away the substance for the shadow.

I wish to say, however, that it must be clearly understood that I do not decry in any way the close study of pathology, histology, or bacteriology. But what I consider to be the proper sequence of study is first to inquire into all the clinical and naked-eye appearances of a growth as regards its progress, history, supposed causation and environment, and when these facts have been accumulated, crude though they may be, then to seek the further assistance of the microscope and other means of scientific investigation. Over and over again I have found distinguished microscopists differ as regards the nature and structure of a growth submitted to them for examination. Again, I have at times found that growths have been declared malignant or benign as the case may be, and the subsequent history and clinical progress proved beyond all manner of doubt that the opinion given was erroneous.

A great effort is now being made to penetrate the darkness in which cancer has hitherto shrouded itself. The different research committees in Europe and America are bravely endeavouring to arrive at the true solution of its causation, and if their crusade against the dread enemy prove successful, what benefit must accrue to mankind! There is scarcely a home, rich or poor, that has not directly or indirectly suffered from its ravages, but if the great problem of its causation were solved I feel certain cancer could be prevented, "and if preventible, why not prevented?" in the words of His Majesty the King.

The consideration of the question as to how these new growths arise has exercised the minds of the most distinguished experts the world over, and theory after theory has been built up in the vain hope of solving the problem, and cause after cause has been assigned as the true instigator of the disease in this exhaustive study.

We must first consider that in ideal life the cells comprising the essential and living elements in each organ of the body form an harmonious ever busy community, active for the welfare of the body as a whole. In accordance with the dictates of biological laws assigning to each and every member a special field of usefulness, there exists a mutual understanding of give and take among the members of the cellular commonwealth. Cell is dependent on cell, organ on cell and cell on organ, in one way or another. In their several spheres some cells are more active, others more passive, but the difference in activity involves no subjugation of the passive members to the assertiveness of the more active.

Various agencies may upset the states of equilibrium described, and the result is disease. The agencies causing disease may come from without or arise within the organism itself. In regard to most diseases we have no difficulty in ascertaining whether the agency responsible has entered from without or has arisen within. There is, however, one exception, for the nature of cancer still remains a great enigma. In cancer the harmonious equilibrium of cell life is sadly upset, and there are no certain indications whether the

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cause is to be sought within or without the body, whether it has been acquired during life or was present at birth. The equilibrium of cell life appears to be disorganised in consequence of the unwonted activity of certain members of the community, and we do not know whether the cells responsible are normal cells curiously modified, or cells which had never any business to be where they occur. Neither do we know what the cause of this unusual activity is. The individual efforts of the greatest medical experts have not sufficed to provide a satisfactory explanation. Medical investigation during the last fifty years has resulted in the accumulation of many important facts relating to cancer and its consequences, without, however, an adequate explanation of the various phenomena being arrived at.

Cancer is insidious in onset, tedious in duration, fatal in its issue, and singled out from other diseases by various characteristics. It proceeds surreptitiously till far advanced, and all too frequently the signs which first arouse attention are its consequences. Any signs which are produced are not of themselves the symptoms peculiar to cancer. Only by a reasoned exclusion of other diseases can the presence of cancer be diagnosed by the medical man. It is, therefore, not a disease which suddenly attacks the whole body simultaneously, nor one which at once incapacitates its victims. This is because it starts from small beginnings in one limited area, rarely in more than one area. How small the original cancer area may be we do not know, nor whether a group of cells are the parent sources of the mischief, or one single cell the egg from which the awful brood is hatched. However this may be, the cancer is at first limited to a localised area, and within it the germs are confined from which all the subsequently developed cancer is directly descended. The cancer patient's hope lies in the fact that if the surgeon can operate early enough while the cancer remains localised, he can cut it out and relieve the sufferer, if operated on extensively.

Considered generally, cancer is a process in which a colony or colonies of cells grow and multiply, heedless of the interests of the organism in which they serve no useful purpose.

These cells invade regions of the body to which normally they are strangers, and appear to be concerned only with their own aggrandisement and regardless of the consequences. The world in which alone these cells can have their being is a living organism: yet regardless of their own, and of the vital interest of all other cells, they disorganise the machinery essential to life. They ultimately wreck and are themselves involved in the ruin of the community, or rather world, of which they form a part. Can any process seem more purposeless? What have the cells afflicted with the chaotic activity of cancer effected? Their own destruction and that of their host; but nothing that is even to their own advantage.

The unnatural cell multiplication and activity which has been outlined is the peculiar feature of cancer. Cancer is a generic term, and for the investigations of the Cancer Research Fund includes all types of what are distinguished as malignant new growths, to the exclusion of other forms of cell multiplication and activity, such as are met with in the repair of an injury, in hypertrophy, or in the formation even of what are known as benign tumours. The term tumour is not really a synonym for cancer, but is one applicable to all sorts of swellings and lumps. There are some tumours due to purposeless cell multiplication, which, however, never invade other tissues, but remain more or less localised growths, and are, therefore, known as benign new growths to distinguish them from the malignant new growths or cancers proper. The adjective "malignant" sums up in one fell word the ruthless, destructive nature of these new growths, the cells of which proliferate as before described, and, regardless of consequences, invade by direct extension the tissues among which they have had their first seat, and even give rise to fresh new growths in organs remote from the original seat of the disease.

The invasion of the tissues among which a malignant new growth is situated takes place by infiltration of cancer cells between the healthy surrounding cells; it must be distinctly understood that the latter do not become cancerous—they are merely passive sufferers under the cancerous activity of other cells, and may suffer from being pressed together, cut off from their blood, and therefore food, supply; it has even been stated that the cancerous cells attack the surrounding cells directly, and, cannibal-like, devour them, or by excretion of noisome influences cause the surrounding cells to retire, or disappear before their advance.

It is obvious that the invasion of surrounding tissues by infiltration will have serious consequences whenever a vital organ, an important nerve or vein is involved. The malignant new growth which first develops is said to be the primary cancer, and the site at which it arises is called the primary site. The primary growth may enlarge locally in the way described, or by continuous extension of the process of infiltration come to involve tissues at some distance from the point of origin, especially when the extension proceeds along the lymph channels. Thus transported daughter colonies of cancerous cells develop as secondary malignant new growths in secondary sites. Extension or, more correctly, dissemination of a malignant new growth may also occur in a somewhat different way, and at any stage in the development of the primary growth. Malignant new growths require nourishment like any other tissue, and are, as a rule, plentifully supplied with blood-vessels, some of which have developed along with the cancer. If a few of the cancerous cells of the primary growth find their way into one of these blood-vessels, the cells are carried by the blood stream, or if they have found their way into lymph spaces by the lymph stream to a distance, they find a resting place in new sites and in remote organs. The cancerous cells which are thus transported also develop into daughter colonies, as secondary malignant new growths in secondary sites, and without any direct connection with the primary growth.

Much attention has been devoted to the question of the manner in which cancer extends in order that the distinction between this process and what is known as infection in other diseases may be readily comprehended. In the infection of living cells by a parasite or virus of any kind known to us, the infection extends by transference from cell to cell of the infective agent.

Cells transported or transplanted from the primary site of the disease can only be responsible for daughter infections if they at the time are also vehicles containing the virus in a form which will permit of the latter finding exit from its vehicle and primary host into a new cell.

Thus, in all the infections and parasitic diseases known to us the process of extension is something very different from what occurs in the case of cancer, where the cells involved are all the direct genealogical descendants of those first afflicted. If a primary cancer of the liver give rise to secondary cancer in the lung, in the bones, in the kidney, to put it grossly, they are simply bits of atypical and not a typical liver growing in the liver itself, and lineal descendants in the lungs, bones and kidneys, with dire consequences alike to them all. We do not know whether the process originated in normal liver cells becoming abnormal, or in the presence at the outset of cells which had always been abnormal, and never really a part of the liver itself.

Cancer may have its primary site in any tissue or organ. The primary site is of importance in determining the form which the cancer will assume, for a cancer is always a more or less perfect imitation of the tissues in which it is first found growing. Indeed, cancers are classified according to the tissues which they most nearly imitate. For us it is sufficient to state that the two great groups of cancer are those in which the higher epithelial forms of cell development are present, and those in which the less differentiated connective tissue forms of cells are imitated.

The former are known as carcinomas, and the latter as sarcomas.

From what has been said, it is clearly the bounden duty of the surgeon, the moment a suspicious growth or tumour is discovered, to advise its immediate removal. There is no use in waiting for further evidence of malignancy. The sooner the tumour is extensively excised the sooner the danger is removed from the patient. Clinically, one finds slow-growing and quick-growing cancers. No two malignant growths run exactly the same course. But we know that slow-growing cancers give the better results as regards non-recurrence after removal than rapid-growing cancers. There is no doubt that a large part of the success of operative surgery in malignant disease depends on early diagnosis and early extensive removal.

On this subject Mr. Butlin says :—

"Hence the supreme necessity for a continued and active study of the diagnosis of malignant disease in every part of the body, and not only of actually existing malignant disease, but of the conditions which precede the occurrence of malignant disease, predisposing conditions and pre-cancerous stages."

Early diagnosis is not always followed by early operation, for sometimes it is almost impossible to persuade the patients or their friends to allow an immediate operation to be performed because they feel no pain or inconvenience in the part, and have no idea of the danger of postponement as being the means of destroying the very best chances they have for its removal and non-recurrence when removed. In other cases a tumour may be overlooked for a considerable time and is only discovered by accident when it has assumed considerable dimensions and attended with secondary growths and glandular contamination.

In the report of the Cancer Research Fund the figures for some 3,000 cases of malignant new growths are given, and are tabulated in such a way as to compare the clinical diagnosis with the result of the pathological examination made after operation or post-mortem. These figures, while on the one hand they bring into prominence the difficulty and in many cases the impossibility of diagnosing the presence of cancer, also show that surgeons recognise the importance of early diagnosis. In this report the cases of malignant disease are divided into two groups, accessible and inaccessible, and attention is drawn to the large number of "accessible" cases which the surgeon in the interest of the patient has diagnosed as malignant new growth, which subsequent pathological examination has not confirmed. There can be no doubt that the surgeon has been justified, however, in operating in these cases, not only because he was unable to say that the condition was non-malignant, but also because by treating them as if they had been malignant, he was acting in the best interests of his patient. In view of the impossibility of being sure of the true nature of the tumour-like formations, it is probable that as time goes on the number of cases in which an operation is performed as if for malignant new growth will increase rather than diminish. This sounds very much as if one were recommending a needless use of the knife, but where the only hope lies in a timely operation it is surely better to be too early than too late, especially as when the tissues of those doubtful cases are submitted to the skilled histologist he also is not prepared to express a definite opinion, either for or against the tissue being that of malignant new growth.

It is the surgeon's duty to operate at the earliest moment, and, therefore, he need not regret having operated for what ultimately proves not to have been a malignant growth. The surgeon's duty to his patient requires him to take this risk, and it is the duty of those who have the opportunity to educate the public and the profession to recognise the urgency of early operation, even if the result prove that such operation was at the time somewhat premature. In the later stages of malignant disease, when it is so far advanced that its complete removal is quite out of the question, I consider the surgeon is not justified in recommending removal in notoriously hopeles cases by operation, though I regret to say they are frequently performed for reasons not difficult to understand by young and enterprising surgeons, who allow their operative zeal to outstrip the surgical needs of the case. I have seen patients subsequently who have submitted to incomplete operations of this kind far and away worse after the attempt than before. It was a question to me whether I was more surprised at the fortitude of the patient or the courage of the surgeon who undertook the responsibility of carrying out an operation which not only risked a valuable life, but gave the patient the false hope of recovery which he quickly perceived was only a delusion.

Again, the performing of such hopeless operations on the off-chance of giving temporary relief might by its failure be the means of preventing other early operations being performed in favourable cases, where there is a good and reasonable chance of being of service to the patient, instead of abandoning him to a painful and lingering death, the sad termination of many inoperable cases of cancer.

SOME QUESTIONS IN SEASIDE CLIMATOLOGY. (a)

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Part II.

(*Concluded from page* 581.)

Professor Buchan tells us that the fundamental element of climatology is the temperature of the air. Only 50 per cent. of the total solar radiation due, so to speak, on a given area at the sea level ever reaches that area. Even when the sun is at the zenith the amount which arrives is very much less than 100 per cent., and by no means all of this is heat, especially as our atmospheric envelope is more transparent to the rays of shorter than to those of longer wave length. Now the temperature of this air is one of the few things we need not argue about, for it has been observed daily steadily and systematically for some three and twenty years by the indefatigable observers of the Royal Meteorological Society. The maxima, the minima, the average, and many other data are on record. Without quoting rows of figures, the facts are that the average daily range is moderate (namely, 11·3°), as that of every seaside place must be, owing to the moderating influence of the sea, and that the average temperature is that of London, partly, no doubt, owing to the fact that the sunshine average is more than 20 per cent. more at the former than at the latter.

Owing to the influence of the Gulf Stream, aided by the preponderating prevalence of south-west wind, the winter isothermal lines of Great Britain lie nearly north and south, instead of east and west. The isothermal line of January slants across England from Dover to North Wales and passes thence along the West Coast of Scotland. The greater frequency of barometric variations near the sea may tend towards the attainment of that perfection of organic life which is said to depend on the alternations of excitement and repose.

There remains to be mentioned hydrogen, which is undoubtedly present in our atmosphere; but for every gas there is an altitude at which as many molecules diffuse outward as inward in unit time, and recent physical deductions lead to the conclusion that such hydrogen as the

(a) Presidential Address delivered before the British Balneological and Climatological Society, on Friday, October 30th, 1903.

earth exhales, so to speak, into its atmosphere from the pores of certain minerals leaves the extreme confines of our atmosphere on its way through interplanetary space to join the atmosphere of the sun, the gravitational attraction of the earth's mass being overcome by that of the sun, but even if it stayed with us it is not clear what physiological effect it would have except as a diluent of oxygen.

Is there a greater percentage of oxygen in sea air than in land air? I know of no evidence that there is, though Dr. Angus Smith found ·92 per cent. more than the average in the air of the Western Highlands, and although volume for volume there is, of course, more oxygen in sea air than in mountain air, but if there be any such preponderance, however small, it would be likely to exert a stimulating effect, just as we know that a small decrease of the normal proportion of oxygen is depressing, and it is certain that there are variations in the proportion of carbonic anhydride. Thus there is less in exposed than in sheltered places, and less in air from over the sea than in that from over land, more by night than by day, and more in summer and winter than in spring and autumn. Just as it is not possible to predicate the therapeutic effects of a given water from a consideration of a laboratory analysis of it, so it is not at present possible to explain the difference in physiological effect between the apparently similar air of different places.

At one of the earliest meetings of this Society Dr. Snow very rightly told us that it was not so much to the composition of a water that we must look as to the results upon the patient that experience had shown could be obtained. We must not neglect the teachings of experience only because we cannot explain them, and this applies to air quite as much as to water, and we have to remember that the best chemical analysis would be eluded by an unrecognised element, and it is only recently that the very existence of several normal constituents of the atmosphere has been established. Helium is an apparently inert element, but is it certain that its presence and that of argon in the water of one of the Bath springs has no influence on the therapeutic effects of that water? Can it be certain that it is there merely in solution? If not, it may in combination be capable of results as astonishing as those of some compounds of the typically inert nitrogen.

Is it lawful to surmise that some as yet unknown element gives its peculiar character to the air of some localities, or shall we find our explanation in the new and mysterious property introduced to us by Becquerel as radio-activity?

It is true that hitherto the chief sources of radium and polonium, the best known of the radio-active bodies, are minerals such as pitchblende and chalcolite, and not the ocean, but Wilson has proved the existence of a radio-active substance in filtered rain-water and in snow and hail, especially during a thunderstorm, and it is not destroyed by heating the containing vessel to dull redness. Professor J. J. Thomson has extracted at least two radio-active gases of great density from many different deep well waters, and has shown that their radio-activity is different in kind from that of radium in that they render radio-action a negatively electrified surface, and not an unelectrified one. Strutt finds radio-activity to be widely diffused, and that there is some in most metals. Sir Oliver Lodge surmises that radio-active emanations (the so-called X-rays), which are believed to consist of actual atoms of matter, may proceed from many substances, without our being yet aware of their existence. Messrs. Rutherford and Allen have found that a negatively charged body exposed in the air becomes radio-active, and they conclude that, therefore, there is some radio-active substance in the atmosphere.

Sea water has not, it seems, hitherto been subjected to examination as to its radio-active properties, but it is reasonable to suppose that in this respect it is more likely to resemble well water than surface water. Before the discovery of radio-activity Dr. Julius Hann wrote thus:—"There can hardly be any doubt that there are still other modifications in the composition of the atmosphere which have some influence on the human organism, but which have not yet received any attention."

May we expect any help from a consideration of variations in the electrical or magnetic conditions of different localities which Dr. Solly considers to be important? The mysterious and elusive character of electricity and magnetism tempts us to ascribe to them any characteristics which are apparently not otherwise explicable, just as the ancients invoked the aid of magic, and it may be that we shall find in them the answer to this problem, for undoubtedly some people are especially sensitive to abnormal atmospheric electrical conditions, and it has been experimentally shown that strawberries ripen sooner and in greater numbers when grown under the influence of an electrical field.

A beneficial effect has been observed in the case of plants grown under one of the poles of a Wimshurst machine, and this cannot be ascribed to ozone, which is formed chiefly at the positive pole, whereas the plants in question did best near the negative pole. Messrs. Elster and Geitel have arrived at the conclusion that free ions exist in the atmosphere, and if so they may well be of physiological importance. Now we are told that the average amount of electrical force is least when the wind comes from a point midway between N. and N.N.-W.—that is to say, from a point midway between the true and the magnetic N. poles—and yet this is the wind which seems to me to deserve more than any other the epithets brisk, bracing, stimulating. But Professor Tait writes that "our ignorance of the source of atmospherical electricity is singularly complete."

Let it be granted, then, and granted I think it must be, that the atmosphere of some localities has special properties, and let it be admitted that we cannot at present express these properties in terms of any known element or force; then there arise two questions:—First, under what circumstances are these properties therapeutically valuable? Secondly, can we in any way preserve, intensify, or diffuse these properties?

In attempting to answer the first of these questions a sentence of de Chaumont seems apposite, namely, that "to the healthy meteorological conditions are of little moment apart from personal comfort." On the other hand, what patients would derive benefit from such a climate, and for what patients would it be undesirable?

When we try to work out the answer to these questions we find ourselves in the position of the medical man who is called upon to prescribe a diet, not for a disease, but for a patient.

It is comparatively easy to prescribe for an abstract disease—that is what the text-books do—but how difficult for a concrete patient, and one, too, who probably has strong and inconvenient leanings and antipathies, or idiosyncrasies, such, for example, as an unusual sensibility to diminished atmospheric pressure similar to the case of cats, who, according to Dr. Burney Yeo, cannot be acclimatised in certain localities of high elevation. The determination of principles for the selection of climates is one of the most vitally important services which this Society can render to our profession, for it is impossible to trust most of the hard and fast rules which are offered for our guidance.

Dr. Leonard Williams has recently said, in the case of some diseases certain climatic combinations are to be avoided. There are constitutions in which a stimulating atmosphere produces a feeling of general discomfort, and people who have idiosyncrasies with respect to climate just as others have with respect to drugs.

Now, just as those who make the fewest mistakes in the prescribing of diet are those who consider the likes and dislikes, and who know the ordinary mode of life, of a patient, so shall we most successfully give advice in respect of climates if we carefully consider not only the name of the patient's disease, but his climatological likes and dislikes. The man of open windows is likely to thrive best in stimulant air, and the man who is sensitive to draughts may be better suited by a more sedative climate, for in some persons the automatic control of the vaso-motor system is clearly either undeveloped or too slow. Nor can we afford to lose sight of the great importance of aspect. How often it happens, especially in the spring, that there is one climate on the north side of a wall, and another on the south side.

There is no need to insist on the need of avoiding dry, cold wind in cases where damaged kidneys are able to do only part of their duty, or for pulmonary cases enfeebled by prolonged suppuration, nor does anyone in England need to be reminded that one cannot in England reckon on summer weather in summer time, nor indeed upon winter weather in winter time. Most children are the better for a stimulant climate, and of the people best suited by a sedative climate a large proportion are aged.

My second question is soon answered: "Man," it has been truly said, "cannot change the weather by any device yet suggested," not even by American methods of rain production, yet he does affect climate by removing trees (for vegetation increases the humidity of the air, though not the actual rainfall) and by drying the soil by works of drainage, or by supplying it with water as by means of the Assouan dam, and by the cultivation of previously barren spots.

We can preserve the life-giving properties of our air by cultivating the highest ideals in sanitary matters. It is of little use to live at the seaside with shut windows and in air used up by overcrowding and fouled by dust and by pestilential sewers and filthy dust-bins, and it is universally admitted, or should be so, that a dry subsoil and a clean underground air are essential to high sanitary excellence. Parasitic microbes grow most readily in warm, moist places, and it has been calculated that in the course of a single day a man inhales 10,000 litres of air, so that determinations of the number of living micro-organisms present in the atmosphere at the ground level at once assume great importance. Now it has been shown on the one hand that an adult in Manchester inhales in the course of ten hours 37 millions of microbes, and that in London there are present from 80,000 to 210,000 solid particles in each cubic centimetre of air, and on the other hand that in the air of the Western Highlands the corresponding number is only sixteen.

In these respects a great responsibility rests upon our profession, the responsibility of helping to educate and influence not only our patients as such, but all who hold office in the public bodies by which we are more or less misgoverned.

Finally, I would ask you to assent to this proposition. The places in our islands which enjoy most often a pure and stimulating atmosphere are those the air of which comes most often from over the sea. The more directly it comes from the sea and the longer it has been away from land the more pure it is. Its stimulating properties depend partly upon its relative humidity, partly upon its temperature, and partly upon factors not yet thoroughly understood.

"I speak as unto wise men, judge ye what I say."

CASE OF

TYPHOID PERFORATION: LAPAROTOMY—RECOVERY.

By M. C. STAUNTON, M.D., B.S., &c.,
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Of the many complications liable to arise in the course of an attack of enteric fever none is more dreaded than that of perforation, so that no surprise need be expressed at the keen interest taken by the profession in the attempts which have been made within the last few years to deal surgically with such a catastrophe. So far, in this country at all events, success has not attended on these efforts as often as one would hope for. But when we remember the condition of the patient at the time when perforation most often occurs we cannot expect such a large measure of success as when a similar emergency arises acutely in a previously healthy subject—*e.g.*, from bullet wounds, stabs, &c. I know we may look forward to greater success when physicians come to realise the very important fact that typhoid perforations are not "necessarily" fatal. I remember the time, not so very many years ago, when surgical interference in such a complication was not even discussed. That time, I trust, is happily past.

The following notes of a case of perforation may now be of interest.

On September 28th, 1903, I saw a little girl, æt. 6, whose clinical history was to the effect that for some months she had been in indifferent health, attributed by the parents to a severe attack of whooping-cough in the previous spring. However, she had been going to school up to September 24th, on which date she complained of headache, had no appetite, vomited, and was generally sick. She continued more or less in this condition up to the 28th, when I first saw her. She looked worn and pallid, with furred tongue, constipation, temperature 103°, pulse 120. I ordered her to bed and to be kept on whey and chicken-tea and three grains of calomel in three doses. Next day I examined her in bed, found the temperature 104·2°, pulse 120, abdomen dis-

tended, but not enough to prevent palpation of the spleen, which was distinctly enlarged. There were two or three spots on the abdomen. I diagnosed typhoid fever. Next day I was told she had had a very restless night, with some abdominal pain and vomiting, temperature 103·6°, pulse 130. I saw her in the forenoon of October 1st, when I found her with great abdominal pain, distension and tenderness, vomiting, thighs drawn up and looking very haggard. I could only see peritonitis in the picture, and recommended her removal to hospital so as to be ready for operation in case I might so decide. In the absence of the father, the mother would not consent to anything, even to a consultation. I saw no objection now to giving 6 minim doses of liq. morphinæ every three or four hours, according to the severity of the pain. I also stopped all alimentation by the mouth, except sips of water from time to time. The same evening the patient seemed so much easier that the father decided to wait till the next day. She had recurrence of pain during the night, but another dose of the morphine relieved it.

On the morning of October 2nd the narcotic was still acting, much to the parents' delight, but the temperature had fallen to 100°, and the pulse gone up to 140. After many interviews they consented to follow my advice, send the child to hospital, and allow an operation. In hospital that afternoon her temperature was 97°, pulse thready, and general appearance most unpromising. I had 1-30 gr. strychnine injected before operating, and repeated with digitalin afterwards.

On opening the abdomen the intestines were covered with lymph-flakes, abundant and tough, and separable only with difficulty. On discovering the cæcum, I worked backwards along the small intestine, and about eighteen to twenty-four inches from the valve I found a small hole in the convex border through which bubbled gas and pale brown intestinal contents. Similar extravasation lay in the vicinity. I did a continuous Lembert suture. Near this perforation was a small yellow patch, like the head of a boil, appearing through the peritoneum and undoubtedly another ulcer on the point of giving way. This was similarly sutured, and between the two a third ulcer looked so dangerous that I doubled it in also. I was obliged to finish up with a hasty examination of the rest of the intestine, flush out with hot saline solution, and leave in a gauze drain. The actual operation occupied less than twenty minutes, thanks, in a large measure, to the very able assistance of our assistant surgeon, Dr. D. Farnan.

One hour after operation the temperature was 96·2°, pulse running, and she seemed too weak to complain of anything, but there was no vomiting of consequence.

The after history presented nothing of interest, except that the patient held on to the slender thread with the tenacity of childhood, had a temperature of 101° two days later, about which point it oscillated for a week, and gradually declining, her convalescence was comparatively rapid.

The only point I draw particular attention to is that from the time I diagnosed peritonitis, and that the most likely cause of it was perforation, the child was allowed only sips of water and the few minim doses of morphia.

Therapeutic Notes.

By GEORGE FOY, M.D., F.R.C.S.,
Surgeon to the Whitworth Hospital, Drumcondra, Dublin.

THIOL.

THE value of ichthyol as a therapeutic agent is well known to gynæcologists; but its unpleasant smell and its staining of linen and so forth were such drawbacks to its usefulness that gynæcologists sought for a drug of similar medicinal properties without the unpleasantness attending its use. After some experiments Dr. Kolenko selected thiol (*Medicinskoie Obosranie*), prepared from gas oil by heating with sulphur. Thiol has been for some time in use as an internal remedy in gynæcology, administered internally in pills; but Kolenko trusts to it more as a topical application in pelvic and uterine inflammations. He applies the liquid thiol to the interior of the womb in endometritis, and as an embrocation to the cutaneous surface. Applied to cervical and labial ulcers of the womb he has found its use to be followed by rapid cicatrisation. He also employs suppositories of dry thiol and cocoanut oil and tampons. From an experience of a hundred cases treated with thiol Kolenko considers that the drug is fully equal to ichthyol in the treatment of inflammatory affections of the pelvis and the womb, and as it possesses none of the undesirable properties of the latter it should soon come into popular favour with gynæcologists.

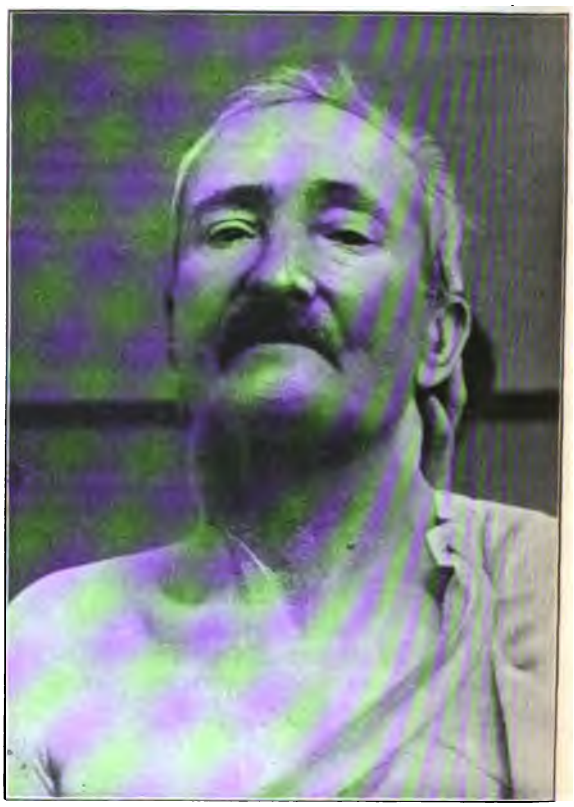
Clinical Records.

ROYAL PORTSMOUTH HOSPITAL.

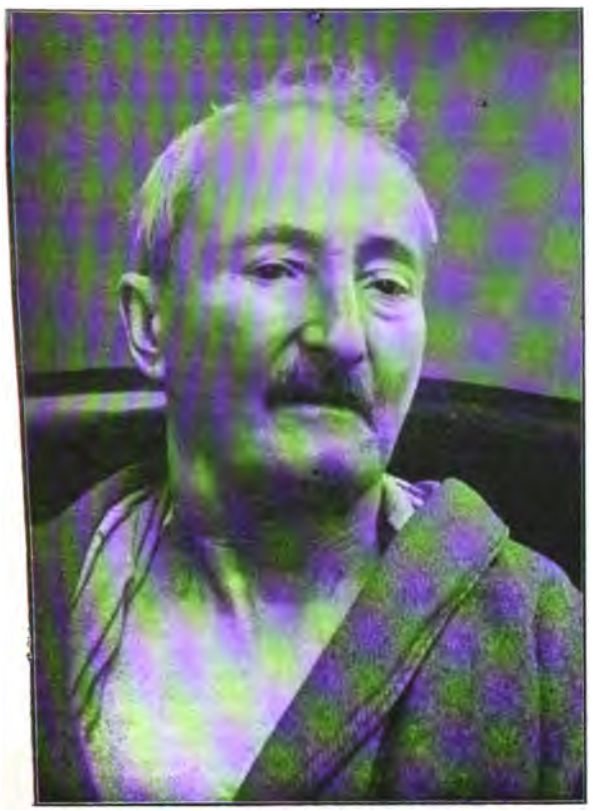
Ligature of the Common Carotid Artery for Aneurysm—Patient, æt. 74—Recovery.

By JOHN WARD COUSINS, F.R.C.S., M.D.LOND.,
Senior Surgeon to the Royal Portsmouth Hospital, and South Hants Eye and Ear Infirmary.

E. C., æt. 74, a fitter, admitted into hospital on March 1st, 1903. He stated that he had never suffered



from any severe illness, and that he had lived a very healthy and active life. The swelling in the neck had been about two months slowly increasing in size. On examination, a tumour was found below the angle of the jaw; it was about the size of a small orange, and it pulsated freely in all directions. The patient complained of pain in the neck and head, but the tumour was not tender. For an old man, his general condition was fairly favourable.



On March 4th, the common carotid artery was ligatured below the omo-hyoid, and all pulsation was at once arrested. Tendon ligature was applied. A few days after the operation he became very talkative and excited, but after two weeks' careful treatment his mental condition steadily improved, and the wound rapidly healed. When he left the hospital on April 4th, the sac was soft and shrunken.

Remarks.—There was no history of syphilis; but his friends stated that in former years he had lived a very intemperate life. The patient was in his seventy-fifth year, and at the time of the operation the vessel was dilated and the external coats felt firm and rigid.

Ligature of the carotid artery is often followed by cerebral disturbance and this occurs with very variable severity. The symptoms may set in at once or many days may elapse before they appear. Early cerebral excitement is probably due to the reduction of the blood supply to the brain; but later on it is the prelude of dangerous structural changes. In pre-aseptic days cerebral softening and septic complications resulted in a very high mortality, but with the aid of modern precautions we can now protect our patients against many dangers.

Royal College of Surgeons in Ireland.

Dental Examination.—The following candidates have passed the final examination for the Licence in Dental Surgery:—Mr. W. Hokton, Manchester; Mr. H. J. Anderson, Galway; Mr. B. D. Black, Dublin; Mr. F. C. Pelissier, Clonmel; Mr. W. V. Pericho, Cork; and Mr. J. Smith, Dublin.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—XXII.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

THE RUDGWICK SANATORIUM.

On the borders of Sussex and Surrey, and easily accessible from London, lies the little village of Rudgwick, almost unknown to the ordinary tourist. Here, at a distance of seventeen miles from the sea, and at an altitude of 400 ft., well sheltered from the northern winds by the Surrey range of hills, is situated Dr. Annie McCall's Sanatorium for the Treatment of Consumption.

A ten minutes' walk from the station, up a gentle slope, lands one at the sanatorium, the front view of which suggests nothing more than a small, homely country house, with its low porch and creeper-covered walls. This building is used entirely for administrative purposes, and contains rooms for the resident medical officer, the matron, and the various members of the domestic staff.

The patients' block is a large house erected in the sloping grounds behind, and consists of thirteen rooms, those on the ground-floor having French windows, while those above have also ample window space, which allows of an abundant supply of fresh air to patients who have to be kept in bed. The bedrooms present a very attractive appearance with their simple white furniture and small open fireplaces.

In the grounds, in addition to a number of shelters of various sizes, which mostly face south to catch all available sunshine, are two larger erections: one is a glass-house, well raised above the ground to allow of subventilation, and fitted with sliding windows, which serves as a dining-room for the patients. The other, a wooden building, fulfils the purpose of a recreation-room when required.

The patients, who are under the constant supervision of a resident medical officer and experienced matron and nurses, are treated on strictly hygienic principles. An abundance of nourishing food is given at frequent intervals, and a constant supply of fresh air is insisted upon, and the patients made to live all day in the open; many of these, when the weather is suitable, also sleep outside with the sky as their only roof. Dr. McCall and some of her staff set them an excellent example in this respect, always preferring, in the summer, to have their beds put up in the garden.

Hill-climbing, regulated according to the strength of the individual, and regular walks form part of the daily routine, and the sanatorium being placed on a western, gentle slope is admirably situated for this purpose.

A special point is made of hydrotherapy, and all the patients have a daily cold bath or sponge down.

Dr. McCall visits the sanatorium regularly every week, and often spends the week-end there, so that she can thoroughly investigate every case and personally watch the progress of each patient. On those occasions she gives a lecture on hygiene to the inmates of the sanatorium, endeavouring thus to instil ideas concerning the importance of good food, suitable clothing, and properly ventilated houses into the minds of those under her care, and whom she hopes to restore to the duties of ordinary every-day life. The patients eagerly look forward to these lectures, and themselves become enthusiastic advocates of the treatment they are undergoing, and active missionaries of hygienic righteousness. Such an excellent educational procedure might be adopted with advantage in other sanatoria.

The terms are very moderate—2½ guineas a week, the same being charged for children as for adults; and bedroom fires are the only extra.

Rudgwick is twenty-nine miles from London on the Horsham and Guildford line of the L.B.S.C.R., and there is a convenient train service from Waterloo.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, NOVEMBER 27TH, 1903.

DR. FREDERICK TAYLOR, President, in the Chair.

MR. F. C. WALLIS described a case of

CHRONIC INTUSSUSCEPTION TREATED BY INTESTINAL RESECTION,

illustrated by the epidiascope. The patient was a healthy married woman, æt. 32, who had been subject to attacks of pain in the abdomen on and off for two years. She was admitted into Charing Cross Hospital in one of these attacks, which was very acute, being accompanied by vomiting. There was no melæna, nor could any tumour be felt. As her condition became worse it was deemed advisable to perform laparotomy, which was accordingly done on April 25th, 1903. When anæsthetised, the patient was found to have a considerable tumour in the abdomen, and on opening the abdomen it was seen to consist of a large amount of intussuscepted small intestine which it was impossible to reduce. The entire portion of bowel affected—42 inches in length—was removed, and the two ends were joined by a Murphy's button. Everything went well until about three weeks after the operation, when the attacks of colic recommenced. These attacks were due to the Murphy's button, which was seen by means of the X-rays to be somewhere in the region of the ileo-cæcal valve. The button was removed by a second incision, and the patient made an uninterrupted recovery, and has been in the best of health since. At the apex of the intussuscepted portion was a perforation evidently due in the first instance to some thrombosis. The main points of interest in the case were the length of time during which the patient suffered, her previous good health, the large amount of small intestine removed, the fact that no tumour could be felt per abdomen until she was anæsthetised, and that no exciting cause, such as a growth, could be found.

Mr. A. E. BARKER agreed that the perforation was no doubt due to interference with the blood supply, and emphasised the danger of perforation which might occur when such thrombosed portions were returned into the abdomen at the time of the operation. He was inclined to consider that enterectomy could be done by simple suture as effectually as by any mechanical appliance, and, moreover, one had a feeling of greater security. He also mentioned the importance of getting well above the intussuscepted portion when performing resection.

Mr. BRUCE CLARKE further insisted upon the importance of getting into perfectly healthy bowel. He thought as time went on that even the Murphy's button would be superseded by the operator's fingers.

Mr. WALLIS, in replying, agreed that the simpler the methods adopted were, the better, but in this case, where time was a great object, he felt more confidence in employing the Murphy's button.

The PRESIDENT then narrated

TWO CASES OF LYMPHOCYTHÆMIA (LYMPHATIC LEUKÆMIA).

(1) A boy, æt. 10, first complained of pains in the legs, thirst, and yawning. Six weeks later he was found to have enlargement of the left parotid gland, dulness over the upper part of the sternum, a deep-seated tumour in the left flank, but no obvious enlargement of the lymphatic glands. Two weeks later he was admitted into Guy's Hospital with enlargement of both parotid and submaxillary glands of the liver, and of the left kidney. A blood count showed 15,000 leucocytes per c.mm., of which 46 per cent. were small lymphocytes. A few days later the parotid swellings had increased, some lymphatic glands close by had enlarged, but there was no general increase in the size of the cervical glands, or those in the axillæ or groins. Each lachrymal gland was felt as a hard mass between the orbital ridge and the eyeball. The leucocytes increased to 50,000, and a differential blood count gave small lymphocytes 94, large lymphocytes 3, polymorphonuclears 2·5, eosinophiles ·5. Hæmorrhages from the mucous membranes appeared, and he died a month after admission. The post-mortem examination showed enlargement of the above-mentioned glands, also of the thymus, spleen and kidneys. Microscopically, the enlarged organs were densely packed with lymphocytes.

(2) A girl, æt. 14, was seen on January 14th. Six weeks previously she had had pains in the limbs with malaise. The mammæ had been noticed to be enlarging. A fortnight ago her eyes became prominent, and two days after the feet swelled. She was pale, dyspnœic, and presented œdema of the eyelids. The salivary glands were enlarged; the mammæ were enlarged, hard and nodulated. The liver reached one inch below the umbilicus. The edge of the spleen could just be felt. The lymphatic glands in the axillæ and groins were not specially enlarged. A blood film showed an extraordinary excess of leucocytes, of which 95·8 were small lymphocytes. She died on February 21st, after the onset of ascites, epistaxis and uterine hæmorrhage.

Dr. TAYLOR pointed out the rapid course of both these cases, and said that the enlargement of the mammæ and the thymus were unusual features. The relatively small size of the lymphatic glands suggested to him that these organs were not primarily at fault.

Dr. H. BATTY SHAW asked what the condition of the bone-marrow was in these cases, and mentioned a case of a child in which the bone-marrow was of a bright crimson colour. He regarded the subcutaneous and intestinal lymphatic deposits on the face and intestines, which sometimes occurred, as a matter of accident.

Dr. PARKES WEBER suggested that the bone marrow might be the origin of the lymphocytes, after all. He stated that in every case of lymphatic leukæmia in which the bone-marrow had been examined it was affected, and often presented the so-called "puriform" change—a term to which he objected. There was also at least one case on record in which the bone-marrow was the only leucocyte-forming tissue affected. He regarded these cells as really undifferentiated myelocytes.

Dr. PHEAR said that in one case which he had examined the bone-marrow was crowded with lymphocyte cells.

Dr. TAYLOR, in replying, regretted that an examination of the bone-marrow was not made in his cases, and he recognised that his cases differed from those of Drs. Bradford and Shaw in that in the former the majority of the cells were small lymphocytes.

Mr. LAWRIE H. MCGAVIN read notes of a case of

POST OPERATIVE HERNIA TREATED BY THE INTRODUCTION OF A SILVER WIRE FILIGREE.

The patient (who was also exhibited), a woman, æt. 47, had undergone an operation fifteen years previously, for the removal of a uterine fibroid, and had developed a ventral hernia at the site of the old operation of such dimensions that the chances of obtaining a permanent cure by the usual surgical procedure were of the slightest. A silver wire filigree was therefore introduced between the muscles and the peritoneum, after the method suggested and practised by Willard Bartlett, measuring five inches by two and a half. The skin incision was closed by interrupted silkworm-gut sutures, and a firm abdominal binder applied. Both superficial and deep sutures were removed on the tenth day, and the patient left the hospital at the end of three weeks. Since the operation the patient had been well and comfortable in every respect, and was performing her duties without the aid of an abdominal support of any kind. The site of the operation was also sound, a firm and somewhat depressed area marking the position of the filigree. The wire employed was of No. 27 gauge.

Mr. BRUCE CLARKE asked for further details regarding the manner in which the filigree was fixed.

Mr. A. E. BARKER congratulated Mr. McGavin upon the successful issue of his case and for bringing it before the Society. For his own part, he had been in the

habit of using an interlacing method in these cases, and he preferred it, on the grounds of familiarity, to the ready-made article. He acknowledged that the latter mode of procedure occupied less time, which might be a consideration in some cases.

Mr. MCGAVIN replied by demonstrating the manner in which the filigree was made, and he stated that the whole method depended upon the growth of the living tissue within its meshwork.

LIVERPOOL MEDICAL INSTITUTION.

MEETING HELD THURSDAY, NOVEMBER 19TH, 1903.

RUSHTON PARKER, B.S., F.R.C.S., President, in the Chair.

DR. ALEXANDER showed a patient from whom he had removed the breast some time before. On admission, operative interference was apparently hopeless, as the tumour was adherent to the subjacent structures, ulcerating, and very foul. After the free application of creolin to the growth, and the administration of thyroid tablets, the tumour lost its hold on the deep tissues, and was removed by two operations. The microscope showed the growth to be adeno-carcinoma. The question arose whether the thyroid tablets, or some toxin from the septic condition, was the factor in the change.

Mr. F. T. PAUL and the PRESIDENT thought the improvement was brought about by toxic products derived from the septic infection.

Dr. Grünbaum spoke.

Dr. ALEXANDER also showed a double uterus, adherent to each other only at the cervix. Each uterus had a distinct os and canal, one Fallopian tube, and one ovary. The formation of the organs was evidently due to absence of coalescence of Müller's ducts. The organ was removed for adeno-carcinoma of the cervix; the posterior uterus was thought to be a fibroid. The patient was a three-para. During the first two pregnancies she had amenorrhœa; in the third she menstruated till within two days of the birth of the child.

Dr. Briggs spoke, and Dr. ALEXANDER replied.

Mr. R. J. HAMILTON read a short paper on "Paralysis of the (Left) Third Nerve, with Blindness on the Same Side," due to a retrobullar neuritis. After a discussion of the possible etiology, Mr. Hamilton held it to be due to periostitis of the sphenoid, probably rheumatic in nature. The patient, a girl, æt. 20, was shown.

Mr. RICHARD WILLIAMS had seen two or three similar cases, in which he had diagnosed periostitis at the entrance into the orbit. The symptoms had subsided under the use of mercury and iodide of potassium alternately. The prognosis depended upon the rapidity with which the patient was brought under the influence of mercury.

Dr. GROSSMANN thought the etiology was generally obscure, unless traumatic. Prognosis was even more uncertain. The case he had shown on March 19th this year, though mercury and iodide had been freely given, still showed paralysis when seen a fortnight ago.

In his reply, Mr. HAMILTON said his patient was improving under iodide and salicylate.

Dr. JOHN HAY read a paper on

PNEUMONIA.

It was based on the observation and notes of 150 cases. Of these 150 cases, 21 were admitted moribund, or died within twenty-four hours of admission. After eliminating these, there was a death-rate of 31 per cent. Alcoholic excess was much in evidence. It was admitted in 65 of the 150 cases, and of these 65, 37 died. After discussing certain physical signs, and some points in the physical examination, he dealt with the question of cardiac strain and the effect of the onset of hepatisation, the toxæmia, the temperature, delirium, and struggling on the heart; he emphasised the far greater importance of the condition of the myocardium on the prognosis than the existence of valvular disease, and brought forward numerous cases in support of this view. The signs of cardiac failure were then discussed, special emphasis being laid on the importance of careful definition of the deep cardiac dulness. He pointed out the extreme gravity of the prognosis in cases where an irregularity of the pulse is present before the crisis, excepting in the aged or in those cases where there is marked mitral stenosis. The causes and treatment of sleeplessness, delirium with struggling, and flatulent distension of the belly were discussed, and the indications and contra-indications for the administration of morphia. Dr. Hay was of opinion that the value of alcohol in the treatment of pneumonia was much overrated owing to a misconception of its therapeutic action. It was of use in order to counteract any contraction of the peripheral vessels, such as occurs during the initial rigor, or as a narcotic and also during convalescence; but he held that the consensus of scientific opinion was opposed to the view that in its specific action it was a cardiac stimulant. He gave the results of the treatment of 47 patients treated throughout without alcohol, as compared with 103 who received it when the orthodox indications for its use arose. The patients in each class were, so far as it was possible, of a similar type, and yet after eliminating those admitted dying from both classes the mortality in Class I was 21½ per cent. as compared with 36½ per cent. in Class II, the average age in each class being about 33. The action and value of digitalis, strychnine, caffeine, and ammonium carbonate were discussed, and the treatment by the application of ice-bags to the abdomen was referred to.

Dr. NATHAN RAW would lay great stress upon the severity of the infection when considering the death-rate under any particular form of treatment. At times the severity was such that practically no treatment was successful; at other times the majority would recover. In an intermediate class much could be done, and his practice had been not to spare the use of alcohol when the symptoms appeared to demand it. We must look forward to the discovery of a direct antidote to the pneumonic poison.

Dr. W. CARTER said there were only two periods in any case of acute penumonia when he would like to use opium, *viz.*, at the onset and certainly never later than the second or third day if the nervous centres were markedly affected, and at the very end of the disease, when the critical fall of temperature was followed by active delirium. In the latter case, though the physical signs were not much altered, the vital relations of the patient were such that a timely dose of opium was of the utmost value.

Dr. ALBERT E. DAVIS' routine practice was ammonium carbonate and six ounces of brandy per diem. His death-rate was under 10 per cent. in the last eighteen years. He deprecated the use of opium in any form at any period of the disease.

Drs. W. B. Warrington, T. R. Bradshaw, T. R. Glynn, C. A. Hill, J. Barr, A. F. S. Grünbaum, C. Macalister, and J. H. Abram also spoke, and Dr. HAY replied.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, November 28th, 1903.

AT the Medical Society, Hr. Brat showed a case of

TUMOUR OF THE PANCREAS,

which he had had under observation since June last. The patient was taken ill in January with pain and vomiting. There was then a tumour the size of an apple between the umbilicus and the ensiform cartilage, which had gradually increased in size, and was now as large as a man's head. The stomach lay in front of the tumour, which was movable, and the colon behind it. He looked upon the tumour as a non-malignant one, into which hæmorrhage had taken place.

Hr. Pincess showed

[CARCINOMATOUS MASSES

that he had removed *per vaginam*, under the belief

that they were an ovarian cystoma. They grew from the meso-colon and appendices epiploicæ. Six years ago the patient had been operated on for carcinoma of the mamma.

At the Free Society of Surgeons Hr. Borchardt brought forward a case of

GUNSHOT WOUND OF THE PANCREAS.

A woman who had attempted suicide with a revolver a few hours before was brought into the Royal Klinik in a state of the highest nervous excitement. She was extraordinarily pale, but had a strong, quiet, and regular pulse. The entrance wound was in the epigastrium, to the left of the middle line. There was left-sided pneumothorax. When he saw the patient an hour later the expression was still the same, but she had vomited mucoid material twice in the interval, but without any blood; the abdomen was also tender. Laparotomy was performed, and about half a litre of blood was come upon. The patient collapsed, but rallied quickly. There was an opening into the left lobe of the liver, and moderate hæmorrhage from both exit and entrance openings; the hæmorrhage was assisted by deep sutures. The hæmorrhage from the gastro-hepatic ligament, which was shot through, caused more difficulty, but this was at last arrested by acupressure and ligatures. As the speaker again looked over things he found free hæmorrhage into the small pelvis, so that the intestines lying there were swimming in blood. On raising the stomach frightful hæmorrhage took place from behind it and to the left, and gauze and sponge were freely packed into the upper part of the abdomen. The patient now again collapsed. From the longitudinal incision a cross incision was made towards the left. A channel was now seen in the tail of the pancreas from which a little blood was flowing. The pancreas wound was sutured, and when the tampons were lifted up carefully it was seen that the splenic vessels were torn and bleeding freely. The bleeding was arrested by stitching around. The abdominal wound was now closed so far as the necessity of an opening for removing tampons, etc., would permit. The patient rallied after free infusion of saline fluid, but recovered slowly, the progress being interrupted by a subphrenic abscess, biliary fistula and a double pleurisy.

The spleen, in spite of the ligature of its afferent vessels, did not become necrotic, there being anastomosis sufficient for its nourishment.

The danger of injury to the pancreas did not lie in the hæmorrhage, but in the outflow of fat-splitting enzymes, which caused necrosis of fatty tissues that led to necrosis of the pancreas and peritonitis.

In penetrating gunshot wounds of the abdomen, for which laparotomy should always be performed, one should not be content to examine the stomach and intestines only, but should always inspect the pancreas. Nothing but extensive tamponnade of the surrounding parts would protect the abdomen from the fateful exit of pancreatic ferments.

Hr. Lexer brought forward a case of

TUMOUR OF THE BLADDER, ONE OF PARAFFIN TESTICLE, AND CASES OF SKIN GRAFTING.

A man, æt. 59, had noticed, since the commencement of the year, a tumour in the abdomen, which caused a feeling of weight in the body, sometimes desire to micturate and to stool, but no special pain. A large tumour was found, before which lay the bladder; the tumour was tolerably movable. It was believed to be a myoma, but before the operation it could not be made out whether it sprang from the bladder or the rectum. Laparotomy showed that it grew from the bladder, and that it was pedunculated, with a broad attachment. A piece of bladder mucous membrane had to be removed in extirpating the tumour. The wound was closed by suture. The patient recovered. The tumour, which was the size of a man's head, was a myo-sarcoma.

He then showed paraffin testicles removed by him on account of the inconvenience they caused by their weight. He then spoke on unstalked skin flaps, the employment of which for plastic purposes had a wide range, especially for facial defects, and which gave very much better results than Thiersch's transplantations. If the flaps lay two to three days without reaction, they bore infection. A child got measles on the third day after operation, a man suffering from recurring erysipelas got the like at the same period; in both cases the healing in of the flaps was not in the least interfered with.

Hr. Trendenberg showed a preparation from a man who had Bottini's operation performed twenty-two months previously. The preparation consisted of the bladder and urethra of the man, who had suffered from enlarged prostate. The parts showed that the operation had been successful both at the time and to the end of the patient's life.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, November 28th, 1903.

UTERINE CARCINOMA.

AT the Prague meeting Hausmann introduced the subject of carcinoma of the uterus by a description of the best methods of removing the morbid growths. He avers with great confidence that the disease is perfectly curable when properly treated. If the uterus be free and movable from the parametrium with infiltrated glands the latter must be cleared out carefully with the uterine organ. To do this successfully the operation must be laparotomy, by which you can obtain a clear view of the entire surroundings.

This operation may seem momentous for such a hopeless undertaking, but will be found successful and less dangerous than half measures for its relief. Early diagnosis means early operation, which in every case will prove successful.

RAPID DILATATION OF THE UTERUS.

Ostricil gave a history of four cases which he had treated by means of Bossi's instrument for dilating the uterus. In one of the cases the patient was attacked with tetania uteri, due to the decomposition of the contents of the uterus. This was associated with fever.

In the other three cases fits of eclampsia preceded the operation. The first of these was a primipara who had had four very severe fits that led to the use of the instrument to dilate the organ. The cervix was rapidly dilated 3½ centimetres through which one finger could be passed and both children delivered alive, but the mother died the following day.

The next was also a primipara, æt. 16, who had had five fits with severe headache and amaurosis.

The cervix was speedily dilated to admit the finger; in sixty-five minutes the uterus was fully dilated and the child delivered with instruments.

This case is interesting from the fact that albumin was observed in the urine three days after the confinement and then disappeared. Eight days after, however, she had a severe fit with no recurrence of the albumin, although the urine was normal in constituents and sufficient in quantity.

The last case was also a primipara, æt. 20, with repeated attacks. The cervix was perfectly clear when Bossi's instrument was applied, but was speedily

dilated to two centimetres, and finally she was delivered without any mishap.

This method of rapidly dilating the uterus is contra-indicated in placenta prævia.

Jerie said that he had used this instrument of Bossi's three times on mothers with eclampsia from twins with success, but not without tearing the uterus. The pains were certainly increased, and he would not recommend the instrument except on such occasions as eclampsia or such-like urgent necessity.

Neuritis Nervi Axillaris.

Tuma brought forward a female, æt. 32, who, after the third confinement was attacked with neuritis of the axillary nerve and paralysis and atrophy of the deltoid muscle on the left side. Shortly after the confinement she was seized with a rigor and a rapid rise of temperature. Five days after this attack she had a severe pain in the left shoulder extending down to the elbow with paresis of the deltoid, which six weeks later became quite paralysed and insensible to the faradic stimuli, though the feeling of sensibility was still normal. After a course of electrotherapy she greatly improved.

He showed another case of a labourer, æt. 39, with contractions of the left scalenii media, sterno-cleido-mastoid and others without any cause. The head was fixed towards the left and backwards.

Pelnar related a similar condition in a woman, æt. 62, who had a fall on the left arm which dislocated the limb at the shoulder. After the dislocation was replaced the deltoid was found to be paralysed and insensible to electric stimuli. This was followed by atrophy, anæsthesia, and hyperalgesia of the skin. In this we have another example of the nerve axillaris alone being affected from the whole cervico-brachial plexus.

Sebor related another similar case to the latter from a fall also.

Spastic Pseudo-Paresis with Tremor.

Pelnar showed a man, æt. 33, with chronic alcoholism and multiple peripheral neuritis. The symptoms were somewhat peculiar. In the horizontal position nothing abnormal could be observed, but immediately he made an effort to rise or stand up the movement in the muscles was extreme with a rapid rhythmical tremor. In progression the tremor was still more excessive, affecting the whole body. Meeting anyone going up a stair, or crossing a string or cord, made him very ill. On entering a bath even when the water only reached the knee the whole tremor would cease. Under these conditions the patient could stand on one leg, which would be impossible under any other condition. He could even walk backwards or blindfolded in the bath! The reflex was not increased. These complex symptoms were first observed and described by Nonne and Fürstner, and were described as astasia-abasia and dystasia. The present case differs from those on record by being non-traumatic, although the patient may be designated a drunkard and the offspring of a drunken family, with syphilis.

Urticaria and Epidermolysis Bullosa.

Samberger exhibited a boy, æt. 13, with urticaria bullosa and epidermolysis bullosa which had appeared without any cause. It was a typical form of urticaria gyrata passing rapidly into pustules. Where the skin was abraded or rubbed the pustule formed at once. Large quantities of indican were present in the urine.

The Operating Theatres.

ROYAL FREE HOSPITAL.

Epithelioma of Floor of Mouth.—Mr. T. P. Legg operated on a man, æt. 65, who had been admitted for an epithelioma of the floor of the mouth. The patient had stated that six months previously he had noticed a small sore place on the left side of the frenum linguæ; this steadily increased in size till it became as large as half a crown. The ulcer at the time of operation extended from the alveolar margin of the lower jaw as far back as the frenum linguæ. The edges of the ulcer were everted, hard and raised, the base was nodular and indented. The submaxillary glands on the left side were hard and enlarged. The submental glands were not apparently enlarged, and there were no other enlarged glands in the neck. The mucous membrane on the inferior aspect of the tongue was involved in the growth, which, however, did not appear to infiltrate the muscles of the tongue, all the movements of the latter being quite free. The patient's general health was in every way satisfactory, and the operation was performed in the following manner:—A horizontal curved incision was made in the left inferior submaxillary region and extended across the middle line into the right submaxillary region. The left submaxillary salivary gland and the submaxillary lymphatic glands on the left side, together with the submental glands on both sides of the neck, were then removed with the fat and fascia. A median incision was then made through the lower lip and soft tissues covering the jaw, the inferior end of this incision meeting the former one; the flaps so marked out were dissected off from the lower jaw on each side. A stitch was passed through the tip of the tongue to hold it forwards; the upper part of the ramus of the jaw was then sawn through on the right side in the position of the first bicuspid tooth and on the left side in the position of the second bicuspid. A third saw-cut was next made parallel to the inferior margin of the ramus and joining the two former saw-cuts. About a fourth of an inch of the arch of the jaw was thus left intact. The tongue, with the floor of the mouth and the detached piece of jaw, were then pulled well forwards, the growth, together with the whole of the genio-hyoid, a part of the genio-glossus, the anterior belly of the digastric, and the mylo-hyoid muscles with the detached piece of jaw were removed in one mass. A wide margin of apparently healthy tissue was left round the growth. The raw area on the under aspect of the tongue was covered in by bringing together the cut edges of the mucous membrane with three purse-string sutures. Ligatures were applied to any bleeding vessels, and two drainage-tubes were put into the wound, the posterior one leading from the wound in the neck to the cavity of the mouth, which could not be completely shut off from the external wound. The whole of the external wound was finally closed by interrupted sutures. Mr. Legg remarked that the only hope of curing patients with epithelioma of the mouth was early and complete operation. Two points in this operation were, he thought, worth noticing. First, the method of dealing with the jaw. In a large number of cases it is necessary to remove the whole thickness of the horizontal ramus, and this leads to very considerable deformity. In the present patient, as only the alveolar margin on the left side was slightly involved, it was, he said, worth while to preserve the shape of the jaw in adopting the method of removal of the glands; in this case they were slightly enlarged, and as the surgeon can never tell that glands which cannot be felt to be enlarged are not affected by epitheliomatous cells, therefore the free removal of the lymphatic glands was, he considered, essential; at the same time the submaxillary salivary gland should also be removed, as it contains in its capsule lymphatic glands which are frequently involved. He pointed out that in all these extensive operations in the mouth

a large, raw area must necessarily be left. Every care should be taken to reduce the size of this area as much as possible, first, because healing takes place much more rapidly, and secondly, because the risks of sepsis are thereby reduced. A few sutures passed in a purse-string fashion from the cut edges of the mucous membrane and through the tissues constitute, he thought, the best method of dealing with this area. Whenever possible, the intima in the mouth, he said, should be cut off from the wound in the neck by uniting the tissues of the floor of the mouth and those on the inner side of the jaw or cheek when the bone has been completely removed. In every case provision should be made for free drainage, so that no fluid can accumulate in the mouth, which should be kept clean by frequent irrigation with some antiseptic.

The after progress of the patient was satisfactory in every respect; the mouth was frequently irrigated with sanitas solution (a drachm to a pint). Food was administered through an œsophageal tube, and at about the end of ten days the patient was able to swallow liquids easily. The wound healed by first intention except where the drainage-tube had been placed in its posterior end. His temperature never rose higher than 99·8°, and he left the hospital a month after the operation. He was subsequently re-admitted on account of an enlargement of the right submaxillary lymphatic gland. An operation was performed, and the whole of the submaxillary glands, lymphatic and salivary, and those along the jugular vein and carotid sheath, were removed as low down as the cricoid. The wound healed readily, and the patient left the hospital a fortnight later. On section, the glands from the submaxillary region contained a great deal of growth. The carotid glands were healthy. There was no evidence of recurrence in the mouth.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 2, 1903.

THE GENERAL MEDICAL COUNCIL.

THE seventy-eighth session of the General Medical Council of Education and Registration, which was opened on November 24th, if not marked by any very important resolution up to the time of our Friday report, was at least characterised by a Presidential Address of greater average length and containing more varied matter than usual. Owing to the regretted decease of Sir George Duffey, to which Sir William Turner made a sympathetic allusion, it will be necessary to appoint another inspector for the final examinations of the Scottish Universities. In some instances, where the power of inspection is vested in the assistant examiners appointed by the Council, as in the case of the Apothecaries' Hall of Dublin, an occasional visitation and report from an inspector specially appointed will probably meet all the requirements of the Council. A matter which more directly affects the common interests of the profession is the possibility of instituting in England a general system of leaving examinations for secondary schools, which might be accepted in place of the preliminary examinations that are now required for admission to the various professional bodies. The Board of Education has communicated with the Council upon the matter, and proposes to hold a conference at which representatives of the Council are invited to attend and discuss with the Consultative Committee the ways and means by which such a plan might be rendered feasible or desirable. There can be no doubt that a certain standard of uniformity with regard to general education must sooner or later be laid down, and the higher the standard is raised, within limits, the greater will the reaction be for good upon the medical profession at large. The examinations of the Educational Institute of Scotland, conducted in this way, have been adjudged by the Education Committee of the General Council to be so satisfactory that it is believed that during the forthcoming year these examinations will have attained in every respect the standard desired by the Council. The multiplicity of professional examinations for qualifying degrees or diplomas is an undesirable, but, at the present time, an unavoidable arrangement. The injurious effects of the multiplicity of general preliminary examinations are even more far-reaching. It is, of course, not to be supposed that the standard of these preliminary examinations should attain to that of, say, the London matriculation, but, regarded as an introduction in arts for the wider mental training necessary for students of a learned profession, it is most desirable that these should include Latin and at least one science. The whole scheme is yet immature, therefore it is impossible to forecast results until more definite projects have been established, but we feel sure that such a conference as the one about to take place can hardly fail in placing the subject of preliminary medical education upon a more fixed basis than it has heretofore been. The nature of the returns from the Army, Navy, and Indian Medical Departments, which were accepted by the Council on its first day of business, afford ground for satisfaction that these important Services are gradually attracting more and better men, the number of candidates in the last competitions considerably exceeding the vacancies. Another point of some interest is the paucity of men holding University degrees, the most general qualification being that of the English Conjoint Board. The question of the

Irish Poor-Law & Lunacy Intelligence.

BEING THE SUPPLEMENT OF THE "MEDICAL PRESS AND CIRCULAR."

DECEMBER 2, 1903.

NOTICE TO CORRESPONDENTS IN IRELAND.

SUBSCRIBERS to, and correspondents of, THE MEDICAL PRESS AND CIRCULAR who live in Ireland are requested to address their letters, subscriptions, &c., in all cases to the Irish office of the Journal, 16 Lincoln Place, Dublin. If Irish matter is forwarded to the English office delay results, as it has in such cases to be re-forwarded to the office responsible for dealing with it.

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THE POOR-LAW MEDICAL SERVICE.

THE recent address of Sir Lambert H. Ormsby on the Poor-law Service as a field for medical practitioners, has been the subject of much comment. As was his duty as President of the Royal College of Surgeons in Ireland, when addressing students who were on the threshold of the medical profession, Sir Lambert H. Ormsby pointed out some of the much-needed reforms that should be effected in the Poor-law Service to make it accord with modern requirements of medical service. One of the reforms advocated was a change in the manner of appointment, the suggestion being that election by the guardians of union medical officers should be replaced by election, made after examination, by an examining board, and the appointment should be secured by merit alone. The recommendation of selection by examination was sharply criticised by Mr. M'Ardle, who endeavoured to make the best case possible against it. He considered that the proposal involved the doing away with the elected guardians in the matter, tended to centralisation, took from the ratepayer any voice in the selection of the medical officer he paid, and was contrary to the spirit of the age. But these objections do not touch the main question at all, which is that the sick poor be provided with suitable medical officers. The sick poor entitled to the services of the medical officer—the cottar labourer and his family—have practically no voice in the selection of the medical officer. The selection is made by the small farmers, and almost invariably made on political or religious grounds. This method of election has inflicted a terrible injustice on the sick poor who call for medicine and advice, and are over-dosed with politics in every parish in Ireland. The essential requirement for the office is medical knowledge, and this is the one thing on which boards of guardians, with a few honourable exceptions, put least stress. This fact came to be so plain that some candidates have been known to canvas guardians on the grounds of religion and politics, and to produce as testimonials letters from clergymen and copies of cards of membership of political organisations. Such conduct showed to all men that the boards of guardians were not considering the poor and were not loyal to the spirit of the trust committed to them. So far we have spoken of the injury the action of the guardians inflicted on the sick; but what must be the effect of such conduct on young professional men who have sought to attain distinction in their profession by diligent study, and find that membership of some political club counts more than all academic honours in securing an appointment? If the guardians have proved themselves unworthy of the trust committed to them, can it be argued that they should be further trusted? Other critics have, in interviews with the representative of a lay journal, found fault with the advice that the Poor-law Service should be shunned, and apply to the act the opprobrious word "boycott." There are many paths to distinction for the medical practitioner besides the Poor-law Service, and to recommend him to take any one of them other than the Poor-law Service is not boycotting the latter. It is unjust to the medical profession and to those who have taken an active interest in promoting the movement of the medical associations for the

improvement of the Poor-law Service to brand their conduct as boycotting. It is quite legal, and ofttimes right, that men combine to secure what they consider fair remuneration for their services; and it is often advisable that young men entering on appointments should be shown the difference between the gross and the nett income of the situation on which they are about to enter. Sir Lambert Ormsby and the Irish Medical Association have not done more than this, and their duty to the profession and the public required that they should not do less.

INSANITY IN IRELAND.

The important meeting held on the 25th ult, at the Richmond Lunatic Asylum, of the representatives of the Irish District Asylums Committee had before it questions of the utmost importance both from a financial and a social point of view. The burden of local taxation has reached a point that makes it oppressive on the people and very seriously interferes with our industries. A very large percentage of this is swallowed up in the expenses incurred in the care of the insane. The number of the insane is increasing, every district lunatic asylum in the country is overcrowded, and demands are made on the taxpayer for auxiliary asylums, annexes and additional buildings. For years past the Medical Press has been urging that an adoption of the Continental method of treatment might be adopted for all such cases as were considered suitable for boarding out, and the existing asylums would be, by this means, relieved of their surplusnumber of inmates, to the benefit of those remaining in the asylum and those boarded out, and to the great relief of the rates. We have more than once described the Gheel district in the province of Antwerp, where the boarding out of lunatics has been practised for eight hundred years, having been commenced soon after the death of Dymphna, the fugitive Irish princess. who became the patron saint of the insane. The reputation of the shrine of this half barren stretch of moorland near Gheel brought many devotees, some of whom arrived late for the saint's day and, wishing to avoid such a misfortune again, they remained as boarders with the farmers of the neighbourhood, paying the host in money and labour. Thus for centuries the district between Herenthals and Moll was cultivated in great part by the insane, who lived amongst the people, eating and lodging with them and bearing their share of the work ere Duke in York, or Pinel in Paris commenced their humane crusade. That absence of restraint and occupation was beneficial in many cases, and that in many more the insane were not, when patiently dealt with, dangerous, was demonstrated century after century in Gheel to all nations, without producing any effect until M. Pontecoulant was appointed by Napoleon Prefect of the Department of the Dyle. He noticed the success of the domestic treatment in Gheel, and had inmates of the City of Brussels Asylum removed to the country. His example was followed by the authorities of other asylums, and Gheel received official recognition. In time abuses arose, and in the fifties some changes commenced to be made having for their object the better care of the insane. The reforms commenced and culminated in the following system, which is worth careful consideration, as it is attended with good results from a medical point of view, is economical, and puts much of the money expended into the pockets of the small farmers. The asylum of the town, for Gheel has now a population considerably over 13,000, is reserved for acute cases, and those of suicidal homicidal, or vicious habits. The town and each of the neighbouring villages is divided into two portions, for each of which a doctor and his assistant (a fully qualified medical practitioner) are appointed, with four *surveillants*, all being subordinate to the medical director of the colony. Patients on arrival enter the asylum, where for five days they are under observation. If at the end of five days it is judged advisable for them to enter a private family, great care is exercised in choosing a home for them. The local keepers are people of known good character, and the sanitary condition of their houses is closely inspected, the *surveillants* being authorised to enter them at any hour of the day or night. The cost of maintenance varies from £10 to £100, according to the accommodation given. Such a system could not be adopted in its entirety in Ireland ; but it might be modified by developing lunatic colonies where families of five or ten might be congregated under supervision at farm work, weaving, carpet-making, or other suitable employment —the profit to go to the upkeep of the colony. A much more difficult question—the cause of the increase of insanity in the country—naturally engaged the attention of many of those present, and it is to be regretted that no satisfactory explanation has yet been found. The theory that it is largely due to emigration is put forward by those who do not reflect on the fact that the percentage of lunacy is not highest in the counties that have suffered most from emigration. Again in 1861 the ratio was 1 in 821, in 1871 it was 1 in 554, and in 1901 it was 1 in 225. From 1849 to 1859 there was an exodus of the people to the States and, if emigration can be looked on as the cause, or even a principal cause of lunacy, it is strange that the ratio of 1871 is so much less than 1901—less than half—when the rate of emigration was for thirty years so much less. An analogous increase in lunacy to the increase in Ireland took place in the Southern States of the U.S.A. after the war. In 1861 there were not ten negro lunatics in the cotton States. To-day the negro suffers almost as much as the Irish. Now no negro emigrated. In Belgium, where emigration is unknown, or almost so, lunacy is on the increase. Drink as a cause may be considered under two heads—pure drinks, as good ales and matured whiskies, and the doctored concoctions that are manufactured from Continental spirit, distilled from treacle, potatoes, and bad rice. Such compounds are as capable of producing mental diseases as are cocaine, morphia, mespal, and other drugs. But in the old poteen days in Ireland there was more alcohol consumed a head than there is to-day. From the youngest to the oldest—men and women and children—all drank poteen. And it is a remarkable fact that until Ireland was made sober by Father Mathew the ratio of lunacy was very low indeed. We are inclined to the opinion that the strain and anxiety of mind that the Irish peasant suffered from during the past thirty years of the land war was a great factor in unbalancing his mind and we are hopeful of the future now that the long strife has practically come to a close.

THE COUNTY WEXFORD BRANCH OF THE IRISH MEDICAL ASSOCIATION.

At the large and representative meeting of the County Wexford Branch of the Irish Medical Association, held in Enniscorthy on the 11th ult., under the presidency of Dr. G. E. J. Greene, J.P., the members expressed their determination to oppose to the last the proposed amalgamation of dispensary districts, and announced their intention of adhering to their former resolution, threatening to resign in a body rather than submit to the I.L.G.B. in this matter. We have more than once pointed out that if the I.L.G.B. succeeded in their rearrangement scheme, to use the euphemism of the officials, the objects that the medical officers strive for would become unattainable. Any increase in the size of existing districts, with very few exceptions, would necessitate the discontinuance of private practice, and as a consequence it would bring into the district a private practitioner; both would suffer, the private practice would not pay more than a bare subsistence,and the union medical officer would find his increased remuneration swallowed up by increased expenses. An ordinary dispensary district taxes the strength of a horse to its utmost. Increase the area of the district and the number of patients to be visited, and a second horse becomes a necessity, and with it increased expenses. The Wexford branch has

rightly decided to call on the members to resign if the amalgamation scheme is insisted on; and we do not hesitate to say that if it becomes necessary so to act the whole body of the medical profession will support them. We believe that under such circumstances there would not be found a candidate for either a temporary or permanent Poor-law medical appointment in Wexford. The members of the profession recognise that the amalgamation scheme has as its object the defeat of the Irish Medical Association's endeavour to improve the pay and conditions of the Poor-law Service; and the only way open to the union medical officers to frustrate the action of the I.L.G.B. in the matter is to resign. It is the only legitimate reply; it is called for in the interests of the profession, and, above all, it is demanded in the interests of the poor. An increase of the area of a dispensary district means a lessened amount of attendance in sickness, and this diminution is out of all proportion to the addition as measured by acres. As we have before said, an increase of area of a dispensary district is a keeping of the letter and a breaking of the spirit of the Medical Charities Act.

Irish Unions.

MANORHAMILTON UNION.

ON Wednesday, the 18th ult., the I.L.G.B. inspector held a sworn inquiry at Manorhamilton into the charges brought by Dr. O'Flynn against the district midwife, Mrs. Kilkenny. The charges include mutilation of registers, disappearance of drugs, the use of filthy and obscene language, and general bad behaviour. Mrs. Kilkenny brings a counter charge of receiving fees on a red ticket, of supplying drugs from the dispensary station to private patients, and of habitually being late at his dispensary against Dr. O'Flynn. After hearing the evidence of a number of witnesses, the proceedings terminated. The decision of the Board will appear shortly.

BANBRIDGE UNION.

AT the usual weekly meeting of the Banbridge Board of Guardians, held on Monday, the 9th ult., the guardians instructed the clerk to the union to issue advertisements for a medical officer for Banbridge dispensary district at £160 a year. This is an advance on the salary paid to the late Dr. Dobbin of £10 a year, but is as yet insufficient. The district is a large and populous one, of 14,599 inhabitants. There are two dispensary stations, and it is proposed to open a third at a distance of six miles from Banbridge town, the centre of the population.

ENNISCORTHY UNION.

AT the usual weekly meeting of the Enniscorthy Board of Guardians, held on Thursday, the 19th ult., Dr. Michael Delaney was elected medical officer at a salary of £130 a year. Clonroche dispensary district has an area of 35,282 statute acres, a population of 4,377. There are two dispensary stations. During 1902 there were 462 dispensary tickets and 164 visiting ones issued; the vaccination fees during the same time amounted to £6 2s. There is in addition the salary of £15 as medical officer of health. But, all told, the remuneration falls far short of £200, the minimum on which experience has shown a dispensary district can be worked. Perhaps Dr. Delaney will yet see the wisdom of following the course adopted by Dr. Griffiths, who resigned his post in the Shillelagh Union after a period of six months.

STROKESTOWN UNION.

AT the last meeting of the Strokestown Board of Guardians a letter was received from Mr. P. N. White, Sligo, enclosing a bill for £11 11s. for empty bottles. Dr. Duffy, who was present, stated that he had sent Mr. White four boxes of empties four months ago. One of the most annoying duties of a dispensary medical officer is in connection with empty bottles. The medicine contractor is bound to send for them and bring them away, but when this duty is irregularly done, bottles get lost and broken and trouble results. Some way out of the difficulty should be found.

MULLINGAR UNION.

AT the usual weekly meeting of the Mullingar Board of Guardians, held on the 12th ult., a letter was read from Dr. Edward J. Tynan, asking the guardians for his fee of £2 2s. for a consultation in the Kilucan dispensary district. He had to travel twelve miles and afterwards assist the medical officer in a difficult operation, which had to be performed under many disadvantages. The demand for the fee, which was considered excessive—"£2 2s. is not the usual fee; it is £1 1s."—was made the text for a sermon by a Mr. Rowan, a member of the Board, who declared that "the object of the doctors over Ireland who were taking part in this business was to put the guardians of unions in as ridiculous or idiotic a position as possible." It would be unnecessary to make any such move as Mr. Rowan suggests; the guardians effectually perform this duty. But Mr. Rowan's disrespect is not confined to union medical officers. He describes the Dublin physicians as "thimbleriggers," who have some definite object in view, which he believes is unfriendly to the local guardians. We think that the worst enemies of the guardians are the small-minded, prejudiced members of the boards, who fail to see that their captious objections and constant cavilling at the reasonable demands of their medical officers and their inability to transact their ordinary business demonstrate to the country that they are entrusted with duties for the carrying out of which they constantly prove their unsuitability.

ARMAGH UNION.

AT the usual weekly meeting of the Armagh Board of Guardians, held on Tuesday, the 24th ult, a letter was read from Dr. Gray in which he stated that he was unable to interpret the chemical terms of the analyst's report, and he would feel obliged if the Board of Guardians would ask the analyst in plain terms whether a sample was, or was not, correct. We think that every analysis should state plainly the fact that the medical officer desires to know before a detailed account of the quantitative analysis is given. But the contractor should have the whole details of the quantitative examination.

A HUMANE RECOMMENDATION.

AT a meeting of the Kilrush Board of Guardians, held on the 21st ult. a letter was read from the I.L.B.G. recommending that the aged and infirm wards of the workhouse be heated during the winter months. No better or more humane suggestion could be made for the infirm poor. Every medical practitioner knows how trying it is on the feeble and aged to undress in a cold room and get into a cold bed. How often do we find that those of low vitality succumb to the chill that precedes morning. We sincerely hope that the recommendation of the I.L.G.B. will be adopted and the comfort of the aged poor be seen to without unnecessary delay.

LETTERKENNY UNION.

AT the meeting of the Letterkenny Board of Guardians held on November 20th, Dr. T. Patterson appeared before the guardians and suggested that paid assistants be provided for the workhouse infirmary. He detailed some of many evils attending on the help of pauper inmates, and it is satisfactory to know that the guardians took steps to carry out his suggestions.

IRISH POOR-LAW MEDICAL SERVICE.—Medical Officers, before applying for appointments in above service, should communicate with the Hon. Secretary of the IRISH MEDICAL ASSOCIATION, Royal College of Surgeons, Dublin.

Asylums.

YOUGHAL AUXILIARY ASYLUM.

At the monthly meeting of the joint committee of management of the Cork District Lunatic Asylum, held on Tuesday, the 10th ult, Dr. Woods, the medical superintendent, notified that "The works of Youghal auxiliary asylum have progressed satisfactorily during the month, and the heating and lighting is now completed, and practically the place would be fit for occupation early next month." At the same meeting, Alderman Walsh, a member of the joint committee, proposed, and Mr. J. J. Howard seconded, the following motion, of which notice had been given :—"That the previous resolution recommending the appointment of a visiting physician for the Youghal Auxiliary be rescinded, and that we appoint instead on that day a resident medical officer for the institution, in accordance with the unanimous opinion of the medical profession, as expressed in the public Press, and I will further move that the salary be fixed at £200 per annum." As might be expected, there was an unusually large attendance, and the resolution was met by an amendment, moved by the Most Reverend Dr. Kelly, and seconded by Mr. O'Gorman, "That in order to uphold the dignity of this committee and prove its confidence in its own judgment, we no further consider Alderman Walsh's resolution." The proposer of the amendment ridiculed the idea of adopting the opinion of the local medical practitioners of the city on the question, and declared that the committee would be paying Dr. Woods a very poor compliment indeed, if, passing his opinion, the committee were to take the opinion of a body who called themselves the "Medical Faculty of Cork." The reverend gentleman quite forgets that when the question was previously discussed by the committee, Dr. Woods, at the request of the committee, gave his opinion as strong as words could make it in favour of a resident medical officer, practically saying that a resident medical officer was a necessity. It follows that as Dr. Woods and the medical practitioners of Cork are fully agreed on the question of a resident medical officer, the Most Reverend Dr. Kelly runs counter to all the professional opinion that has been given on the subject. The amendment was warmly supported by the Most Reverend Dr. Browne, who based his argument on the few cases of accidents or attempted homicides they heard of, quite ignoring that at the same meeting Dr. Woods had reported an attempted suicide of a male patient on the 3rd ult., "by cutting his throat with a piece of glass." What would happen in Youghal Auxiliary Asylum with no person present other than members of a religious sisterhood who have no medical training, even as nurses. It is but a few weeks since we reported a homicidal outbreak in a harmless lunatic in Sligo Workhouse, which endangered the life of the matron and of the visiting physician. The Most Reverend Dr. Browne has not heard of imbeciles being choked at meals, and as he has not heard of such an occurrence he disbelieves in it. Some nineteen medical gentlemen whose duty it is to make themselves familiar with such matters pledge themselves to the accuracy of the statement, and yet the Most Reverend Dr. Browne refuses to believe it. It is, however, well to remember that if the statement of those most competent to know were accepted, there was no chance of the amendment being carried. As it is, four hundred mentally diseased persons are to be huddled together without medical supervision other than a visit daily. Thus they are to be kept under the charge of a religious sisterhood who are wholly ignorant of mental diseases.

CLONMEL ASYLUM,

The report of the Clonmel district lunatic asylum for the year ending December 31st, 1902, tells very plainly the great difficulties a resident medical superintendent has to contend with in trying to adapt an old building to modern requirements, and should be an object lesson to those who consider that amalgamation of Poor-law unions would leave free a number of buildings suitable for auxiliary asylums. From the report of the inspector of lunatics, which is embodied in the annual one, we learn that the question of heating the front corridors and the observation dormitory on the female side is under consideration. The erection of a mortuary and the enlargement of the male dining-room are to be carried out, if such an antiquated building warrants the outlay. Dr. B. C. Harvey, the resident medical superintendent, writes that the committee will soon be able to commence building. When the said buildings are finished it will be possible to remove the insane from the workhouses of the district. Like every other asylum in Ireland, the building is overcrowded. At the beginning of the year the inmates numbered 730, at the close of the year 732. During the year there were 113 patients admitted, of whom 100 were first admissions. It is a hopeful sign to find that 51 of those admitted were brought to the asylum within three months of the first symptoms of the disease. It shows that the patients' friends recognise the value of treatment in mental disease, and recognise that lunatics are to-day treated with kindness and skill. The mortality is affected by the overcrowding, which is equally injurious to the sane and insane, and if it was the highest ever recorded, 9 per cent., in Clonmel, we think it may be directly traced to the overcrowded state of the wards. It is satisfactory to find that, without diminishing the comforts of the patients, the expenditure a head has been reduced from £24 5s. 4d. to £23 13s. Dr. A. C. O'Sullivan, the bacteriologist, made an exhaustive analysis of the water, milk, and so forth. He condemns two of the sources of the water supply, and advises "that Hunt's milk supply should be stopped. Apart from the result of the examination given above, the extreme filth of the place and its surroundings render it impossible that the milk should be supplied in a pure condition." The report is a valuable record of how much a zealous medical superintendent may accomplish, even when handicapped with overcrowding in an antiquated building.

WATERFORD.

We regret to find that Dr. M. P. Coghlan was seriously injured a few days ago while riding home after attending a sick call. He was overtaken on the road by a motor car, which frightened his horse; the driver of the car, thinking that, as the doctor was well on his own side of the road, he could by putting on a spurt rush past, made the attempt, just as the horse swerved round into the middle of the road. The motor car struck the animal, which is seriously injured, and Dr. Coghlan was thrown off and sustained severe injuries, which have necessitated his discontinuing his practice for some time.

DISPENSARY RECORDS.

At a recent meeting of the Armagh Board of Guardians a letter was read from the I.L.G.B. in reference to the examination of dispensary records. The Board will not sanction the guardians of the dispensary district examining the records at the dispensary station. The records must be brought to the board-room and be there examined; but "the guardians, or the committee of the guardians delegated for the purpose, may select a suitable date, or suitable dates, in each month upon which to meet at the board-room for the discharge of the business set forth in article 10 of the dispensary rules."

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character and standard of the examinations in chemistry, physics and biology of the different Conjoint Boards is one among others for discussion.

THE SOCIETY OF APOTHECARIES.

It would be well for the public and the profession if the present system of qualifying for licenses to practise were in some way simplified by reducing the number of corporate bodies which are allowed to examine and grant licenses to candidates who present themselves for and pass their examinations. The friction referred to by the President of the College of Physicians at the recent dinner of the Apothecaries' Society as having existed between the College and the Society may, to some extent, have subsided; yet, from the nature of the case, these two corporate bodies must be more or less in antagonism, as they and the London University are the only licensing bodies in London. It is true that the University may be changing in such a way as to produce some effect on the Conjoint Board, for if their examinations are not very different, there is little doubt that the degree of the University and the right to the title of doctor would be preferred to the license of the Conjoint Board. The friction that Sir Selby Church alluded to was nothing more nor less than the unconcealed desire of the College of Physicians to exterminate the Society of Apothecaries; and there is no doubt, when it was seen that the Society could not amalgamate with some other body, as the Physicians did with the College of Surgeons, their fate was in a critical condition. When the Society, however, managed to get over the difficulty by arrangement with the Medical Council, and a surgical board was appointed to supply what was wanted to make the L.S.A. a full legal qualification, the hopes of the College began to subside, and the friction to disappear. Whatever credit is due to the Physicians for their part in this finale is of a very negative kind, and it would have been well if Sir Selby Church had recognised clearly what right the College had earned to the gratitude and consideration of the Society. One influence at work ought not to have passed unnoticed, namely, that the examiners appointed by the Society for the L.S.A. examination are all Fellows or Members of the College of Physicians; and as some are acquainted with the examinations, both of the Conjoint Diploma and of the Apothecaries, the College has apparently thought it wise to keep on good terms with the Society and reduce the friction to static indifference or passive toleration. The remarks of Mr. Tweedy at the dinner of the Society were sensible and show clearly that the practical surgeon has some sympathy with, and respect for, the work of the apothecary; and that the general practitioner is equally well qualified on the system of the Society as on that of the College. How matters will develop is not very clear, and we shall not be surprised to see some unexpected changes in the views entertained by the profession and those preparing for it on the question of the two licenses we have been considering.

KING EDWARD'S HOSPITAL FUND FOR LONDON.

President Roosevelt has said that a philanthropist should be hard-headed and not too soft-hearted, and that every donor to a charitable cause more than doubles the value of his gift if he interests himself in seeing that it is properly applied. The easy benevolence of the charitable public has been a fruitful source of extravagance and unbusiness-like finance on the part of the hospitals, a condition of things which has often been the subject of comment and criticism, but for which, so far, no effective remedy has been forthcoming. When the Prince of Wales' Hospital Fund (as it was then called) rose out of the ashes of the projected Central Hospitals Board for London, it was hoped that a body would be formed which, by the power of the purse, would be able to exercise an effective control over the hospital authorities of the Metropolis. Surely no body ever had so fine an opportunity of doing this necessary, if ungrateful, task as had the Council of the Fund. The question naturally suggests itself: Have they risen to the occasion? That they have effected a good deal is certain, but it is because there is much that still remains to be done that some criticisms and suggestions may be offered. In the first place, it is surely desirable that a public body of that importance should tell the public what they have done and are doing. The annual report is terse, not to say jejune, and contains no reference to that most important branch of the work of the Fund, namely, the experiences of the visiting committees. Now, with all respect to the gentlemen, lay and medical, who give their services as visitors, we think that their work is inadequately performed unless it is supplemented by a written report of the conditions they find at each institution visited, giving in detail the financial, administrative, and medical aspects of their inspection. Moreover, these reports should be published. Doubtless this would add to the labours of the visitors and to the expense of producing the annual report; but the visitors should not offer their services unless they can do so ungrudgingly, and the extra expense of the report is money well invested. The people who give the large sums to the Fund are successful business men. They are accustomed to see that the money they handle is used to advantage, and it is a great deterrent to these subscriptions for uncertainty as to the efficiency of their disposal to prevail. The next point that attention may be called to is the desirability of a statement of the policy of the Distribution Committee in making their awards in each case, and of an indication as to how far the institutions are prepared to respond to the conditions and suggestions. We note that the sums allotted to the different hospitals are not proportionate either to the number of beds available nor to the income derived from ordinary sources. Now, we have no doubt that there are excellent reasons for the action of the Distribution Committee in each case, but, in fairness to the institutions and to the subscribers,

these reasons ought to be given. Some hospitals have applied for a grant and been refused. This places them in an invidious position. If they are badly managed or used for improper purposes, a great service would be done to the cause of charity if the facts were made known; if the refusal merely indicates that they are less in need of assistance than kindred institutions, a statement to this effect would clear them of the imputation that naturally rests upon them if silence is maintained. We fear that the mere small size of a hospital, apart from considerations of economy and probity of management and value of the work done therein, is made the excuse for denying a grant. Against this injustice we have again and again protested. Another fact on which light is urgently needed is the principle on which sums are allotted to extinguish debt. There has been a vast deal of financial immorality in the past management of charitable institutions; debt has been recklessly incurred on the ground that when it reaches a certain figure an appeal to the public will be justified. This perversion of trust—for it amounts to nothing else—deserves severe retribution, and it would be satisfactory to know that the committee of the King's Hospital Fund sternly discountenances such reprehensible laxity. The extravagant, debt-laden hospital receives a fat grant, while the economical poverty-stricken institution is sent empty away. There are several objects which the Council of the Fund have in view that are quite admirable, and, on the other hand, some of their actions are puzzling, for instance, the refusal of a grant to the Frank James Memorial Home, and how it is they derive an income of £5,105 only from the £250,000 left by Mr. Lewis. What we want is more light, more definite information, both as to principle and actions. The Council of the Fund is now in an extremely strong position; they have the administration of a sum of £100,000 a year; they are trusted by the public, and they are honoured by the confidence of the King. They have a splendid opportunity of bringing the hospitals of London into line with the needs of the Metropolis, and of assuring the charitable donors that their gifts are producing the greatest benefit possible to those for whom they were intended. To serve these admirable results means hard work ungrudgingly performed. We should view with the greatest satisfaction a full and complete annual report on the lines we have indicated.

Notes on Current Topics.

The Petition in the Wyrley Cattle-Maiming Case.

THE response to our Petition to the Home Secretary to institute an inquiry into the state of mind of the young solicitor, Edalji, recently convicted to seven years' penal servitude for maiming cattle at Great Wyrley, has met with a gratifying response A number of signatures have reached us from all parts of the United Kingdom, as will be seen by a reference to the list published elsewhere in our columns. No attempt has been made to obtain individual signatures, except in the case of four or five prominent medico-legal and alienist authorities, who have been approached. Considering the few days during which the Petition has been open for signature the result has been satisfactory, as proving a widespread interest on the part of medical men in the position assumed by THE MEDICAL PRESS AND CIRCULAR with regard to that petition. That Edalji may be altogether innocent is possible. With that aspect of the matter we are not here concerned. We maintain, however, that it is the duty of the medical profession, as a whole, to insist upon the desirability of a full and adequate inquiry into the state of mind and the consequent responsibility or irresponsibility of an educated man convicted of such brutal criminal atrocities as the purposeless maiming and killing of a number of domestic animals. We are informed on good authority that counsel for accused were instructed not to raise the plea of insanity. The question of insanity was therefore not before the Court. Our ground remains unshaken, that the state of mind of Edalji, if guilty, is *primâ facie* such as to demand immediate and authoritative medical investigation and report. The petition will be presented shortly to the Home Secretary. Among the additional signatures are those of Dr. Bevan Lewis, Superintendent of the West Riding Asylum, Dr. E. G. Younger, and Dr. Danford Thomas, His Majesty's Coroner for London.

Teething Powders.

AT an inquest held last week in Kensington by Mr. Luxmore Drew, the subject of teething powders was much in evidence. A child, aged five months, died after taking half a "Stedman's" powder, with all the symptoms of irritant poison. The medical man in attendance attributed the death to the powder, and discovered, or thought he discovered, antimony in a similar powder. On the other hand, Dr. Freyberger, described as "Analyst" to the London County Council, attributed death to natural causes. He stated that he found no antimony either in the body or in the powder; but there was calomel in the powder, and a trace of mercury in the liver. In his opinion death was due to collapse from diarrhœa and vomiting, consequent upon the presence of *sarcinæ ventriculi* in the stomach. The jury returned a verdict of death from natural causes. It is doubtful whether the majority of medical practitioners of the present day would agree with Dr. Freyberger's dictum that calomel is the proper thing to give a child while teething. Most medical men who have had much practical experience regard all "teething powders," rightly or wrongly, with the deepest suspicion. It would be interesting to learn the general experience of coroners with regard to the number of deaths of infants who have died in convulsions immediately after the administration of a "teething" powder. Unfortunately, the report before us is too meagre to furnish the information as to whether the baby suffered from diarrhœa and sickness before any such powder was

given. The nature of the irritant in these cases is notoriously that of corrosive sublimate, due to slow chemical change in the calomel in the powder. That fact was no doubt clearly stated at the inquest by the professional analyst and County Council "expert."

The Medical Supervision of Ambulance Service.

Valuable as the services of the horse-ambulance are in providing for the transport of the sick, they are by no means always as medically perfect as they should be. Their ventilation is often imperfect, and this is especially noticeable when the patient and an attendant have to be carried some miles to a hospital. It is hardly necessary to point out the supreme importance of good springs and rubber tyres in preventing the evil effects of vibration from the road, and yet we have known both these essentials to be lacking, to the detriment of the unfortunate patient, who may, perchance, be suffering from a painful recent fracture or concussion of the brain. Under such circumstances every jolt causes exquisite agony, and it is conceivable that grave surgical conditions might be dangerously affected thereby. The recent death of a widow, aged seventy, in one of these conveyances on her way to an infirmary, illustrates a most lamentable want of supervision of the ambulance arrangements, and reflects anything but favourably upon the authorities concerned. At the inquest it was stated that the vehicle contained neither rugs nor stimulants. With regard to the absence of the latter, unless such were specially ordered they would not form part of the ordinary equipment of an ambulance, but it seems incredible that some kind of covering, which, or its equivalent, would be found upon any coster's cart, was not provided. The ideal arrangement would be to ensure that every patient should be seen by a medical officer before removal to an infirmary, and that each ambulance should be provided with a lock-up cupboard containing stimulants and simple appliances for first aid, which should, preferably, be administered by the medical officer, or under his directions, by a nurse or male attendant, who should accompany every patient inside the conveyance. By such means the chances of a fatal occurrence would be greatly diminished.

The Titles of Medicinal Preparations.

The names of the different pharmaceutical compounds employed by their vendors, while vague enough from a pathological aspect, are generally sufficiently expressive to procure for them a ready sale among those individuals who are suffering from the various ailments for which such compounds profess to be a remedy or a specific. In a paper read by Mr. John Humphrey before the London Chemists' Association, (*a*) the principles are enunciated very clearly which have been recently laid down by the Board of Inland Revenue with regard to the liability of drugs and their preparations to duty under the Medicine Stamp Duty Acts. Such titles as "cough mixture," "corn-plaster," or "pile ointment" are now held to be dutiable, because they imply that the preparation in question is recommended for the relief of certain specified ailments. On the other hand, such titles as "hair lotion," "cooling powder," or "eye salve" are regarded as not incurring liability, as only the name of the organ or part of the human body is mentioned without reference to any particular disease. But, as part of the exemption made in favour of chemists and druggists, it will be possible to escape the duty provided that the formula of the compound be printed on the outside wrapper, or, failing that, in a work of reference which may be indicated by a number on the label. The whole question is, of course, one which primarily affects pharmacists, to whom the new regulations will make little if any difference. What the exact motives of the Board of Inland Revenue were in framing them is not quite obvious, but one thing is clear, namely, that the practice of counter-prescribing will not be checked thereby, but rather will be made easier. This is, doubtless, one of the evils of the present system of pharmacy in this country, but it is one which we are glad to believe is viewed with disfavour by chemists themselves and therefore is ultimately bound to die a natural death.

(*a*) *British Pharmaceutical Journal*, November 21st, 1903.

Medical Journals in Free Libraries.

The dissemination of medical knowledge broadcast among the public is a subject which may be regarded from many different standpoints. In the first place, the majority of people are better educated than they were fifty years ago, and a wider, if more superficial, knowledge of general science is slowly spreading among the reading classes. There are many people who, while fully recognising the necessity for professional aid in sickness, prefer to have some idea about the nature and symptoms of their diseases before they meet their medical adviser. Others believe, perhaps unwisely, that by reading an account beforehand of a disease from which they think they are likely to suffer they will be enabled to seek the counsel of the physician ere it is too late. In a few instances such a procedure might be beneficial, but, in the great majority of cases, it simply leads to a state of nervous anxiety and hypochondriasis. The placing of medical journals upon the reading-tables in our free libraries has been severely criticised, not by the medical profession, but by the prudish-minded and ignorant who would seek to hide the key of knowledge from the idle and curious. We should be sorry to think that the greater number of those who frequent the libraries are included among this class, for it is our experience that people read the medical papers with a sincere desire to increase their general knowledge, and, if possible, to be of some use to their friends by placing them in the right way to receive the benefits of medical science. Here and there, of course, a morbid mind may be found which devours with eager interest the most sensational details, but it would be manifestly unfair

to deprive the reading public of the privilege of becoming acquainted with the newest medical discoveries and modes of treatment on this account. The truth "will out," and the science of medicine forms no exception to the general rule that "there is nothing hid that shall not be made known."

Korsakow's Disease in Women.

THE affection described in 1888 by Professor Korsakow as a combination of polyneuritis, amnesia and pseudo-reminiscence, met with especially in chronic alcoholics, is gradually becoming recognised as a distinct clinical entity. Dr. John Turner, in the *British Journal of Mental Science*, records twelves cases occurring among women. Over-indulgence in alcohol was an exciting factor in ten of the cases, and was highly probable in the other two. In four of the patients the symptoms resembled those of delirium tremens, accompanied by definite hallucinations of sight and hearing. In reviewing the general features of the disease it is stated that the confusion of mind and loss of memory are believed to be directly due to a toxic effect of alcohol upon the cell-bodies, through what is known as an "axonal reaction." A feeling of self-satisfaction is a common symptom displayed by the patients, which, however, may alternate with periods of apathy and mental hebetude. The age at which the malady first makes its appearance is generally between thirty-one and fifty. Multiple neuritis is present in all cases in the female sex, and has been found absent only in 9 per cent. among men. The pathological anatomy is somewhat indefinite; 192 cases were collected by Soukhanoff and Boutenko, but beyond some degeneration in the peripheral nerves, no very distinct morbid change was noticed in the central nervous system. In one case Dr. Turner discovered that the Betz cells of the cerebral cortex presented the axonal reaction in addition to the usual microscopic evidences of peripheral neuritis. It is by no means uncommon to find amnesia associated with a blunting of the moral sense in female patients suffering from chronic alcoholism, though the particular combination of symptoms as described by Korsakow is less frequently observed.

Alcoholism and Tuberculosis.

MUCH discussion has taken place regarding the relationship of alcoholism and tuberculosis. In not far distant days it was maintained that alcohol tended to increase the resistance of tissues to invasion by infective agents, but the coming of bacteriology and the application of experimental methods to medical research have thrown some doubt on the old-fashioned custom of dosing indiscriminately fever-stricken patients and subjects threatened with tuberculosis with alcoholic medicaments. The question of alcoholic stimulation, however, stands upon an entirely different footing from that of chronic alcoholism. It has now been abundantly made clear that alcoholism greatly predisposes to tuberculous invasion. And in an alcoholic environment many factors go to the propagation of consumption. At the last meeting of the Incorporated Society of Medical Officers of Health the connection of alcoholism with phthisis received full consideration. It was shown that more than one-third of the public-house servants in London and the industrial districts die of consumption. At the public-houses, where the bars are more crowded than any workshop, infection probably takes place by spray when coughing as much as by infected dust raised from the floor. Dr. Sidney Davies, of Woolwich, has found by bacteriological analysis of the samples of sweepings from the floors of six public-houses and six large Arsenal workshops at Woolwich that the former contained tubercle bacilli in two instances, while in the latter none were discovered. It is clear, therefore, that all measures which make for the arrest of alcoholism and tend to improve the hygienic condition of public-houses are to be accorded strong support as effective procedures for combating consumption.

Myopia in Diabetes.

THE effects of the perverted nutrition that accompanies diabetes mellitus are many and various, but among the less common and most interesting are those that take place in the eye. In a recent paper by Neuburger, the occurrence of myopia as the result of diabetes is well shown by two cases that have come under his notice. Both were in middle-aged women whose vision had been previously tested, and who were known to be presbyopic. In the first of the two patients, three months after the vision had been determined complaint was made of the sight being again indistinct. Instead of being able to read the smallest Snellin type with + 2 D, she could only read it with —1·5 D with the right eye and —2 D with the left. This marked change led Neuburger to test the urine, and he found it contained 3·5 per cent. of sugar. The second patient, two years after having glasses prescribed for presbyopia, presented herself with complaints of vision. On examination, she could only read $\frac{6}{9}$ with — 1 D with the right eye, and the same with — 2·5 D. In her, again, sugar was looked for and found in the urine. Marked ocular changes, like the formation of symmetrical cataract or the occurrence of retinitis or optic atrophy, will always raise a suspicion of diabetes, but it is well to bear in mind that refractive errors are the first symptom that calls for treatment in some cases, and a change from a hypermetropic to a myopic condition should always lead to a suspicion of sugar.

Sale of Poisons by Unqualified Persons.

IT will be remembered that in the year 1901, a number of unqualified persons were convicted in Glasgow under the Pharmacy Act of selling scheduled poisons. These persons were all of them employed in the shops either of medical men or of chemists and druggists. Following on the successful prosecution, the General Medical Council summoned before them seven medical men whose assistants had been thus implicated, and informed them that leaving such persons in

charge of shops where poisons were for sale would, in future, be regarded by them as a gross professional offence. The Council further passed a resolution that any registered medical practitioner who should be proved to offend in this way would be judged guilty of "infamous conduct in a professional respect." During the two years which have since elapsed, no further prosecutions took place until a few weeks ago, when the Pharmaceutical Society instituted proceedings against eleven persons for offences of the nature described. A few of the defendants were unqualified assistants of medical men left in care of a pharmacy, and the charge in each case was that, not being qualified to sell scheduled poisons, they had nevertheless sold laudanum. In all the cases the charge was admitted, and fines inflicted. Apparently the medical men concerned, if it can be shown that they in any way connived at the sale, are now at the mercy of the General Medica Council. It was stated in each case, however, that the assistant had strict orders not to sell poisons, and in one case the erring assistant has been dismissed. The Pharmaceutical Society, it seems, with considerable forbearance, let two entire years pass without action, to allow medical employers and others to accommodate themselves to the ruling of the General Medical Council. That so many have failed to do so does not speak well of the care exerted by these gentlemen.

Physiology Extraordinary.

In a certain class of books which were very fashionable in these countries about nine or ten years ago, the general teaching seemed to be that there was no study of so great importance to the guidance of life as physiology. It was taught that all ills might be avoided by such knowledge, and all happiness attained thereby. We were told that the young woman who made an unhappy marriage had been sacrificed either by her own or her parents' ignorance of the laws of physiology. It is true that most people who talked and wrote glibly on the subject had the haziest notion of the meaning of the term, but nevertheless it was impressed on the public that they must study physiology. In America this conviction has taken root, sprung up, and borne fruit—grapes or thistle-tops? In the elementary schools the children must study physiology, and the fruit is sometimes very abortive, if we are to judge from some items of knowledge we have seen quoted in a contemporary. We learn from one pupil in answer to a question that "physiology is to study about your bones, stummick and vertebry." Another states that "gastric juice keeps the bones from creaking," and a third that "the stomach is a pear-shaped bone in the body." Another student of development is convinced that "the growth of a tooth begins in the back of the mouth and extends to the stomach." But the most original of all the information gained is that regarding the digestive juices of the stomach—"in the stomach starch is changed to cane sugar and cane sugar to sugar cane." We would rather have run chance with the starch, as the possibilities of the suggested change are too alarming. Seriously, we cannot see that anything but harm results from cramming the minds of children with information they cannot at all assimilate.

A Diploma in Tropical Medicine.

In these days when degrees, diplomas, and "letters after one's name" are all the rage, and when the methods of commerce have permeated the vitals of our educational systems, there is no need for surprise that a diploma in tropical medicine and hygiene is well on the way to be established. The Special Board for Medicine at Cambridge has just reported to the Senate of the University its views upon the proposal to grant such a diploma. It dwells mainly on the necessity of encouraging the study of the diseases of warm climates by medical men before going to practise abroad. Mr. Chamberlain, when approached on the subject, expressed full sympathy with the proposal, and Mr. Brodrick gave the equivocal, nerveless kind of reply to a communication on the subject that might have been expected of the late head of the War Office. It is proposed that the diploma follow much the same lines as those laid down for the D.P.H., so that it would be open to all registered medical practitioners of one year's standing. Courses of bacteriology and parasitology, of clinical instruction in tropical diseases and of tropical hygiene are prescribed, and credit will be given for original research work in these subjects. From the favourable manner in which the report of the Special Board was received, the necessary powers will probably be readily granted, and then every other University and medical corporation, not wishing to be left out in the cold, will follow suit. It is bewildering to speculate whither this degree and diploma-granting movement will lead. Shall we find ourselves battling in the next decade or two for special qualifications in ophthalmology, laryngology, gynæcology, and otology? Fortunately the alphabet possesses considerable flexibility, and can serve for an incalculable number of permutations and combinations, but its powers will be considerably taxed to describe the medical man of the next generation. In the meantime, it is well to remember that Cambridge was the first body to institute a D.P.H. examination, and it is a welcome sign of vitality and adaptation to modern requirements that it seeks to follow its own precedent by inaugurating another new departure—a D.T.M.

"Shambles of Science."

It is not always a disadvantage to see ourselves as others see us, and the book with this alluring and alliterative title, to which reference was made so frequently in the Bayliss *v.* Coleridge libel action, is not without its interest. It was penned by two Swedish ladies who came to this country on behalf of the Scandinavian Anti-Vivisection Society, and who entered as students of physiology at the London School of Medicine for Women, and subsequently at University College, London.

They protest, in the preface, that their object in so doing was not merely to obtain "copy" to support their movement, but also to take a scientific degree. Their reason for abandoning this course is stated to be that physiology being inseparable from experiments on animals, nobody objecting to them could have any chance of a degree. The ladies, however, do not seem to have abandoned their intention till they had been through a pretty full course of physiology, and one is tempted to think that they found it easier to write flamboyant nonsense than to graduate at the London University. In fact, materialism in any form seems to be a bug-bear to them; "vitalism" they contend for in physiology, and, one would suppose, "vividity" in literature. Certainly they are not dull; every page is alive with lurid detail, and the only monotony in the book is the uniform failure of the demonstrators to bring off any experiment they attempt. But the good ladies prove too much; it is no use inveighing against the brutality of men who are under the influence of "the Cartesian doctrine that animals possess neither feeling nor consciousness," for if they hold such views surely anæsthetics would be obviously superfluous. Descartes is rather a dangerous authority to invoke; if one were to adopt his principle of *Cogito, ergo sum*, one would be forced to the conclusion that these ladies did not exist, and yet no one reading the "Shambles of Science" could deny that they were very much animated by "vitalism." One phrase they seem much pleased with—"Vivisection is bankrupt"; what this signifies is not quite clear, but perhaps the £2,000 which Dr. Bayliss received in damages, and which he is going to apply to physiological research, may help to keep it a little longer out of liquidation. The Lord Chief Justice aptly described the work as "a hysterical book," but it is worth reading as an example of what blind prejudice, fed on heated imagination, can do, and it contains wonderfully few grammatical errors for a book written by foreigners.

Exercise of the Abdominal Muscles.

EVERY surgeon knows that there is a certain lax condition of the muscles of the abdomen which is very markedly a predisposing cause to the production of herniæ. After a laparotomy for any purpose there is, in abdomens of loose, flabby, or pendulous walls, a great tendency to ventral hernia, and to its repeated reproduction in spite of operative treatment. It is surprising how little has been done by any treatment of the muscles to remedy this serious condition. Yet, as Mr. Dowden, of Edinburgh, points out, (*a*) if proper care be taken, the tone and strength of the muscles can be restored to an almost incredible degree. Repeated and regular exercise of the muscles is all that is needed. The abdomen must be pulled in as flat as possible and this position maintained as long as practicable; this should be done several times a day. Other exercises, such as stooping with the knees stiff, and, if thought necessary, massage may be added. Even in a few weeks an astonishing change is noticed in the condition of the muscles. In cases complicated with obesity, an equally good result is obtained, and in one case related by Mr. Dowden, the only drawback to the success of the treatment was that the patient grumbled at the ill-fitting of his waist-band, owing to the decrease of his girth.

(*a*) *Scottish Medical and Surgical Journal*, November.

PERSONAL.

THE annual dinner of the Irish Graduates held last week in London proved a most successful affair under the able presidency of Dr. Phineas Abraham.

DR. GEORGE CARPENTER is the editor of the newly-established *Journal of Diseases of Children*, the first number of which is announced for January, 1904.

SIR THOMAS MYLES formally opened the new theatre of the Carnarvonshire Infirmary on the 23rd ultimo in the presence of a large and distinguished company.

THE annual dinner of the British Gynæcological Society, which was to have been held on November 27th, was at the last moment unavoidably postponed.

IT will interest readers to learn that the damages awarded to Professor Bayliss in the late libel action brought by him against Mr. Coleridge will be devoted, in some form not as yet decided, to the furtherance of physiological research at University College.

AN interesting lecture was delivered on the 27th ult. at Westminster Hospital, London, by Professor Ralph Stockman, as Guthrie Lecturer for the year. Dr. Stockman is peculiarly fitted to deal with the subject of the lecture, namely, "Arrow and Ordeal Poisons."

SURGEON-GENERAL SIR WILLIAM TAYLOR, Director-General Army Medical Department, will present the prizes and certificates to the members of the Volunteer Ambulance School of Instruction on December 14th at 130 Bunhill Row, the headquarters of the London Rifle Brigade.

The inaugural sessional address of the Pharmaceutical Society of Great Britain was delivered in Edinburgh last week by J. Taylor Grant, M.D., B.Sc., Lecturer on Bacteriology at the Edinburgh Royal College. The subject chosen was "Bacterial Therapeutics."

PROFESSOR BAYLISS desires to thank the numerous correspondents, many of them strangers to him personally, who have written to congratulate him upon the result of the recent trial. He speaks of letters coming from gentlemen who are not physiologists, and not even medical men, as specially gratifying.

MR. R. A. D. DANIEL, M.D.Durh., who until recently had an extensive practice in the Hammersmith and Chiswick districts of London, was, on November 23rd, presented with a testimonial from patients in the shape of a silver tea and coffee service and hot-water jug together with a cheque.

THE autumnal dinner of the Durham University Medical Graduates' Association will take place on Thursday, December 3rd, at the Café Monico, London, at 7.30 p.m., under the presidency of Dr. Frederick Spicer. Further particulars may be obtained from Dr. T. Outterson Wood, 40 Margaret Street, W.

The Bishop of Rochester will inaugurate the opening of the Belgrave Hospital for Children, Clapham Road, for the reception of patients on December 1st, at 3.30 p.m., when a large gathering of friends of that most useful and deserving charity is anticipated.

Most of the English newspapers made a very pardonable mistake in describing the death of the Princess Elisabeth of Hesse as being due to typhus fever. This was due to the fact that the experts who examined the body reported signs of "abdominal typhus" of about a week's standing. This, of course, is the term usually applied on the Continent to the disease known here as typhoid or enteric fever.

THE GENERAL MEDICAL COUNCIL OF EDUCATION AND REGISTRATION.

SEVENTY-EIGHTH SESSION.

FIRST DAY.—Tuesday, November 24th, 1903.

Sir William Turner, K.C.B., President, in the Chair.

Sir John William Moore, introduced by Dr. Little, took his seat as a Member of Council as representing the Royal College of Physicians of Ireland, in place of Dr. Lombe Atthill, who had resigned.

The President then delivered his

Opening Address.

After alluding with regret to the death of Sir George Duffey and to the resignation of Dr. W. P. Herringham, the Council's Inspector of Examinations held at the Apothecaries' Hall, Dublin, he expressed the opinion that the work of inspection of such examinations might be discharged by the Assistant Examiners appointed by the Council, who were empowered so to act. An occasional visitation by a Special Inspector might be all that would be necessary. In referring to the disruption of Victoria University, the President stated that the Charter incorporating the University of Liverpool had received the Royal Assent, and that University College, Liverpool, therefore ceased to be a constituent college of the Victoria University. This latter would be known henceforth as the Victoria University of Manchester. No intimation of the election of a representative from the University of Liverpool had yet been received, but this newly-constituted university was entitled to send one to be a Member of the Council. The possibility of the future granting of a Charter for Yorkshire was hinted at. With regard to the question of reciprocity of registration between the United Kingdom and Canada, he mentioned that he had received a resolution passed at the Annual Meeting of the Provincial Medical Board of Nova Scotia endorsing the suggestion made in the Presidential Address of May last respecting the modification of Sections 17 and 27 of the Medical Act, 1886, which would tend to place Canadian practitioners on an equality with New Zealand diplomates. At the present time, Canadian Ministers were not aware of any amendment of the Canadian Medical Act, 1902, being contemplated. He announced that a letter had been received from the Consultative Committee of the Board of Education with regard to the institution of a general system of Leaving Examinations for Secondary Schools in England, which could be accepted in lieu of the Preliminary Examinations required for admission to the various professional bodies, and asking the Council to send representatives to a conference with that Committee. He remarked that a similar scheme had been introduced in Scotland with good results some years ago. The President concluded by saying that the Address was perhaps somewhat longer than usual, but the matter was more varied. There were several penal cases for consideration. Various tables embodying the results of the recent examinations for commissions in the Army, Navy, and Indian Medical Services were received.

Mr. George Brown said it would be a good thing if a copy of the tables could be sent to every licensing body.

Sir Patrick Heron Watson moved, and Dr. Macvail seconded, that the thanks of the Council be conveyed to the Director-General of the Medical Department of the Royal Navy, to the Director-General of the Medical Department of His Majesty's Army, and to the Under-Secretary of State for India, respectively, for these Returns, with the request that the same might continue to be furnished to the Council.

Dr. Payne proposed, and Dr. Norman Moore seconded, that Sir John Batty Tuke and Dr. Macalister should be chosen to act as Representatives of the Council to meet the Consultative Committee at its forthcoming Conference on December 4th.

The Council adjourned at 4 p.m., to enable certain Committees to complete their reports.

SECOND DAY.—Wednesday, November 25th, 1903.

Penal Case.

The whole sitting was occupied by the resumed consideration, *in camerâ*, of the case, adjourned from May 28th, 1903, of a practitioner in a country town, an M.D. and M.S., R.U.I., who had been summoned to appear before the Council on a charge of indecent assault upon certain female patients whom he had attended professionally.

Upon the re-admission of strangers, the President informed the defendant that the Council had deliberated upon his case, and had arrived at the conclusion that the facts which were alleged against him had not been proved to its satisfaction.

The Council then adjourned.

THIRD DAY.—Thursday, November 26th, 1903.

A Report was received from the Executive Committee on certain dental business transacted since the last Session of the Council. The names of thirteen individuals were restored to the *Dentists' Register*, from which they had been removed in conformity with the provisions of Section 12 of the Dentists Act, 1878.

An application from Mr. Spero, an unregistered dentist, was considered, but the Executive Committee did not recommend the Council to accede to his application.

The Council next proceeded to the re-consideration of the application of

Mr. J. E. Bush

for registration as a dentist under Section 37 of the Dentists Act. Mr. Bush was in practice at Melksham, in Wiltshire, both as a dentist and also as a chemist having taken the minor qualification of the Pharmaceutical Society in 1889. His former application was three weeks after the date—August 1st, 1879—before which those persons who were already in practice at the time of the passing of the Act and were desirous of becoming registered under clause 7 should apply. He was, moreover, nearly becoming registered in 1896. He had produced excellent testimonials as to his social position and professional esteem with which he was regarded, and he was willing to relinquish his business as a chemist, and also promised to give up his former methods of advertisement, for which he had once been prosecuted by the British Dental Association.

Mr. Tomes said that he was sorry to take the position that he did, in view of the esteem in which this gentleman was regarded, but he felt it to be his duty to move that the Council should not accede to the application of Mr. Bush. This was seconded by Dr. Macalister and carried.

The next case was that of

Allan Douglas Cameron, L.R.C.P.E., L.R.C.S.E., L.F.P.S.G., of Durban, Natal,

who was charged with committing adultery with a married woman whom he had been attending pro-

fessionally, namely, Mrs. Tothill. Mr. Louis E. Fawcus appeared for the defendant, who was in India, and Mr. John Tothill, brother of the complainant, gave evidence as to the intimacy between Dr. Cameron and his sister-in-law.

The Council then deliberated *in camerâ*, and on the re-admission of strangers the PRESIDENT informed Mr. Fawcus that the Council had adjudged Dr. Cameron to be guilty of infamous conduct in a professional respect, and that the Registrar was therefore directed to erase his name from the *Medical Register*.

The next case was that of

ROBERT FAWCITT GRANGER, L.R.C.P.S.&E.,L.F.P.S.G., of Whitby.

who was summoned to appear in consequence of his conviction at Plymouth of a misdemeanour in neglecting his three children in a manner likely to cause them unnecessary suffering. The prosecution was undertaken, in the first instance, by the Society for Prevention of Cruelty to Children. The case was regarded by the magistrates as one of great seriousness, and both the mother and father were sentenced to two months' imprisonment.

Dr. Granger read his defence, in which he stated that there was a great deal of local prejudice against him and his family, that his circumstances were much reduced, and that the case had been greatly exaggerated, He admitted that family troubles had led him to adopt drinking habits, but that he had been more abstemious lately.

Mr. G. F. Watts, an officer of the Society for the Prevention of Cruelty to Children, stated that he accompanied the warrant officer at the inspection of the defendant's house, which presented the appearance of poverty. He thought that the practice of the defendant might improve with attention.

The Council then deliberated *in camerâ*, and on strangers being re-admitted, the PRESIDENT informed Dr. Granger that the Council had carefully considered his case and were willing to give him an opportunity of redeeming himself. He would, therefore, be given six months' probation, at the end of which time he would have to produce certificates of having amended his ways at the next meeting of the Council.

The next case was that of

DAVID BARNETT BRADLAW, L.R.C.P.&S.I., of Dublin,

who appeared in order to satisfy the Council of his conduct since its last meeting, when he was charged with having carried on a dental practice in the name of and of personating his brother, the facts having been proved to the satisfaction of the Council.

Mr. Bradlaw read a statement to the effect that his brother had ceased to practise, and that his own practice had since been conducted in accordance with the best traditions of the profession.

Mr. R. W. Turner having given evidence on behalf of the British Dental Association as to the correctness of the defendant's statements, the Council then retired *in camerâ*.

When strangers were re-admitted, Mr. Bradlaw was informed by the PRESIDENT that the Council had considered the facts alleged agaiust him, and that it did not judge him guilty of infamous conduct in a professional respect.

The Council next proceeded to the consideration of the case of

LOUIS EDWARD DELMEGE, L.R.C.S.I., L.R.C.P.E., of Burton, Westmorland,

who was summoned to appear before the Council in consequence of his conviction of having deserted his wife.

Mr. F. J. Shaw, on behalf of the defendant, stated that domestic relations had become so strained that Mrs. Delmege had left her husband's house, not, as was alleged, that the doctor had deserted her. As a matter of fact, negotiations were in progress towards a reconciliation, when he was arrested with a Scotch warrant by two detectives in London, and at once taken to Glasgow without appearing before any magistrate in London.

The question of the legality of such a method of procedure having been raised by several members, the Council then deliberated *in camerâ*.

On strangers being re-admitted, the PRESIDENT informed Dr. Delmege that after hearing his case they had decided not to erase his name from the *Register*.

The Council adjourned at 6 p.m., after deliberating *in camerâ* upon an item of business.

FOURTH DAY.—FRIDAY, NOVEMBER 27TH, 1903.

Reports were received from the Examination Committee on the inspection of the primary examinations of the Scottish and Irish Conjoint Boards, and also on the whole series of inspections of primary examinations.

Mr. BRYANT, after reading the report bearing upon the examinations of the Scottish Board, moved, and Mr. YOUNG seconded, that it should be accepted. It was therefore entered upon the Minutes.

In the discussion which followed, Dr. WINDLE remarked that the system of marking was very complicated.

Sir JOHN MOORE could not agree with the views expressed in the Report that the paper in biology was the least important part of the examination, and he thought that the examiners appeared to contradict themselves on this point.

The PRESIDENT said that this was chiefly a matter of opinion.

Sir VICTOR HORSLEY moved, and Mr. JACKSON seconded, that this report be adopted, but that in the opinion of the Council the examiation in practical chemistry was insufficient. This was carried.

The report on the Irish examinations was next read.

Dr. NORMAN MOORE thought that for the word "sufficient," "satisfactory" should be substituted, as the former was only a technical term.

Dr. MACALISTER pointed out that the whole report was being adopted, including the opinion that the examination was sufficient.

The report upon the whole series of inspections of primary examinations was next received. An amendment moved by Sir VICTOR HORSLEY, and seconded by Mr. TOMES, that it should be discussed forthwith was lost by 7 votes.

Mr. BRYANT then moved, and Sir CHARLES BALL seconded, that a joint committee be formed consisting of members from both the Examination and the Education Committees to consider the questions raised generally in this report, and that they should report thereon at the next meeting of the Council. This was carried, and Mr. Bryant, Dr. McVail, Sir Charles Ball, and Mr. Young were chosen as representatives of the Examination Committee, and Dr. Windle, Dr. Norman Moore, and Sir John Tuke were appointed as representatives of the Education Committee, with Sir William Turner as President of the newly constituted Joint Committee.

The Council next proceeded to the consideration of the case of

HENRY JACOB BRADLAW,

a registered dentist, of 4, Harrington Street, Dublin, who appeared to answer certain charges of advertising.

Mr. R. W. Turner represented the British Dental Association. Evidence having been given that the defendant had associated himself with an advertising firm of dentists, and that he was a shareholder, and *ipso facto* a director, of the company, strangers then withdrew and on their re-admission, the PRESIDENT informed Mr. Bradlaw that the Council considered his conduct to be infamous in a professional respect and that the Registrar was directed to erase his name from the *Register*.

The next case was that of

WILLIAM HERBERT RAY,

a registered dentist of Margate, who attended in consequence of his conviction of a certain offence against a female patient, for which he was sentenced to six months' hard labour. At the time of the trial the defendant bore an excellent character, having been thirty-one years in practice, and a petition, signed by

many influential people was presented to the Home Secretary on his behalf, but without avail.

After the defendant had again reiterated his complete innocence of the charge, the Council entered into the discussion of the case *in camerâ*. On the re-admission of strangers, the PRESIDENT informed Mr. Ray that the Council had given much consideration to his case, and that they intended to take no further steps in the matter. He would, therefore, continue to remain on the *Register*.

The next case for consideration was that of

JAMES GRANT,

a registered dentist, of London, with regard to whom the Dental Committee had reported that he had identified himself with an advertising firm which was managed by an unqualified and unregistered man named John Panhans.

The British Dental Association was again represented by Mr. R. W. Turner, who stated that that Association regarded this case as a serious one in that the defendant deliberately attempted to defeat the ends of justice. He hoped that the Council would therefore mete out to him the full penalty.

Mr. Grant was not present to offer further explanations.

Strangers then withdrew, and on their re-admission the PRESIDENT announced that the Council had directed the Registrar to erase the name of James Grant from the *Register*.

The Council then went *in camerâ* and on strangers being re-admitted, the PRESIDENT announced that the Council had directed that the name of Mr. James Jerome Mackay, of Stockwell, should be restored to the *Register*.

The Council then adjourned.

Special Correspondence.

[FROM OUR SPECIAL CORRESPONDENTS.]

SCOTLAND.

DUNDEE ASYLUM.—The unsatisfactory state of matters in this asylum, to which reference was recently made in this column, culminated in the resignation of the medical superintendent, which was handed to the Asylum Board on the 24th ult. The district Board had requested the General Board of Lunacy to make independent inquiry as to the death of a patient in the asylum on September 24th. The report of the inquiry held in response to this request, which was based on a full investigation of all the circumstances, was presented to the District Board on the 19th, and the meeting of that date was adjourned till the 24th in order that the medical superintendent's explanation might be heard. The following is a summary of the General Lunacy Board's report:—(1) On or about September 15th, the patient in question received injuries to the chest sufficient to account for death. The cause of these injuries was not definitely ascertained, but there was some evidence that they were not due to a fall from bed, but to pressure or blows applied to the chest by person or persons unknown. (2) Dr. Rorie's report to the General Board, bearing to be founded on the post-mortem report, was incorrect, inasmuch as it described the injuries as "semi-fracture (bending inwards)" of four ribs, whereas the post-mortem register and the evidence of Drs. Mack and Shepherd show that eight ribs were fractured, and the fractured ends freely movable. (3) The Board think that the superintendent did not, and does not even now, realise the gravity of the matter, for (*a*) he learned that a patient had received an injury to the chest, and also got what is called in his diary a "curious story" about a patient having been tied down, and failed to connect the two circumstances; had he made proper inquiry he would have discovered, as the Board did, that another patient had been tied down a fortnight previously, and that there was some suspicion that this had also happened in the case of the patient who died. (*b*) But for telegraphic instructions of the Board, it is clear that Dr. Rorie would not have reported the case to the Procurator Fiscal. (*c*) His letter to the Fiscal was so unfortunately expressed as to convey pretty clearly the writer's, no doubt honest, opinion that there was no ground for suspicion, and was otherwise likely to put the Fiscal off his guard. Dr. Rorie stated that the Fiscal was contented to examine himself and three attendants, and did not seek to examine the attendants in charge of the patient by day, the assistant medical officers, or the post-mortem register. If the inquiry were thus limited the Board fear it must be explained by the terms of Dr. Rorie's letter to the Fiscal, but be that as it may, the Board think that Dr. Rorie ought to have given the Fiscal information as to what he had heard about tying down, to have shown his post-mortem register, to have suggested the examination of all the attendants, as well as of the assistant medical officers, who must have had greater personal knowledge of the circumstances than the superintendent, seeing that the latter had been away on holiday prior to September 16th. (4) The Board find that male attendants, on joining the asylum, are placed in the sick room, where special and acute cases are treated; in consequence, patients requiring most care get least experienced attendants. The system, which is defended on the ground that it affords training in nursing to new attendants, is regarded by the Board as indefensible and injurious to the insane. In this particular case the length of service of the three attendants in charge of the sick wards was four weeks, four weeks, and three weeks; that of the day charge attendants four months. One of these men was dismissed from the Asylum's service on September 8th, and another left just before the Fiscal's inquiry. At the adjourned meeting which considered the above report, Dr. Rorie read a statement which he had prepared. The General Board of Lunacy wrote to him, intimating that they had considered a report (that quoted above), and offering to hear any explanation he had to offer on it. He accordingly met the Board on the 10th. In judging of the completeness of the investigation made, it had to be noted that the injuries occurred in a person seventy-nine years of age, who on admission had bruises on various parts of his body and chest, and who was known to have fallen repeatedly before being taken to the sick-room, and whose demented condition prevented any information being got from himself. On September 16th fresh bruises were found, and a fractured rib was suspected. It was known that he had fallen several times out of bed. It would be noted that the injuries were sustained during his own absence and that of the head attendant. More extensive injuries were found on post-mortem examination than had been diagnosed, but this was not unusual, and did not surprise him much. Since he had satisfied himself between the date of his return and the patient's death that the injuries were probably due to falls, he did not think it necessary to make so rigid an investigation of all the attendants who had been in contact with the patient as if the post-mortem had shown unexpected injuries. As to the view of the Board that his letter describing the cause of death was inexact, Dr. Rorie pointed out that it was merely a record of the principal injuries noted by himself, and not a complete report. It did not claim to be founded on the post-mortem register, which, as a matter of fact, had not been extended at the time his letter was written. In reference to the sick-room arrangements, the three newly-joined attendants were under the charge of a very intelligent chief, whom Dr. Rorie considered so suitable for the position that he had advanced his salary to retain his services; he was unfortunately ill at the time when the injuries took place. Such were the principal facts which Dr. Rorie had brought under the notice of the General Board. The only point on which he had had to modify his opinion was as to the patient having been tied down and as to his having failed to connect this and the injuries received. When he first heard the story he regarded it as incredible, on account of the precautions in force, that such should have happened without his knowledge. As, however, the Board had informed him, in reply to a direct ques-

tion, that they had evidence of this, he had reinvestigated the matter, and found the Board's statement corroborated. After all, it was an open question whether the suspected use of restraint had any connection with the injuries. As to his dealings with the Fiscal, he had not thought the case one which ought to be reported, believing, as he still did, that the injuries were due to falls out of bed. The nature and extent of the Fiscal's examination were left to his own judgment, and he might say that the Fiscal informed him that he had examined as many persons as he considered necessary. He concluded as follows :—" While I thus feel that I have exonerated myself from any trace of neglect or blame in this matter, I desire, nevertheless, to say that, as I have apparently not had the confidence of the District Board since it took over the management of the Asylum, I consider it will now be best to retire from its service, as I now do."

The resignation was accepted by the Board, and a committee appointed to take the necessary steps to fill up the vacancy.

GLASGOW SOUTHERN MEDICAL SOCIETY.—At a meeting of this society held on the evening of the 26th inst., ex-Councillor John Carswell, F.F.P.S.G., delivered an address on "Alcohol and Preventive Medicine." From his official position on the Parish Council, and as the late Convener of the Girgenti Home for Female Inebriates, he was in a position to speak with authority on a subject which very largely appeals to every member of the medical profession. Mr. Carswell, by means of diagrams, pointed to the high death-rate prevailing in some of the poorest districts of the city, compared with others where there was less overcrowding, and how the sanitary measures adopted by the municipality had very materially lowered the death-rate. He referred to the ravages of strong drink, but he was not disposed to agree with those who believed that heredity was playing an important and responsible part in creating and continuing the drink crave in the children of drunken parents ; neither did he consider that alcohol was responsible to the extent it was generally credited, through inheritance, in many cases of insanity. An animated and instructive discussion followed in which Dr. Chalmers, Medical Officer of Health, Carstairs Douglas, Alex. Miller, D. Macgilvray, and others took part. Dr. Macgilvray believed that in the case of a pregnant woman much addicted to drink the child materially suffered, and did not arrive at that maturity attainable where the mother was not given to drink. The president, Mr. Thos. Richmond, thought Mr. Carswell had taken a very optimistic view of the hereditary aspect of the question, and, with reference to insanity, was of opinion that Mr. Carswell's pronouncement did not quite accord with the opinions of many of the superintendents of our asylums, who considered alcohol as being responsible for a large percentage—some say about 30—of the cases of insanity in our asylums. A hearty vote of thanks was awarded Mr. Carswell for his interesting address.

GLASGOW SAMARITAN HOSPITAL BAZAAR.—We have referred to this hospital before, and to its inception only sixteen years ago in a very modest way. It is situated on the south side of the river Clyde, and in its present position—not the original—has about thirty beds for women. The bazaar which has just been held has been a magnificent success, the enormous sum of between £25,000 and £26,000 having been realised. This will allow of a very large extension of the hospital, to something like fifty or more additional beds. The sum aimed at by those in charge of the bazaar was £15,000. The splendid results achieved are in a very large measure due to the great, nay, the absorbing, interest which the ladies took in the matter. The bazaar was opened by the Princess Henry of Battenberg, and the admission charge on that day was ten shillings. The extension of the hospital is urgently required, as there are constantly a considerable number of suffering women waiting for admission.

BELFAST.

ULSTER HOSPITAL FOR CHILDREN AND WOMEN.—This hospital, which has for many years been doing a good work on the County Down side of Belfast, has been prominently before the public last week, in connection with a bazaar to wipe out the debt of £2,000 which has accumulated in the last few years. His Excellency the Lord Lieutenant very kindly made a special journey to Belfast to open the bazaar, taking the place of Lady Dudley, who was prevented by indisposition from fulfilling her engagement to do so. As the funds of the bazaar were started by a generous donation of £1,000 from Mr. and Mrs. Harry Craig, there is little doubt that the necessary amount to set the hospital free of debt will be realised.

PORTADOWN.—The necessity for hospital accommodation in Portadown was discussed at a meeting of the Town Council of that town last week. The following resolution was passed unanimously :—" That we are of opinion that the town of Portadown with a population of ten thousand, should have an hospital or infirmary. Portadown is nine miles from Armagh and five from Lurgan. Serious accidents often occur, and the removal of patients such long distances is very painful, and often has serious results. "

CONSUMPTION IN BELFAST.—The Public Health Committee of the Corporation have again been considering the question of providing shelters for the daily use of consumptives near the city, and a sanatorium for intern treatment at some suitable spot in the country. A deputation of the members of the committee inspected the sanatorium of Dr. C. Humphries at Stockbridge Farm, near Donaghadee, and expressed themselves pleased with the place. The committee concluded that they should be advised by a medical expert before coming to any decision on these matters, and the Town Clerk was accordingly instructed to make inquiries as to the possiblity of obtaining the services of a gentleman with the needful experience with a view to his acting in conjunction with the Medical Superintendent Officer of Health in advising the committee on these matters.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

THE AFTER-TREATMENT OF INTRA-NASAL OPERATIONS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your otherwise excellent abridged report of my remarks in the discussion on this subject at the meeting of the Laryngological Society of London, there is one omission of such importance that I feel justified in asking you to give me space for its introduction. Before applying the galvano-cautery to the interior of the nose, I make it an invariable practice to follow the rule laid down many years ago by an American rhinologist whose name for the moment I cannot recall, namely, *to dry most thoroughly by means of absorbent cotton wool the portion to be cauterised and the portion lying opposite it.* In this way the danger of bringing about a scald of the surface opposite to that on which we operate is avoided. If fluid be allowed to lie between the two opposed surfaces, this must obviously tend to be raised to the boiling point and to lead to the traumatic lesion referred to. The chances of the two opposed raw surfaces becoming adherent to each other would, therefore, be very great, and the importance of avoiding this by the careful drying referred to must be obvious.

I am, Sir, yours truly,

DUNDAS GRANT.

18, Cavendish Square, W., Nov. 25th, 1903.

A QUESTION OF MORALS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I should much like to know what view most of the readers of your journal would take of the following case :—

An elderly lady of some reputation, as the intimate friend of some of the best-known literary men in London, survived most of her friends and relatives and lapsed into a state of mental and physical senility. She had a fair income from a life interest, and she had

some small property, which it was her wish to leave to a favourite maid who became her nurse and constant companion. Among her treasures were the letters of one of our most distinguished authors, and they were of singular value. The medical practitioner who attended this lady for many years was her intimate friend, and knew what her wishes were in regard to her property. Her one great wish was that the letters should be burnt when she died, and that no one should see them. She could not bear to destroy them herself, but her companion, in whom she had the greatest confidence, would do so. A will was made when the lady was perfectly capable, but nothing was purposely said in it about those letters. Thus matters stood for about three years after the will, and then everything was changed, for the companion died first, and the old lady's mind and memory rapidly broke down. She became quite incapable of understanding anything, and might have signed any document put before her. The medical practitioner who had known her so long was obliged to give up his care of her and another succeeded him. About two years later the lady died, and a will was produced leaving all she had to some caretakers who took the place of the companion. The letters were sold for several hundred pounds, and no one seemed to take any interest in all that had happened.

It is true, it was not of any practical importance to the practitioner who attended this lady after the death of the companion to report or in any way interfere with what was done; and as there is no legal obligation imposed upon practitioners in such cases, the question is one of moral and professional importance upon which it would be well that the profession should agree.

I am, Sir, yours truly,

QUERENS.

West Kensington.

[This concrete case, of which we have been furnished with full details, raises a question of the utmost importance from the point of view of professional morality.—Ed.].

FORENSIC MEDICINE.

To the Editor of The Medical Press and Circular.

Sir,—Some years ago I was lecturer on forensic medicine at the Westminster Hospital. I well remembered, when I undertook this work, the dull and uninteresting course I had gone through when a student at St. George's. Forensic medicine was a subject that always seemed to me disagreeable when preparing for the Cambridge M.B. or any other examination. It was such a wide subject, and what books to read or kind of questions to prepare to answer seemed impossible to decide. The lecturers themselves appeared to take no interest in it, and altogether I came to the conclusion that it was a mistake to make forensic medicine a special subject in the medical curriculum. This led to my making a change at the Westminster Hospital. The only work I felt able to do properly was the post-mortem examination in cases of doubtful causes of death, in injuries, and wounds, and in that particular line of inquiry which belongs to morbid anatomy and pathology in their widest sense. As I was pathologist at the hospital and had the direction of the post-mortem work I saw the way to turn to account the material supplied by the post-mortem room in the lectures on forensic medicine. When the question of poisons came up and the testing of the contents of the stomach, and this quite different kind of inquiry had to be considered, I went to my friend, the lecturer on chemistry, and arranged with him to give some lectures on this subject. And then there was another subject that I did not see clearly how to deal with, and that was insanity. As these three divisions or classes of cases formed the chief part of every course of lectures on forensic medicine, I thought it well and proper that the lecturer should be qualified to deal with them. It ended in my keeping to the post-mortem and pathological work, in my friend the lecturer on chemistry taking the poisons, and in Dr. Sutherland giving six lectures on insanity. We managed pretty well in this way to interest the students and relieve the subject of forensic medicine of some of its dulness and unpractical value. Gradually things have changed, and now the importance of special knowledge in morbid anatomy, chemistry, and insanity is being recognised in cases of legal interest. It seems as if it would be better to do away entirely with forensic medicine as a special subject in the curriculum of medicine, and let each of those divisions of it which are so well recognised be treated of by the lecturers to whom they can be properly entrusted.

I am, Sir, yours truly,

Robert Lee.

THE GORDON BLACKMAILING CASE.

To the Editor of The Medical Press and Circular.

Sir,—In acknowledging the receipt of cheque for £91 7s. 4d., so kindly contributed by medical brethren towards defraying the costs incurred by me in what is now known as a notorious blackmailing case, I have to express my deep obligation to the subscribers for their thoughtful act of generosity, which will be always appreciated and remembered by me.

To the presidents of the two colleges I have also to tender my sincere thanks for the part they took in the movement.

To Dr. Horne, as honorary treasurer, and to Dr. Wayland as honorary secretary, I owe indeed a great deal, and there are others whose names it might be invidious to mention, to whom I will for ever feel indebted, on account of their practical sympathy. I have also, sir, to acknowledge your kindness and courtesy in opening the columns of The Medical Press and Circular to the inauguration of the fund and to the strenuous manner in which its support was advocated. I should not omit mention of the lay Press for the spontaneous way in which it assisted our professional organ in this matter.

May I add a word of acknowledgment to the many medical friends who wrote me such kindly letters of sympathy in a trying ordeal in which not only my own character, but the honour of the profession, was at stake.

I remain, Sir, yours truly,

Alexander Gordon.

18, Rathmines Road, Dublin, Oct. 26th, 1903.

MEDICAL MAYORS.

The list of medical men elected to the mayoral chairs in various parts of the kingdom is always of interest to their professional brethren. The names, so far as ascertainable, of these chosen at the recent municipal elections are appended, together with portraits of the greater number of them.

Hampstead.—Edward Collingridge Andrews, M.D. Cantab., M.R.C.S., son of Dr. J. Andrews, of Hampstead, Took the M.B. degree of Cambridge in 1886, and the M.D. in 1892. He became member of Borough Council in 1900 and was made chairman of health committee and later of housing committee.

Bridport.—S. J. Allden, M.D.Durh., L.R.C.P.Lond., M.R.C.S.Eng., educated at the University of Durham and St. Thomas's. In 1888 he took the degrees of M.B., B.S., and in 1890 the degree of M.D.Durh. He has been a member of the Bridport Town Council for six years, during which time he has filled the office of chairman of the sanitary committee and other public posts.

Wareham (Dorset).—F. O. Bell, who for some years has occupied a prominent position in local politics, graduated as M.B., C.M., 1893, in the University of Edinburgh.

Falmouth.—William Banks, M.B.Lond., M.R.C.S.Eng. He became M.R.C.S.Eng., in 1879, and M.B. of London University 1880. He entered the council in 1892 and was elected alderman in 1898, Mayor in 1902, and again in the present year.

Cambridge.—J. H. C. Dalton, M.D., D.P.H.Cantab., was twelfth wrangler in 1884. In 1889 he became a Licentiate of the Society of Apothecaries. In 1893 he took the M.D. degree of Cambridge University. He eventually settled at Cambridge, where he has filled a number of official positions.

Dorchester.—E. W. Kerr, M.D., M.Ch.Dub., was born in 1849 near Dublin. He was educated in Dublin, and graduated B.A., M.B., and M.Ch. in 1872 and M.D. in 1889 and became L.M.K. and Q.C.P.I. in 1872. Before going to Dorset in 1884 he practised in Ireland. He has been chairman of various committees.

Denbigh.—David Lloyd, M.B., M.S.Glasg. (1891), J.P., was educated in Glasgow and London.

Honiton.—J. C. Macaulay, M.R.C.S.Eng., L.S.A., has occupied the civic chair on no less than five previous occasions—namely, in 1884, 1887, 1894, 1901, and 1902. He took the diploma of the London College of Surgeons in 1885, and of the Apothecaries in 1886.

Dartmouth.—R. B. Searle, L.R.C.P.Lond., M.R.C.S. Eng. He became M.R.C.S.Eng. so long ago as 1853, L.S.A. in the same year, and L.R.C.P. in 1865, and has been in practice for nearly half a century.

Hedon.—James Soutter, M.R.C.S., L.R.C.P.Lond., re-elected Mayor of Hedon, near Hull. Became L.S.A. in 1884, and M.R.C.S. in 1885.

Saffron Walden.—Henry Stear, M.R.C.S.Eng., L.S.A. Was apprenticed in 1845. He became L.S.A. in 1854, and M.R.C.S.E. in 1855. He settled in Saffron Walden in 1854 and retired in 1895 after having been in practice for over forty years. He first entered the town council in 1863.

Obituary.

DR. GEORGE EUGENE YARROW.

WE regret to announce the death at his residence, Colebrooke Row, Islington, of Dr. George Eugene Yarrow, until recently deputy-coroner for North-east Middlesex. At the time of his death, and for many years previously, the deceased was chief medical officer at the City Road Lying-in Hospital, and divisional surgeon to St. Luke's section of the G divison of police. He was a member of the Holborn Board of Guardians, and prior to that was medical superintendent of the City Road workhouse. The death was attributed to blood poisoning. Dr. Yarrow became L.S.A.Lond. in 1863, L.R.C.P.Lond., 1871, M.D. of the University of Heidelberg in 1867, and D.P.H. in 1889. He was a prominent citizen of Islington, where he carried on an extensive practice.

DR. JEREMIAH KEIGHLEY.

THE somewhat sudden death has been announced of Dr. Jeremiah Keighley, in his sixty-ninth year, at Stonefall Hall, near Harrogate. Dr. Keighley formerly practised at Kirkstall, but retired some years ago to Stonefall Hall. Of a genial disposition, he was well known and widely respected in Harrogate and district. As recently as Thursday last he followed the hounds, and was apparently in accustomed good health. A widow and two sons survive him. He became a member of the English College of Surgeons in the year 1863.

DR. THOMAS HIGHTON.

THE death of Thomas Highton, a well-known medical practitioner of Derby, under painfully sudden circumstances, is reported. He had been unwell for several days, but went on his professional visits. While thus engaged he was taken ill on Friday last, and was assisted into a neighbouring shop. Mrs. Highton was communicated with, and the unfortunate gentleman was conveyed home, where he died. He was fifty-four years of age, was a native of Leicester, and when he first came to Derby was house surgeon at the infirmary. He afterwards commenced practice on his own account, and has left behind him many friends. He married a daughter of the late Mr. Thomas Skevington. He took the M.R.C.S.Eng. in 1873, and the L.S.A.Lond. in 1875.

FLEET-SURGEON GILBERT KIRKER, R.N.

WE regret to announce the death of Fleet-Surgeon Gilbert Kirker, R.N., appointed to Haslar Hospital in July, 1901, and died at that institution last week from acute nephritis. The malady from which he suffered was probably aggravated by blood-poisoning contracted while performing a recent operation. Dr. Kirker, who took his M.D. degree at the Royal University of Ireland, won the Parkes Memorial bronze medal in 1880 and Sir Gilbert Blane's gold medal in 1892. He entered the navy in 1879, became a staff-surgeon in in 1891 and a fleet-surgeon in 1899. During the Egyptian War in 1882 he served as surgeon of the "Iris." Rear-Admiral Durnford, when distributing the prizes at Haslar Hospital on September 30th last, paid a warm tribute to the capacity and teaching ability of Fleet-Surgeon Kirker.

Dublin Death Rate.

THE deaths registered during the week ending Saturday November 21st, 1903, in the Dublin registration area represent an annual rate of mortality of 25.0 in every 1,000 of the population. Tuberculous disease caused 33 deaths, diseases of the nervous system caused 18 deaths, diseases of the circulatory system caused 27 deaths, and diseases of the respiratory system caused 50 deaths; 49 infants died during the week, of whom 31 were infants under one year old. Within the city the death-rate was, in the Summer hill district, 29.3 per 1,000; in the Lisburn Street district, 27.7 per 1,000; in the Benburb Street district, 28.0 per 1,000.

Petition for an Inquiry *de lunatico* in the case of the Prisoner Edalji.

To the Right Honourable ARETAS AKERS-DOUGLAS, M.P., Secretary of State for the Home Department.

WE, the undersigned, being duly qualified Medical Practitioners, do hereby humbly pray His Majesty's Secretary for the Home Department to institute an Inquiry into the State of Mind of the prisoner Edalji convicted recently of the offence of Cattle-Maiming at Wyrley. In our opinion, if an educated man killed cattle in the senseless and purposeless manner under which the Wyrley outrages were committed, we submit he is, on *primâ facie* evidence, fitted for a lunatic asylum rather than a prison, and on that ground we pray for the above Inquiry.

Armstrong, J., L.R.C.P.and S.I., The Hill, Ballymahon, co. Longford, Ireland.
Allen, J. Gower, Physician and Surgeon, The Retreat, Armagh, Ireland.
Aiken, Acheson, Tullyhommon, Pettigo, co. Fermanagh.
Brown, George, Mount Lodge, Silver Valley, Callington, Cornwall.
Brown, Lewis D., 49 Uxbridge Road, Ealing.
Barrett, Richard, M.D., Macroom, co. Cork.
Bentham, Augustus L., 15 Victoria Road South, Southsea.
Baker, Lyster Cole, Bayfield, Kent Road, Southsea.
Blackwood, J., M.R.C.S., L.R.C.P., Colaba, Festing Road, Southsea.
Blackman, J. G., M.D., M.R.C.S., Poplar House, Kingston Crescent, Portsmouth.
Biddle, D., Kingston-on-Thames.
Biss, Hubert E. J., M.D., Polperro, Meads Street, Eastbourne.
Brown, Thomas Edwin Burton, C.I.E., M.D.Lond. 185 Willesden Lane, Brondesbury, London, N.W.
Cooper, D. N., L.R.C.P., M.R.C.S., 201 Gray's Inn Road, W.C.
Cripps, C. Couper, M.D., 195 The Grove, Denmark Hill, S.E.
Clift, M. L., M.R.C.S.E., 20 King Square, E.C.
Cross, Harold R., West Riding Asylum, Wakefield.
Clouston, T. S., President of the Royal College of Physicians, Edinburgh.
Cousins, J. Ward. Portsmouth.
Childe, Charles P., Southsea.
Cashin, J., St. Aubyns, Osborne Road, Southsea.
Claremont, C. C., M.D., 57, Elm Grove, Southsea.
Cooper, W. R., F.R.C.S.I., 13 Hampshire Terrace, Southsea.
Dingle, W. A., M.D., 45 Finsbury Square, London, E.C.

Daunt, William, L.R.C.P., &c., 51 Exmouth Street, W.C.
Dunn, Percy, F.R.C.S., 54 Wimpole Street, W.
Davis, H., M.D., Callington, Cornwall.
Davis, H., Junr., M.R.C.S., L.R.C.P., &c., Callington.
Duke, Alexander, 162 Gloucester Terrace, Hyde Park, W.
Devine, H., General Hospital, Bristol.
Driver, F. J., Southsea.
Essery, W. J., M.B., 29 South Parade, Southsea.
Fenton, Frederick E., 33 Welbeck Street, W.
Felkin, Robert W., M.D., Royal Societies Club, St. James Street, W.
Ford, A. Vernon, Southsea.
Forde, Thos. A. Munro, M.R.C.S., L.R.C.P., 21 Clarence Parade, Southsea.
Goss, Samuel, Burlington Lodge, Southsea.
Green, James, L.R.C.P., &c., Brandon House, Mile End, Portsmouth.
Godson, Clement, M.D., C.M., 82 Brook Street, W.
Graham, Baptist Gamble, Irvinestown, co. Fermanagh.
Gabe, J. Rees, M.D., 16 Mecklenburgh Square, W.C.
Hewitt, H. E., 52 Guilford Street, W.C.
Harris, W. T., West Riding Asylum, Wakefield.
Hockridge, T. Granville, M.D., 27 Tysoe Street, Wilmington Square, W.C.
Hunter, Clement H., Finsbury Dispensary, Brewer Street North, E.C.
Hann, Hy. Fred, M.R.C.S.E., 66 Commercial Road, Portsmouth.
Hamilton, James, M.D.R.U.I., 60 Sydney Street, Chelsea.
Jellett, Henry, M D., Dublin.
Jackson, Geo., F.R.C.S.Eng. Exam., Plymouth.
Johnston, Alexander, M.B., Bridge House, Westport, co. Mayo, Ireland.
Kelso, J. E. H., M.B., 67 Elm Grove, Southsea.
Lewis, W. Bevan, Medical Superintendent, West Riding Asylum, Wakefield.
Lewer, Robert, Southsea.
Longman, Geo. P., 14 Wickham Avenue, Bexhill.
Lee, Robert, 39 Gunterstone Road, West Kensington.
Milburn, F. L., M.R.C.S.E., 43 Claremont Square, N.
Madgshon, M. L. C., 11 Beauclerc Road, Shepherd's Bush.
Miles, J. F. M., L.R.C.S. and P.E., Dingle, co. Kerry, Ireland.
Macvie, Wm., M.D., 214 Stanley Road, Bootle.
Macpherson, R. G., M.R.C.S., 19 Clarence Parade, Southsea.
McEldowney, W. P., M.B., Elmhurst, North End, Portsmouth.
Mayhew, Christopher, M.R.C.S., &c., 20 Helena Road, Southsea.
Milner, Vincent, M.B., M.S., Parkstone, Dorset.
McWalter, J. C., M.D. Brux., 19 North Earl Street, Dublin.
Naumann, J. C. F., M.D., 12 Bedford Square.
Neild, Newman, 9 Richmond Hill, Clifton, Bristol.
Neville, William C., M.A., M.D. Univ. Dub., F.R.C.P.I., 70 Lower Mount Street, Dublin.
O'Connor, L. P., M.D., The Limes, March, Cambs.
O'Connor, Martin, L.R.C.P., L.R.C.S.I., Brandenburgh House, Chatteris, Cambs.
Owen, A. Lloyd, Southsea.
O'Neill, Wm., M.D., M.R.C.P. Lond., &c., 2 Lindum Road, Lincoln.
Pierse, Gerard J., M.D., Bishop's Court, Lixnaw, co. Kerry.
Pearson, Jas., M.R.C.S., 83 Merton Road, Bootle.
Philpots, John R., L.R.C.P.Ed., &c., J.P. for Poole, Parkstone, Dorset.
Parker, G., 14 Pembroke Road, Clifton, Bristol.
Phillips, E. Willmer, M.R.C.S., L.R.C.P., De Courcy Lodge, Southsea.
Pickin, F. H., General Hospital, Bristol.
Ross, S. J., M.D., Bedford.
Reeves, H. A., F.R.C.S.E., 70A Grosvenor Street, W.
Robinson, T., M.D., 9 Princes Street, London, W.
Robertson, Charles, 117 Soho Hill, Birmingham.
Ruck, Naunton, 1 Victoria Terrace, Ealing, W.
Richards, J. Peeke, 6 Freeland Road, Ealing, W.
Ruel, C. Percival, Southsea.
Roome, Henry A., Southsea.
Robertson, J. R. S., 5 Western Parade, Southsea.
Reid, G. A., 9, Victoria Road South, Southsea.
Routh, Charles F., M.D., 20 Clarence Parade, Southsea.
Rundle, Henry, F.R.C.S., 13 Clarence Parade, Southsea.
Ringwood, John, Kells, co. Meath, Ireland.
Reckitt, W. F., 13 Leman Street, Aldgate, E.
Sunderland, S., M.D., 11 Cavendish Place, W.
Smith, Shingleton, Bristol.
Smith, Sydney Lloyd, M.R.C.S., L.R.C.P., L.S.A., 25 Argyle Square, W.C.
Shaw, T. B., L.R.C.P. and S.Ed., 178 Clerkenwell Road, E.C.
Sinclair, J., 4 The Avenue, Bedford Park, W.
Scott, A. Langston, 115 Uxbridge Road, Ealing.
Savery, Frank, 4 Mount Park Road, Ealing.
Sewill, J. Sefton, 9A Cavendish Square, W.
Steede, B. H., M.A., M.D., R.N. Hospital for Consumption for Ireland, Newcastle, co. Wicklow.
Smith, W. Maule, West Riding Asylum, Wakefield.
Stephenson, Sydney, 33 Welbeck Street, London, W.
Suffern, Alex. Canning, M.D., Rubery Hill Asylum, near Birmingham.
Sparrow, G. Gordon, L.R.C.P., Haslemere, East Southsea.
Salmond, W. A., M.B., Wilton House, Landport Terrace, Southsea.
Sewill, Henry, 9A Cavendish Square, W.
Symes, J. O., 11 Richmond Hill, Clifton, Bristol.
Smith, Fred. J., 138 Harley Street, London, W.
Spicer, Scanes, M.D., 28 Welbeck Street, Cavendish Square, W.
Savage, Geo. H., 3 Henrietta Street, W.
Sers, Clement H., Craig Dhu, Preston Drive, Brighton.
Smith, Trevor N., L.R.C.P.I., L. and F.R.C.S.I., J.P., 31 Upper Fitzwilliam Street, Dublin.
Taylor, Reginald, M.R.C.S., 79 Gray's Inn Road, W.C.
Thomas, Geo. Danford, M.D., H.M. Coroner for London, 20 Brunswick Square, W.C.
Thomson, George, 72 The Avenue, Ealing, W.
Taylor, T., Lavington House, Ealing.
Thompson, George William, Doochary, co. Donegal.
Tichborne, C. R. C., L. and Dip.P.H.R.C.S.I., &c., Dublin.
Tullis, George A., M.D., Holmbeach, Southsea.
Tate, Samuel, M.D., Plas-Mardyn, Richhill, Armagh, co. Armagh, Disp. Med. Officer for Richhill.
Thomson, StClair, M.D., F.R.C.P.Lond., F.R.C.S.E., 28 Queen Anne Street, W.
Tweedy, E. H., Rotunda Hospital, Dublin.
Wilson, A., 22 Gordon Mansions, W.C.
Wright, G. C., Holme Green, Chislehurst.
Walsh, David, M.D., 70A Grosvenor Street, W.
Walker, Joseph, M.R.C.S., 23 Merton Road, Bootle.
Wild, Geo. S., M.D., 56 Balliol Road, Bootle.
Wright, J. Lister, Southsea.
Will, J., Major R.A.M.C., 28 Elphinstone Road, Southsea.
Way, F. W., M.R.C.S. &c., Inversnaid, Festing Road, Southsea.
Way, Montague, M.R.C.S., Kenilworth Lodge, Southsea.
Weston, R. Ambrose, L.R.C.P., Holmwood, Mile End, Portsmouth.
Waldo, Fred. Joseph, M.D., H.M. Coroner, City of London, 40 Lansdowne Road, Holland Park, W.
Younger, E. G., M.D., 19 Mecklenburgh Square, W.C.

The list of signatures will be closed on December 8th.

Trinity College, Dublin.

Michaelmas Term.

Final Examination in Surgery.—Thomas H. Gibbon, Henry Stokes, Richard C. Hallowes, Philip S. Stewart, William Boxwell, Frederick F. Willington, Cecil J. Wyatt, Thomas J. Crean.

Literature.

INCE'S LATIN GRAMMAR OF PHARMACY. (a)

IN these days when we hear so much regarding the neglect of prescription-writing, it is pleasing to find that an eighth edition of this well-known manual has been called for. This proves, at all events, that it is still possible for medical students to learn how to write a prescription in correct Latin, if they will but take the trouble to master the contents of this volume. The subject-matter is divided into four sections. The first of these treats of Latin grammar as bearing on practical prescription-writing. This is, perhaps, the least interesting part, but it is none the less useful and instructive, and, moreover, is most essential as forming the groundwork of what follows. The second part deals with prescription-reading. Twelve typical prescriptions are fully analysed, and a number of others are given, both in contracted form and in unabbreviated Latin. English translations of the latter are given further on. Medical Directions are taken up in the third part of the work and are dealt with in a manner so minutely detailed that no difficulty is left unsolved. The vocabularies which form the fourth and concluding section have been very carefully compiled, and are sure to prove of great service to the student. If practitioners and students would but read and assimilate all that is given them within the pages of this manual we feel sure that the prescribing of tablet and of special preparations would diminish, and we might once again get back to the golden age of medicine when prescription-writing was looked on as an art which only the older school of practitioners now seem to cultivate. We have much pleasure in adding our testimony to the many eulogies already passed upon this text-book. It certainly stands alone, and fills a place in medical literature which otherwise would be vacant. The binding and printing call for a word of commendation in passing.

A MANUAL OF PATHOLOGY. (b)

"Coats' Pathology" has for long been a favourite manual among students since its first appearance in 1883. Professor Coats died at the beginning of 1899, and it must be admitted the edition edited by Professor Sutherland, and issued in 1900, left much to be desired. The present and fifth edition has been thoroughly revised by Dr. Sutherland, and may now be accepted as a trustworthy and fairly up-to-date introduction to the scientific study of pathology. We are glad, however, to find that the old dress is still maintained, but in size the volume has increased by 155 pages. The work is essentially one for the student of medicine, and this object of the author has been steadily kept in view by the editor. Considerable alterations have been made, without materially interfering with the original plan of the volume. There has been some re-arrangement which will facilitate the profitable study of the book as a student's text-book. The chapter on Bacteriology has been altogether omitted, a step which we consider most unwise in a work intended to afford students a sure foundation for the scientific study of disease. The illustrations have been increased from 490 to 729, but still not a few of the old and unsatisfactory woodcuts are retained. Two coloured blood plates form a very useful and much needed addition. Many of the new illustrations are of specimens in the Pathological Museum of the University College of Dundee,

We are glad to find that the concise references to the more important books and monographs on the subjects dealt with are still retained in their position at the end of the various sections.

The field of pathology is ever widening, and the horizon grows more distant, so that the student may well stand appalled at the immensity of the land he is destined to travel; but, ponderous though this work is becoming, it is likely long to remain the most popular of the one-volumed works specially designed to meet the requirements of the average student. All concerned in the production of this, the latest and best edition of the Manual, may well be congratulated.

STEVENS ON MATERIA MEDICA. (a)

THE author has altered the arrangement of drugs in the present edition of this work, so that instead of an alphabetical arrangement as he adopted in previous editions, they have been classified according to their pharmacological action. The difficulties in the way of such an arrangement are obvious, and we do not know that there is anything in the present work that leads us to prefer such a grouping. The book has been thoroughly brought up-to-date and will doubtless be found of value to American students and medical men. As, however, the dosage and modes of preparation of drugs are radically different from those of the British Pharmacopœia, the usefulness of the book in these countries is limited.

SWANZY ON DISEASES OF THE EYE. (b)

WHEN a student inquires of his fellows or his teachers, "What is the best book on the eye?" the answer is undoubtedly in the majority of cases, "Swanzy." And the proof lies in the fact that the handbook has now reached its eighth edition. As is only natural, perhaps, the eighth edition (pp. 678) is a little larger than, say, the fifth edition (pp. 582). Herein lies a danger. For of large text-books on ophthalmology there are many excellent ones, but we know of none as good as Mr. Swanzy's in its own particular class. So far Mr. Swanzy has succeeded very well—to quote his own preface to the fourth edition—"in saying not all he might but all he ought." We may hope that the future editions of this book will be kept within as reasonable bounds as the present.

This eighth edition has been revised throughout, and a good deal of fresh matter has been introduced. Of this new matter particular attention should be drawn to Kuhnt's method of extirpating the lachrymal sac (Chapter VIII.), to the fuller account given of sympathetic ophthalmitis (Chapter X.), and to the account of Mr. Maxwell's operation for shrunken sockets (Chapter XVIII.).

Kuhnt's operation is a useful one which has been performed only too seldom in this country; and Mr. Maxwell's operation is a really good one for those cases in which it is indicated.

Mr. Swanzy's teaching is always clear and dogmatic, and that is just what one wants in a handbook for students. The book is brought well up-to-date, yet notice might have been taken of the use of adrenalin chloride in hay fever, of scopolamine and duboisin as substitutes for atropin when eczema occurs, of the X-rays in cases of Jacob's ulcer, and of cuprol in conjunctivitis. We have found misprints only on pages 280 and 641; but regret to say that the three last leaves of the index became loose on little provocation.

A card of test-wools, explanatory of Holmgren's test for colour-blindness, and a Snellen's "Sunrise" figure, for testing astigmatism, are added.

Appendix No. 1 is devoted to Holmgren's method of testing the colour sense and Appendix No. 2 to tests of vision for the army, navy, &c. We would suggest

(a) "The Latin Grammar of Pharmacy for the use of Medical and Pharmaceutical Students, including the Reading of Latin Prescriptions, Latin English and English-Latin Vocabularies, and Prosody." By Joseph Ince, F.C.S., F.L.S., F.G.S., late Lecturer in Pharmacy to the British Pharmaceutical Society of Great Britain, etc. Eighth Edition. Cr. 8vo. pp. viii., 371. 5s. net. London: Bailliere, Tindall and Cox. 1903.

(b) "A Manual of Pathology." By Joseph Coats, M.D., late Professor of Pathology in the University of Glasgow. Fifth Edition, revised throughout by L. R. Sutherland, M.B., Professor of Pathology in the University of St Andrews. Pp. 1,237, with 729 illustrations and 2 coloured plates. London: Longmans. 1903. Price 29s. net.

(a) "Modern Materia Medica and Therapeutics." By A. A. Stevens, A.M., M.D., Lecturer on Physical Diagnosis in the University of Pennsylvania, &c., &c. Third Edition, entirely rewritten. Philadelphia: Saunders and Co. 1903. Pp. 663.

(b) "A Handbook of the Diseases of the Eye and their Treatment." By Henry R Swanzy, A.M., M.B., F.R.C.S.I., Surgeon to the Royal Victoria Eye and Ear Hospital, and Ophthalmic Surgeon to the Adelaide Hospital. Dublin; ex-President of the Ophthalmological Society of the United Kingdom. Eighth Edition, with Illustrations. Pp. xx. and 678. Post 8vo. Price 12s. 6d. London: H. K. Lewis. 1903.

to Mr. Swanzy that it would be a convenience if he dated these various regulations in whatever cases he can.

The printing and binding (with the probably unique exceptions noted above) are very good.

RADIUM. (*a*)

The contents of this extremely instructive and interesting *brochure*, while tending to elicit new surprises by displaying to public view some of the—till a few short months ago—utterly unknown and unsuspected mysteries of Nature, also tend at the same time to simplify the views of the initiated regarding the ultimate unity (or even identity) of all known physical agencies when traced back to their ultimate source. *Radiations* pervade the heavens above; they penetrate the earth beneath; and they permeate the waters under the earth. The movements of the omnipotent and omnipresent atom are really responsible for all the phenomena of the universal macrocosm, of which the human microcosm itself constitutes, metaphorically speaking, but an elementary atomic factor.

This booklet gives an excellent historical sketch of the discovery of the various phenomena of "radio-activity," as known up to date of publication. As the text is lucidly written and richly illustrated, its contents can be scanned without confusion of thought by every intelligent amateur in physical science. But the special item of interest to medical men begins on page 63:—"The Treatment of Disease by Ultra-violet Rays." We feel it to be our duty in this connection to offer our best thanks to the author, who is a distinguished member of another profession—fortunately for us in the present case one of the most purely *physical* in its methods and objects—for the spontaneous offer of the knowledge which he has thus gone out of his way to provide for us. Certain it is that although "the smaller Ganot" is now a recommended text-book in preparation for certain "conjoint schemes" of examination, the attainments of the average medical practitioner in physical science still remain decidedly crude. And, as the "light-cure" is now the special feature of the most advanced scientific therapeutics, it is quite a boon to have the latest up-to-date data thus placed before us, and in the clearest manner, by a past-master of purely "physical" science. The first illustration in this section is a reproduction of a photographic bust of Professor Niels R. Finsen, of Copenhagen—that true benefactor of humanity, who has, for a long period, been himself slowly dying of hopeless heart disease. Besides the *lupus* cure, the application of rays of various composition and analysis to *small-pox*, *tuberculosis*, &c., are here clearly described and critically examined. Needless to add, in concluding, that we heartily recommend this small volume to the notice of all our readers.

FIRST AID. (*b*)

This neatly-printed booklet gives a very clear and concise summary of the quality and quantity of knowledge which the proverbially intelligent denizen of the street should know, if he (or she) is ambitious to act the part of the Good Samaritan towards the victims of injuries, accident, or violence found by the wayside—or elsewhere. We are told by the authors that each of the chapters into which the text is divided corresponds to the lectures set forth in the London School Board Syllabus.

At the end of each chapter three specimen questions are placed, "selected from those actually set in past examinations, *together with suitable answers*." Accordingly, the little volume is a professed guide-book to the labyrinth of the Examination Hall; and having due regard to the standard by which it has been regulated, we think that it does credit to the judgment and selective power of the authors.

(*a*) "Radium and other Radio-Active Substances: Polonium, Actinium, and Thorium; with a consideration of Phosphorescent and Fluorescent Substances, the Properties and Applications of Selenium and the Treatment of Disease by the Ultra-violet Light." By William J. Hammer, Consulting Electrical Engineer. New York: D. Van Nostrand Company. London: Sampson Low, Marston and Company, Limited, 1903. 8vo., pp. viii. and 72. Price 6s. net.

(*b*) "First Aid." By R. J. Collie, M.D., Knight of Grace of the Order of St. John of Jerusalem in England, Medical Superintendent of the Hygiene, Ambulance and Home Nursing Classes of the School Board for London; and C. F. Wightman, F.R.C.S., late Examiner and Lecturer on Ambulance to the School Board for London. London: George Gill and Sons. Price 6d. net.

Medical News.

The Coming Bazaar in Aid of Mercer's Hospital, Dublin.

A most successful meeting was held on Friday last of the supporters and patrons of the Mirus Bazaar and Fête under the presidency of the Duchess of Abercorn. The meeting took place in the Hospital and was largely attended. Mr. Charles Maunsell, Surgeon to the Hospital, submitted the report of the honorary secretaries, which related the history of the movement for the organisation of the bazaar and stated that the committee had obtained the use of the Ball's Bridge grounds for the week commencing May 21st, 1904. Up to the present they had forty stalls and fifteen "side shows" being actively organised, and in a flourishing condition in regard to monetary support. Thirteen of the counties of Ireland were up to the present represented by stalls, which were being worked by well-known county ladies. Their ambition was to obtain 100 stalls and side shows, so every effort must be made to induce friends to take stalls. (Applause.)

Dr. L'Estrange Ledwich read the report of the hon. treasurer, which stated that even at this early stage in the working of the bazaar the monetary prospects were most promising.

His Grace the Duke of Abercorn then proposed the following resolution: "That the Mirus Fete in aid of Mercer's Hospital is deserving of the support of all classes throughout Ireland, inasmuch as the hospital is one of the oldest institutions of its kind, and has been the means during almost two centuries of affording relief to a large and increasing number of patients from all parts of the country, as well as from one of the poorest districts of this city. Lord Justice Fitzgibbon seconded the motion, which was adopted. After a vote of thanks to the Duchess of Abercorn, the meeting came to an end.

Annual Meeting of the Pharmaceutical Society.

At the annual meeting of the Pharmaceutical Society in Ireland, the president, Mr. Beggs, had a very favourable record of progress to bring before the meeting. The number of persons on the Register having risen from 1,483 in 1902 to 1,489 in 1903, and the year was closed with a balance to the credit of the society of £234 4s. 8d. An acrimonious discussion followed, in which Mr. Bernard accused the society of want of diligence in prosecuting offenders under the Sale of Poisons Act, and by way of protest he moved "That the report and accounts be adopted with regret," which was defeated. Mr. Bernard again spoke, urging that the entrusting of prosecutions to the Royal Irish Constabulary was a mistake; but the heat of the discussion had not passed off, and the president called on Mr. Bernard to "speak sense." Dr. McWalter urged that the society should request the Irish Local Government Board to give a preference to Irish-made chemicals and medicinal preparations, and the resolution was passed unanimously, and is reported on English-made paper by an English firm of printers. From some of the speakers on Dr. McWalter's resolution we learn that there are Irish wholesale manufacturers of chemicals and medicinal preparations; it is to be regretted that they do not advertise their wares better.

Royal College of Surgeons in Ireland.

The President, Vice-President and Council will, on Thursday, December 3rd, elect a professor of materia medica in the room of the late Sir George Duffey.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial* and avoid the practice of signing themselves "Reader." "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

CONTRIBUTORS are kindly requested to send their communications, if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland, to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

K. WILLIAMSON.—The anomaly you point out is a curious one, namely that the college you speak of should have the right of granting an honorary fellowship at discretion. The fact that the possession of that particular title is made a compulsory condition of holding certain London and provincial appointments brings the college concerned at once within the range of practical politics. That so unfair a power should be vested in any diploma-granting body speaks volumes for the helplessness of the medical profession generally.

JURYMAN (Liverpool).—The action of lethal doses of aconite is variable, although on the whole it is extremely rapid. It has been known to kill within an hour and a half. In one case an excise officer, who was able to walk from the Custom House over London Bridge, died four hours after taking the poison. In another reported case, a patient was able to walk five miles after taking so large a dose as two ounces of the tincture, of which the average fatal dose is one drachm.

CELERITAS.—Do not buy a motor rashly. It will repay you to make careful and exhaustive inquiries before making up your mind where and what to purchase.

THE VALUE OF SAMPLES (SEQUEL).

To the Editor of "THE MEDICAL PRESS AND CIRCULAR."

SIR—The pup whose bed was made from "Shredded Wheat"
Finding its value soon began to eat
And nothing else he'll take to bite or sup,
In fact he's now a very well "bred" pup,
He was a mongrel so the Judges said,
But now, with Shredded Wheat, he's thoroughbred.

SAMPLE.

THE following appears in one of our exchanges.—Dr. Keeley, of Baltimore, having operated for appendicitis on a millionaire, sent in his bill for 20,000 dols. This sum the millionaire considered too much. Dr. Keeley in reply to his letter wrote "You have been so good as to recognise that I have saved your life. I estimated your life at 20,000 dols. If you consider this too high, put your own valuation on it." The grateful patient sent 5,000 dols.

OBSERVER.—Irish communications and letters must be in all cases sent to the Irish Office, 16 Lincoln Place, Dublin. If you will send your communication there, it will receive attention.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, DECEMBER 2ND.

OBSTETRICAL SOCIETY OF LONDON (20 Hanover Square, W.).—8 p.m. Specimens will be shown by Mrs. Scharlieb, Dr. F. G. Stevens, Dr. R. Andrews, Dr. V. Bonney, and others. Dr. Stevens—Lantern Demonstration on the Fate of the Ovum and Graafian Follicle in Premenstrual Ages. Paper—Mr. J. D. Malcolm. Dr. R. H. Bell and Dr. C. Lockyer.—A Case of Hydatidiform Mole with Bilateral Cystic Disease of the Ovaries and Malignant Invasion of the Muscular Wall of the Uterus, the Patient being quite well two years after Removal of the Parts.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. C. Ryall—Clinique. (Surgical.) 5.15 p.m. Mr. T. Collins—Ulceration of the Cornea.

THURSDAY, DECEMBER 3RD.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road, W.).—8.30 p.m. Discussion on the Present Treatment of Enlarged Prostate (opened by Mr. C. W. Mansell Moullin).

NEUROLOGICAL SOCIETY OF THE UNITED KINGDOM (11 Chandos Street, Cavendish Square, W.).—8.30 p.m. Pathological Meeting. Specimens and Lantern slides will be shown by Dr. M. Clarke, Dr. Harris, Dr. F. Buzzard, Dr. P. Stewart, Dr. Collier, Dr. Fletcher, and Dr. Batten.

CHILDHOOD SOCIETY (Library of the Sanitary Institute, 72 Margaret Street, W.).—8 p.m. Lecture—Mr. A. B. Kingsford—Nutrition and Education.

RONTGEN SOCIETY (20 Hanover Square, W.).—8.30 p.m. Mr. C. E. S. Phillips.—The Production of Photographic Reversal under the Combined Action of Various Radiations.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7 Fitzroy Square, W.). 5 p.m. Dr. T. D. Lister—The Treatment of Phthisis at Home. (Post-Graduate Course.)

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. Hutchinson—Clinique. (Surgical.) 5.15 p.m. Dr. E. G. Little—Tuberculous Diseases of the Skin.

FRIDAY, DECEMBER 4TH.

HOSPITAL FOR DISEASES OF THE THROAT (Golden Square, W.).—4.30 p.m. Dr. Tilley—Diseases of the Nose.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. W. Dodd—Clinique. (Eye.) 5.15 p.m. Mr. M. Gunn—Optic Neuritis.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY (West London Hospital, Hammersmith).—8.30 p.m. Paper—Mr. F. G. Lloyd. Appendicitis.—Dr. Alex. Morison—Boldness in Treatment of Heart Disease.

Appointments.

BALLACHEY, H. H., L.R.C.P.Edin., M.R.C.S.Eng., Certifying Surgeon under the Factory Act for the Heckington District of the county of Lincoln.

JENKINS, A. W., M.B.Lond., Certifying Surgeon under the Factory Act for the Hinckley District of the county of Leicester.

JOHNSTONE, R. J., Physician to the Belfast Maternity Hospital.

JOYNES, FRANCIS JAMES, M.R.C.S., L.S.A., Medical Officer of Health of Dursley (Gloucestershire).

LINDSEY, ERIC C., M.R.C.S., L.R.C.P.Lond., Assistant House Surgeon to the Scarborough Hospital and Dispensary.

ROY, J. ALLAN C., M.B., Ch.B. Victoria, Junior House Surgeon to the Manchester Royal Eye Hospital.

RUBBA, H. H., M.D.Brux., M.R.C.S.Eng., L.R.C.P.Lond., Medical Officer to the Hornsey Division of the General Post Office.

SHANAHAN, T., L.R.C.S.Irel., Certifying Surgeon under the Factory Act for the Kilmacthomas District of the county of Waterford.

Vacancies.

Bournemouth.—The Royal Boscombe and West Hants Hospital. House Surgeon. Salary £80 per annum, with board, lodging and washing. Applications to the Secretary.

Bridgwater Infirmary.—House Surgeon. Salary £80 a year, with board, and residence. Applications to Mr. Edward Trevor, Honorary Secretary, Bank Chambers, Bridgwater.

Carlisle Dispensary.—Resident Surgeon. Salary £150 per annum, with apartments. Applications to G. A. Lightfoot, Esq., 23 Lowther Street, Carlisle.

City of Nottingham.—Poor Law Infirmary.—Second Resident Medical Officer. Salary £120 per annum, with furnished apartments, board, washing and attendance. Applications to G. Muncaster Howard.

Durham County Hospital.—House Surgeon. Salary £120 per annum with board and lodging. Applications to Wm. R. Wilson, Secretary, 68½ Saddler Street, Durham.

Dr. Steevens Hospital.—Visiting Physician. Applications to the Governors and Guardians of the Hospital. (See advt.)

Dr. Steevens' Hospital.—Gynæcologist. Applications to the Governors and Guardians of the Hospital. (See advt.)

Dr. Steevens' Hospital.—House Surgeon. Salary £100 per annum, together with apartments, &c. Applications to the Governors and Guardians of the Hospital. (See advt.)

Galway Hospital.—Resident Medical Officer and Compounder of Medicine. Salary £75 a year. Applications to S. J. Leonard, Clerk to the Board. (See advt.)

Jersey General Dispensary and Infirmary.—Resident Medical Officer. Salary £120 a year, with rooms, gas and attendance. Applications to Honorary Secretary, Infirmary, Jersey.

Nottingham General Hospital.—House Physician. Salary £100 per annum, with board, lodging, and washing in hospital. Applications to the Secretary.

Oldham Infirmary.—Senior House Surgeon.—Salary £100 per annum, with board, residence, and washing. Applications to Rev. Philip Lancashire, M.A., Honorary Secretary, Oldham Infirmary.

Royal Surrey County Hospital Guildford.—Assistant House Surgeon. Salary £75 per annum, board, residence, and laundry found. Applications to the Honorary Secretary at the Hospital.

Sir Patrick Dun's Hospital.—Assistant Physician. Applications to the Secretary. (See advt.)

South Shields Union.—Assistant (Resident) Medical Officer. Salary £200 per annum, with board, residence, washing, and attendance. Applications to J. W. Coulson, Clerk to the Guardians, Union Offices, South Shields.

Shillelagh Union.—Medical Officer. Salary £120 per annum. Applications to J. Hopkins, Clerk of the Union, Clerk's Office, Shillelagh, Co. Wicklow.

Births.

GORDON WILSON.—On Nov. 26th, at 1 Philbeach Gardens, South Kensington, S.W., the wife of Dr. A. Gordon-Wilson, of a son.

SHEPHERD.—On Nov. 6th, at Brackendale House, Arnside, Elizabeth Shepherd, M.B., Ch.B., wife of T. Scott Shepherd, F.R.C.S.Edin., of Rose Bank, Lancaster, of a daughter.

Marriage.

NEWTON—EBDEN.—On Nov. 4th, at the Mission Church, Ludhiana, Henry Martyn Newton, Esq., Surgeon to the Hospital, Jalalpur, to Alice Mary Ebden, M.B., Ch.B.Edin., daughter of Col. F. T. Ebden, Indian Army (Bombay), of 13 Lansdowne Road, Bedford.

Deaths.

KIRBY.—On Nov. 24th, at Cerne Abbas, Bournemouth, Emma Friedrieka, widow of the late Edmund A. Kirby, Esq., M.D., in her 80th year.

MACAULAY.—On Nov. 29th, at 4 Wynnstay Gardens, Kensington, Fanny, widow of James Macaulay, M.A., M.D., and daughter of the late Rev. George Stokes, vicar of Hope, Staffordshire, aged &c.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVII. WEDNESDAY, DECEMBER 9, 1903. No. 24.

Original Communications.

THE EFFECT OF THE MIDWIVES ACT, 1902, ON IRISH TRAINING INSTITUTIONS AND NURSES. (a)

By ALFRED J. SMITH, M.D.R.U.I., F.R.C.S.I.,

Gynæcologist to St. Vincent's Hospital, Dublin; Professor of Midwifery, Catholic University, Dublin, &c.

GENTLEMEN,—I take this opportunity of tendering, on behalf of the Obstetric Section, our congratulations to Sir Arthur Macan for the honour conferred upon him by King Edward VII. We recognise that it was an honour well won. His worth is well known to us all. As the pioneer of rational gynæcology alone, he deserved well of his country.

I wish especially to draw your attention to the grave injustice that has been done to our midwifery hospitals and to our Irish trained midwives by the regulations drawn up by the Central Midwives Board, under the Midwives Act of 1902, and published on August 12th, 1903. I am not concerned with the details of the prolonged controversy which preceded this enactment, but I am concerned with what I consider an unwarrantable and unjustifiable slight on our Irish maternities—unwarrantable because uncalled for—unjustifiable because the training of Irish midwives is far superior to that required under the new Act.

I claim for myself to be in an exceptional position to speak on the subject. I have no official connection with any of these institutions, and can, therefore, speak with perfect freedom, in the hope that, by ventilating this grievance, justice may be done.

The general principles of the Act are five in number:—(*a*) That every midwife must be trained in strict accordance with the Act; (*b*) that she must pass an examination held by the Central Midwives Board; (*c*) that she must be cleanly in her person and attentive to her patient; (*d*) that she must not undertake the management of cases of abnormal labour; and (*e*) that she must keep careful record of all cases which she attends; principles that are in themselves excellent. It is with the details I find fault. In regulating the course of training the first Clause is:—*No* person shall be admitted to an examination unless she produce certificates that she has undergone the following course of training:—

1. She must have attended and watched the progress of not fewer than twenty labours, making abdominal and vaginal examinations during the course of labour and personally delivering the patient. (Schedule, Form III.)

2. She must have, to the satisfaction of the person certifying, nursed twenty lying-in women during the ten days following labour. (Schedule, Form IV.)

The certificates as to (1) and (2) must be in the form prescribed by the Central Midwives Board, and must be filled up and signed either by a registered medical practitioner, or by the chief midwife, or, in the absence of such an officer, by the matron of an institution recognised by the Board, or, in the case of a Poor-law institution, by the matron being a midwife certified under the Midwives Act, or a superintendent nurse certified in like manner, and appointed under the Nursing in Workhouse Order, 1897, and attached to such an institution, or by a midwife certified under the Midwives Act, and approved by the Board for the purpose.

3. She must have attended a sufficient course of instruction in the subjects named below:—

No period of less than three months shall be deemed sufficient for the purpose.

The above certificates must be in the form prescribed by the Central Midwives Board, and must be filled up and signed by a registered medical practitioner recognised by the Board as a teacher. (Schedule, Form V.)

Will it be believed that the very first clause relating to the training has the effect of rendering any nurse who has been trained at our great Irish maternity hospitals ineligible?

The fact remains that a woman who spends three months in acquiring a knowledge of midwifery "under supervision satisfactory to the Central Midwives Board" will be eligible for admission to the roll, while a nurse who has spent six months in our world-renowned hospitals is not only ineligible, but considered unfit even to present herself for examination. The provisions in the Clause which shut out nurses trained in Irish hospitals are two in number:—In the first place it is made mandatory that she must attend and personally deliver twenty cases of labour; in the second place, she must nurse twenty cases for ten days after confinement. It is impossible for hospitals such as the Rotunda, the Coombe, the Holles Street, in Dublin, to give twenty cases to a nurse for personal conduction; because, to do

(a) Read before the Obstetric Section, Royal Academy of Medicine in Ireland, November 27th, 1903.

so would necessitate doubling the size of the hospitals. It is equally impossible to enable a woman to nurse the patient for ten days following labour, because the patient leaves the hospital at the eighth day, and would not remain longer even if the hospital authorities could keep her.

HOW IRISH MIDWIVES ARE TRAINED.

Of the thirty-eight lying-in hospitals situated in Great Britain and Ireland, Queen Charlotte's, London, is the only one that at all approaches in size our three great maternities. We have, as is well known to you, three lying-in institutions, each holding a Royal Charter for the express object of training, examining and certifying midwives :—The Rotunda, whose Charter was granted over one hundred and forty years ago ; the Coombe, whose Charter was granted in 1867 ; and the National, of Holles Street, which received its Charter in 1903.

The course prescribed by our maternities for the training of pupil midwives is practically on the same lines.

The period of study is six months (or for those who give evidence of three years' satisfactory training in an approved general hospital, three months), at the conclusion of which time, if they have done their nursing to the satisfaction of the lady superintendent, they are examined as to competency before the Master and assistants, at which they must receive not less than 50 per cent. of marks.

The pupil midwife must have attended a theoretical course of lectures by the Assistant Master, and she must have been present at the clinical lectures delivered in the wards, where modern methods of examination are taught, and conduction of labour is practised under the most approved principles. Special instruction by the matron or staff sister is given on purely nursing duties, such as the preparation of the beds for the patient, the bathing and feeding of the infants, and on the important matter of invalid cooking.

We all know the raw unpromising material the majority of expert midwives are made of. Can anyone in reason compare a midwife trained after the Irish system with a nurse certified by a midwife approved of by the Central Midwives Board, who spends only three months in acquiring a knowledge of midwifery ?

The excellence—nay, the necessity—of our Irish system keeps women who have had no previous training as nurses, who have, on the contrary, septic ways, continually under observation and training, till the doing of things right becomes a second nature. If such a woman before she is trained passes under the influence of a nurse of strong personality who sneers at innovations or established methods, there is no limit to the harm that may be done.

I agree with Professor W. J. Sinclair, a member of the Central Midwives Board, that the first object to be gained in the training of midwives is to provide the best possible nurse for lying-in women of the poorer classes of the community, in order to prevent not only childbed accidents, but mortality. Of childbed accidents the public are but too well aware, but of the mortality the public know little or nothing. The philanthropic visitor vaguely comprehends it. It is the gynæcologist who knows it in detail. The chronic sickness following an infection or accident of childbed is too often the source of impoverishment and distress in families of working men, who would be otherwise comfortable and independent on a living wage.

A good midwife, then, I take it, must be able to conduct a normal labour, to recognise abnormal conditions, be aseptic in her habits and ways, kind and attentive to the patients under her charge.

Under which system, I ask you, can this ideal nurse be trained, whether the six months' hospital system required by our Irish Chartered institutions, where the confinements that come under notice can be counted in hundreds, or the three months' midwifery system required by the Central Midwives Board ? I do not think there can be any doubt that the answer will be—the Irish system.

Is this injustice to Irish institutions and midwives intentional ? I leave the expression of opinion to you.

In March of last year, 1902, the Royal College of Physicians of Ireland drew attention to the serious injury which would be inflicted upon Irish training institutions should the Midwives Bill, then before Parliament, be enacted in its present form. The promoters of the Bill gave, during the Committee stage of the Bill, the assurance to those interested in the Irish hospitals that nothing would be done that would interfere with the rights of Irish trained midwives. And this is how that assurance is carried out.

Irish institutions, although not excluded by name, are asked to do what is impossible.

The Dublin midwifery hospitals are, and it is in no boastful spirit that I say it, among the first midwifery hospitals in the world—offering advantages to both students and midwives that cannot be obtained in any hospital in the United Kingdom. We have held this proud position for over a century, attracting men from all parts of the civilised world. As an instance of the place it holds in the minds of outsiders, in the American guide book to students, Dublin is recommended as *the* place to study midwifery.

Viewing the matter how one may, to my mind there is only one conclusion justifiable, namely, that nurses trained for six months in Irish midwifery hospitals are far superior to the average woman who will present herself for examination after having fulfilled the three months' midwifery tutelage required by the Central Midwives Board.

The present regulations of the Central Midwives Board act, as I have pointed out, unfairly and harshly against our midwifery institutions and their trained midwives.

It may not be generally known that a considerable number of English women have up to this availed themselves of the many advantages to be obtained in our midwifery hospitals, and have elected to be trained there ; and that many Irish nurses leave Ireland every year to practise among their kith and kin in England. Now this must all stop because our maternities cannot honestly comply with the regulations as required by the Central Midwives Board.

My point, and I hope, gentlemen, you will agree with me, is that nurses who have obtained their certificates from our three Chartered hospitals shall be at least entitled to be admitted to the examination of the Central Midwives Board without having to spend a further three months in England. I am glad to see so many representative obstetricians present, and, contrary to the usual custom, I invite a discussion on my address in the hope that more light may be thrown on this important subject, and that a way may

be pointed out to secure a modicum of justice to our Irish Chartered hospitals.

THE PHARMACOLOGY OF THE SAPONINS,

ILLUSTRATED BY DIAGRAMS AND TRACINGS SHOWING THE EFFECT OF VARIOUS SAPONINS UPON THE MUSCLES, BLOOD-VESSELS, AND ISOLATED HEART. (a)

By Professor R. B. WILD, M.D., M.Sc., M.R.C.P.Lond.,
Lecturer on Materia Medica, Owens College, Manchester, &c., &c.

The saponins form a group of glucosides which are widely distributed in the vegetable kingdom, and have been found in over 150 species of plants, of which the most important are the Quillaia saponaria, which is official as to the bark; the Saponaria officinalis, or soap-wort; the Cyclamen Europeum, or sow-bread; the Agrostemma githago, or corn cockle; the Palygalla senega, the Hemidesmus indica, the Digitalis purpurea, and the various species of smilax known as sarsaparilla. Though known from the early part of the nineteenth century, our knowledge of the constitution and actions of the various saponins is largely due to the work of Kobert and his pupils at Dorpat during the last twenty years. They find that most of these bodies belong to a series having the general formula, $C_nH_{2n-8}O_{10}$, and the more important seem to have the "n" equal to 17, 18, 19, or 20. Some of these bodies form salts with alkalies, and all may be decomposed by hydrolysis into glucose and pharmacologically inactive bodies, to some of which the name sapogenin has been given.

The saponins themselves vary greatly in their pharmacological activity; the most powerful are called sapotoxins, and under certain conditions they may be converted into inactive saponins without losing their other properties, such as the power of causing frothing in watery solutions (from which the name of "saponin" was derived) or that of forming emulsions.

Kobert has shown that in quillaia bark there are two active saponins, quillaiac acid, and quillaia-sapotoxin; and an inactive substance, lactosin. The two former are general protoplasmic poisons and direct local irritants. When administered by the mouth in sufficient doses they act as irritant poisons, but are not absorbed when there is no lesion of the mucous membrane. Administered subcutaneously or intravenously, small doses produce death. When locally applied they cause paralysis of muscular tissue and of the isolated heart, and even in minute doses have a peculiar action on the blood which results in destruction of the red blood corpuscles and laking.

A more detailed study of the action of these saponins, which has been carried on in the Pharmacological Laboratory of the Owens College, shows, however, that the paralysing action upon muscular tissues is preceded by a variable period of irritant action, and that even a very dilute solution is able to produce some spasm of all contractile tissues.

An isolated muscle of a frog is killed by a 1 in 10,000 normal salt solution of quillaia saponin in two hours, with considerable contracture, and the action can be traced even in a dilution of 1 in 100,000.

One of the most marked actions of all the saponins we have so far examined is their power of causing contraction of the blood-vessels in the tortoise and frog after destruction of the brain and spinal cord. A normal salt solution, containing 1 in 50,000 of either quillaiac acid or sapotoxin will cause an almost complete stoppage of the flow within a few minutes. On the isolated frog's heart in Roy's apparatus a most characteristic effect is produced; the beats become quicker, there is a fall in the height of contraction but a more marked diminution in the degree of relaxation, so that the heart remains in a partially contracted state and gives small regular beats without becoming fully relaxed. If the solution of the saponin is a strong one it will stop quickly in a contracted state, but if weaker the muscle becomes gradually paralysed and the heart finally dies in a diastolic condition. This characteristic reaction may be traced even in a solution containing only 1 in 500,000 of the saponin. Weaker solutions usually cause irregularity and paralyse the heart muscle without any contracture. The infusion and tincture of quillaia act in exactly the same manner as the active principles, but with very dilute solutions of the latter a distinction can be found between the effect of quillaiac acid, which causes more spasm, and quillaia sapotoxin, which causes less spasm but is more toxic.

A number of experiments were detailed to show the effect of the digestive ferments upon the quillaia saponins, and also to trace their excretion from the body. With respect to other drugs, senega and sarsaparilla preparations, digitalis infusion, and digitonin have given similar, though weaker effects.

In view of the toxic properties of quillaia it is most desirable to consider whether the growing practice of using preparations of this drug as a supposed harmless emulsifying and suspending agent is justifiable. Certainly they ought never to be used if there is any reason to suspect a lesion of the gastric or intestinal mucous membrane, as is so often the case where bismuth or rhubarb mixtures are given, and to which quillaia is, I believe, sometimes added, even when not ordered in the prescription. It would be worth trying whether some inactive saponin, such as the so-called baryta saponin, could not be used for this purpose in place of the more toxic preparations.

A second point worthy of further clinical investigation is the question of the value of the saponin-containing drugs in the treatment of tertiary syphilis. Soap-wort, hemidesmus, sarsaparilla, and quillaia have all enjoyed more or less reputation for this purpose, and from the results of certain experiments we have made as to the activity of sarsaparilla there seems reason to suspect that the crude drug deteriorates by keeping, and that old samples may be entirely inert.

A third point is that it is hardly correct to speak of the saponins as antagonists to digitalis or of digitonin as an inert saponin. There is, in fact, a considerable resemblance between the actions of digitalis and saponin as regards the slowness of absorption, the power of contracting vessels, and the spasmodic contraction of the cardiac muscle, though the slowing of the beat and the prolongation of systole produced by digitalis are not seen as the effect of saponin. The infusion of digitalis

(a) Read at a meeting of the Therapeutical Society, Tuesday, November 24th, 1903.

and digitonin in our experiments has given tracings showing the characteristic saponin action on the heart, and while the fresh infusion is considered by many clinicians to be the best preparation of digitalis, it is worth remembering that digitoxin is insoluble in water, and that the evidence that it may be dissolved by the very soluble digitonin, as assumed in some text-books, is inconclusive. This important question is now under investigation.

THE BOTANY OF THE INDIAN ACONITES. (a)

By DR. O. STAPF, Ph.D.,
Principal Assistant, Royal Gardens Kew.

INDIAN aconites are mentioned in some of the oldest Sanskrit pharmacopœias. Their reputation as powerful poisons and therapeutical agents spread early to the medical schools at Alexandria and Bagdad, and has continued through many centuries down to the present in the Persian and Indian pharmacopœias. The first attempts to trace those drugs to the plants that yield them were made by Buchanan, Hamilton, and particularly by Wallech, in the beginning of the last century. The Indian aconites come under two categories, *viz.*, poisonous and non-poisonous species. The active principles of the former are allied and similar in their physiological effect to the aconitine of the European Aconitum napellus, whilst the latter are used essentially as tonics. Of both kinds it is the tuber-like roots which are sold in the drug shops of India. The poisonous tubers are generally known as "Bish," or "Bick," from "Visha," Sanskrit for poison. They are brought to the plains of India from the sub-alpine and alpine regions of the Himalaya almost throughout its length, but principally from the Central parts, that is, from the Sutlej River to Sikkim, and, above all, from Nepal. In 1818-19, Wallech procured from native collectors complete specimens of an aconite said to be the Bikh plant of the Nepalese, and two years later he collected it himself on Seepore mountain, to the north of Katmandu. He sent specimens to Europe, and some of them were described as A. ferox by Seringe, of Geneva. Subsequently he received more specimens from Nepal, Kumaon, and Sernoor, all stated to be Bikh plants. Unfortunately, though aware of certain structural differences, he conjectured that they were all states of A. ferox, due to different conditions of habitat. His assumption remained practically unchallenged, and A. ferox became as vague and general a term as the vernacular "bish." Certain discrepancies in the chemistry of different samples of A. ferox which Professor Dunstan examined, led to the critical revision by Dr. Stapf of the herbarium material of the so-called A. ferox at Kew, Calcutta, Edinburgh, &c., with the result that it proved to be a collection of species. At the same time, Professor Dunstan's researches, which were carried on independently, have shown that several of those components of the old A. ferox are also chemically distinct, yielding distinct alkaloids. Dr. Stapf pointed out that the original A. ferox which Seringe described has not been collected again since Wallech, nor do its roots seem to occur in commerce, so that accordingly nothing is known about its chemistry. The so-called Nepal aconite, as it was imported into England in the fifties or sixties, was A. spicatum (A. ferox, var. spicatum Bruhl) from Nepal and Sikkim. It yields, no doubt, the bulk of the "Bikh" of the Calcutta bazaars. West of Nepal, Kumaon possesses an aconite from which a considerable portion of the "Bikh" of the North-Western Provinces is derived, the A. Balfourii (A. ferox of J. Balfour, not of Seringe) and the A. ferox, var. atrox, and partly variety polyshizum of Bruhl, whilst Garwal and Bashahr produce another species, A. demorrhizum (A. ferox, var. atrox Bruhl) partly, the roots of which are likewise collected and used in a similar way. Comparing those species with Professor Dunstan's table of Indian aconite alkaloids, we find that A. spicatum is characterised by Bikhaconitine, A. Balfourii and A. demorrhizum by Pseudaconitine. The roots of another poisonous aconite have been sold for a considerable time in the Punjab. They come from the mountains north of Peshawar, and were referred erroneously to A. napellus. They belong, however, to a very distinct species, A. chasmanthum, A. napellus, var. Bruhl, characterised chemically by the new alkaloid indacotine; whilst the true Aconitum napellus has so far not been observed in India.

Dr. Stapf referred finally among the non-poisonous species to one which is particularly interesting as being the source of the reputed Judum Kuthar, the "zedoar" of the ancients, a famous and highly prized antidote. It is only known from its tubers, which in every respect resemble those of A. heterophylloides (A. ferox, var. heterophylloides Bruhl), a species found in East Nepal and Sikkim. There are over twenty distinct species of aconitum in India, so that Professor Dunstan has still a wide field before him in working out their chemistry.

(a) Paper read at a meeting of the Therapeutical Society, Tuesday, November 24th, 1903.

AGORAPHOBIA AND SOME ALLIED CONDITIONS. (a)

By A. L. HUSBAND, M.B., C.M.Edin.

AFTER defining the three conditions known as agoraphobia, claustrophobia, and acrophobia, and giving an epitome of literature on the subject, Dr. Husband related cases he had met with and studied during a period of over seven years. In all some forty cases had been collected, and the following generalisations formed from them :—

1. In all the cases of agoraphobia and claustrophobia there were errors of refraction.

2. That in cases of neurasthenia and hysteria these conditions do not obtain if refraction be normal naturally, or rendered so by proper correction.

3. That all three conditions became exaggerated immediately any low state of general vitality was encountered, and were frequently detected when treating this condition.

After carefully going into the probable etiology of the conditions from the optical, physiological, anatomical and physical standpoints, he draws the following conclusions :—

1. Agoraphobia, claustrophobia and acrophobia are more or less allied conditions attributable to analogous causes.

2. Agoraphobia and claustrophobia are directly

(a) Abstract of paper read at the Sheffield Medico-Chirurgical Society, November 19th, 1903.

determined by errors in the visual apparatus—chiefly refractive. The former is usually associated with myopia, and the latter with hypermetropia. Astigmatism and asthenopia may be associated with either.

3. Acrophobia is generally due to (*a*) lack of training and experience in the visual measurement of distance in the downward direction; (*b*) loss of acquired power sequential to some condition of lowered vitality, *e.g.*, anæmia, neurasthenia, senility.

4. Agoraphobia and claustrophobia, but not acrophobia, are most common in persons of neurotic temperament and tendencies.

5. Neurasthenia and similar conditions do not necessarily cause any of these conditions, nor are these conditions always characteristic of neurasthenia; but neurasthenia, plus refractive errors, usually causes either agoraphobia or claustrophobia.

6. All the conditions become much exaggerated under any low state of health.

The Out-Patient Departments.

METROPOLITAN HOSPITAL.

Some Cases of Tabes Dorsalis.

By W. Langdon Brown, M.D., M.R.C.P.,
Assistant Physician to the Hospital.

Case I.—A man, æt. 32, came complaining of attacks of vomiting and of shooting pains in the legs for the last five years. Eight years ago he had syphilis. He had the Argyll-Robertson pupil, but his optic discs were natural. His gait was not ataxic, though he found it difficult to toe and heel a line, and on standing with his eyes closed he reeled slightly. His knee-jerks were absent. There was no definite incontinence of urine, but prolonged dribbling at the end of micturition. On testing his sensation a characteristic symptom was noted. Although he located tactile sensations accurately and detected the difference between a pin-prick and the touch of a finger, he was quite analgesic both on the arms and the legs. A double fold of skin could be transfixed by a pin without causing any pain.

Case II.—A woman, æt. 48, came complaining of severe pains in the abdomen and shooting pains in the legs. The right eyelid drooped, her pupils were contracted and presented the Argyll-Robertson phenomenon. The right optic disc was irregular on the inner side. There was no ataxia, but she could not toe and heel a line. The knee-jerks were absent. There was occasional incontinence of urine. As in the former case there was marked analgesia both on the arms and the legs. Transfixion of the skin was quite painless.

Remarks.—In both these cases in the pre-ataxic stage two points are worthy of special notice. Dr. Risien Russell has laid great stress on the early occurrence of analgesia. This, he says, is often overlooked because the patient distinguishes correctly between the touch of a feather and the prick of a pin. He does so because the area stimulated is so different in extent and not because the pin-prick is painful, for even transfixion of the skin by the pin causes no pain. It is usually considered that the arms are not affected till late in the disease, yet the arms of both these patients were analgesic.

I have never failed to find areas of analgesia in this way in tabes dorsalis, although no anæsthesia could be made out in the ordinary way. When analgesia is present on the trunk it is very suggestive. Quite lately I saw a case where the analgesic area was round the umbilicus.

The second point of interest is the gastric disturbance. That the true cause of vomiting may be overlooked by skilled observers was impressed upon my mind by seeing a patient who had twice had his pyloric sphincter dilated for paroxysmal vomiting. The operations were unsuccessful, and naturally so, for examination showed he had locomotor ataxy, and the vomiting was due to gastric crises.

Gastric crises are usually the only ones to occur early in the disease, but I saw a case under the care of Mr. Bowlby where laryngeal crises so severe as to necessitate tracheotomy proved to be the first symptom of locomotor ataxy.

Case III.—A man, æt. 40, came on May 7th, complaining of a suppurating corn on the right foot which had the appearance of a perforating ulcer. He had a "girdle sensation" sometimes, and occasional "moving pains" in the legs. Twenty years ago he had syphilis. His pupils reacted normally to light and to accommodation, and the optic discs were normal, There was no ataxia on ordinary movements, but he could not toe and heel a line, and he swayed slightly on standing with closed eyes. He found it difficult to turn quickly. His knee-jerks were absent. There was occasional incontinence; the urine contained no sugar.

On May 14th he had much swelling of the left thigh and knee, which pitted on firm pressure, and enlargement of the veins right up to the pelvis. The swelling was quite painless.

On May 28th the left knee-joint was unduly mobile, and could be displaced laterally. The articular surfaces could be felt to slip. He now had the Argyll-Robertson pupil.

Remarks.—The interest of the case lies in the development of both the Argyll-Robertson pupil and Charcot's disease of the knee within the three weeks this patient was under observation. Painless swelling of the whole limb is the typical mode of onset of Charcot's disease. It is usually considered a late complication of tabes, but Charcot himself maintained that it occurred most commonly in the earlier stages and before the onset of ataxia, as it did in this case.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—XXIII.

[by our special medical commissioner.]

FRITTON SANATORIUM, NORFOLK.

Norfolk is an excellent county for a summer station, but popular opinion does not view it with conspicuous favour as an all the year round resort for the invalid. Its general surface is undulating, and there is but little shelter from exposure to winds, and those from the east and north-east are certainly often very trying except to those in vigorous health. Considerable cold is experienced, especially in winter and early spring. The air, however, is clear and dry, and but little fog occurs; the rainfall is comparatively low, much sunshine is enjoyed, and the climate is bracing.

It is firmly held by not a few that East Anglia presents many features suitable for the hygienic treatment of pulmonary consumption. Certainly several sanatoria have been established in this district, and are accomplishing much good work.

As we have already shown in this series of articles, there is now no lack of admirable sanatorium accommodation in this country for consumptives belonging to the wealthy and well-to-do classes; but for those of slender means it is at present exceedingly difficult to find desirable institutions.

Efforts are being made to meet this want at least in some measure by the establishment of what may be, perhaps, best termed hygienic homes.

An excellent example is to be found at The Beeches, now known as Fritton Sanatorium, Long Stratton, in Norfolk, and conducted by Dr. Mary Smith. The building is a picturesque and old-fashioned farm-house, which, without much structural alteration, has been modified to meet modern requirements for a so-called "natural" treatment of consumption. The house stands on gravel subsoil, is moderately sheltered, and the rooms, although necessarily somewhat of ancient form, seem to have been wisely arranged. We inspected the apartments and grounds devoted to the

patients. Accommodation can be provided for five or six patients, and, of course, comparatively early cases are desired.

There is a large, pleasant and well-sheltered garden with revolving shutters, in which the patients spend much of their time, and here meals in some instances are also served. As far as possible the patients spend the whole day in the open.

Dr. Mary Smith, the resident physician, personally supervises the details of treatment for each individual case; and as the number of cases is small, the comfort, convenience and medical care of every patient should be thoroughly satisfactory. The matron is a trained and experienced nurse. Fritton Sanatorium has been opened for two years.

After a careful inspection of the establishment and inquiry into the manner and method of its conduct, we are of opinion that the treatment may be considered efficient and the accommodation comfortable.

We were informed that the ordinary routine of the day consists of breakfast at 8.30, followed by rest for one and a half hours, regulated exercise from 10.30 to noon, lunch at one o'clock, with an hour's rest before and after. Exercise is taken when possible in the afternoon, and dinner is at 7 o'clock. Temperatures are taken three times a day by the oral method.

The Beeches occupies a somewhat isolated situation. It is four miles from Forncett Station, which is on the main line of the Great Eastern Railway, ten miles from Norwich, and one hundred from London, but can be reached by certain trains in about two and a half hours from Liverpool Street. By arrangement, a carriage will meet any train. The telegraphic address is "Beeches, Hempnall." The full postal address is "Fritton Sanatorium, Long Stratton, R.S.O., Norfolk."

The terms, as we have already indicated, are intended to meet the wants of those to whom financial considerations are of importance. The fees are from two to three guineas a week, inclusive of everything except personal laundry.

We think by the addition of a few suitably constructed bungalows or sleeping shelters the work of the establishment might be advantageously extended. It would probably add to the popularity and usefulness of the sanatorium if arrangements were made whereby regular inspections were made by a visiting physician.

Hygienic homes, such as the Fritton farm-house sanatorium, may well be multiplied in various parts of the country, so not only securing rational treatment for many needy cases, but fulfilling an important function in educating, in some measure at least, the non-progressive and essentially non-hygienic rustic of this land.

Transactions of Societies.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD FRIDAY, NOVEMBER 6th.

The PRESIDENT, DR. SEYMOUR TAYLOR, in the Chair.

DR. HERBERT TILLEY showed (1) a case of chronic suppuration of accessory nasal sinuses cured by operation. The patient, an unmarried woman, æt. 41, had suffered from profuse purulent nasal discharge for about ten years, the condition following upon an attack of enteric fever. For about five years headache had often been so severe as to preclude the performance of her duties as a professional nurse, while mental apathy and inability to concentrate her mind upon her work had been a more or less constant symptom. During this time polypi had on several occasions been removed from the nasal cavities without producing any effect on the discharge from the nose. On January 12th of this year Dr. Tilley operated on both frontal sinuses by completely removing the anterior wall, curetting away the polypoid pyogenic membrane and making a large opening into the nose by way of the fronto-nasal canal. The ethmoidal and sphenoidal cavities were also dealt with at the same time by curettage. On January 28th the maxillary antra were opened through the canine fossa, the diseased contents curetted away, and the sinus cavity mopped out with chloride of zinc solution (gr. 40 ad ℥i) and lightly packed with bicyanide gauze. At the end of twenty-four hours the gauze was removed and not reinserted, the antral cavities being irrigated with warm boracic lotion, dried and left alone. No opening was made from the antra into the nose. The healing process was carefully watched, and just before the openings in the canine fossæ closed it could be demonstrated that the antral cavity was practically full of organising granulation tissue. The patient has now been free from any discharge for over seven months, her general health has been better than it has been for years, and she has increased 17lb. in weight. There is practically no scarring over the frontal sinus regions.

The PRESIDENT considered that the chief interest in the case, apart from the extensive and general suppuration of the accessory sinuses, lay in its association with enteric fever, and referred to the extremely varied nature of the complications and sequelæ of that disease.

Replying to a question by Mr. GARRY SIMPSON, Dr. TILLEY stated that he did not consider that the suppuration had been started by the typhoid bacillus. Probably the antra were suppurating before the onset of the enteric fever, and the low state of health induced by that disease brought about a rapid infection of the other accessory nasal sinuses.

Dr. HERBERT TILLEY showed (2) a case illustrating an operative procedure for the relief of almost complete adhesion between the soft palate and the posterior pharyngeal wall, the result of tertiary syphilis. The adhesion was so complete that only a small probe could be passed from the oro- to the naso-pharynx. The patient, a girl, æt. 23, had been operated on twice previously, but re-adhesion had occurred on each occasion. After a preliminary laryngotomy Dr. Tilley completely divided the adhesions between the palate and the pharynx. A strong silver wire was then passed from before backwards through the soft palate close to its junction with the hard palate, about half an inch from the middle line. The distal end of the wire was then made to repierce the soft palate close to its free margin and from behind forwards, so that a short segment of the wire rested on the posterior surface of the soft palate. The free ends of the wire were then passed from behind forwards, one upon each side of the root of an incisor tooth, firm traction exerted on the palate, and the wires twisted upon one another and cut off short in front of the tooth. A similar procedure was adopted on the other side of the palate. The wires were cut out in about a fortnight, and by that time the raw surfaces (corresponding to the previously adherent areas) had become practically covered with epithelium, and hence no re-adhesion took place. Replying to Mr. MCADAM ECCLES, Dr. TILLEY stated that he had closed the laryngotomy wound at once. A certain amount of subcutaneous emphysema followed, affecting the right side of the face and neck, but this disappeared in about a week.

Mr. MCADAM ECCLES showed a case of sarcoma of the os pubis occurring in a girl, æt. 11. Four months previously pain in the right leg, chiefly in front of the knee, had been complained of. At that time there was no abdominal swelling. When the swelling appeared operation was advised, but declined, and the tumour had rapidly increased in size. The patient was fairly well nourished and could stand and walk without discomfort. In the hypogastric region there was a large globular swelling, hard, fixed and somewhat overlapping the body of the os pubis. Part of the tumour to the left side was softened. The inguinal glands were enlarged. Rectal examination showed that the uterus was displaced backwards, and projected against the anterior wall of the rectum. There had been no interference with micturition or defæcation, and the temperature had remained normal. The tumour was of such a size that operative procedure seemed out of the question, and Mr. Eccles was unable to advise treatment by Coley's fluid or serum injection.

Dr. FURNISS POTTER showed a case of radical mastoid

operation in which rapid healing took place without skin grafting. The patient was a girl, æt. 14. Operation was rendered urgent by the supervention of acute or chronic middle ear trouble. The operation was performed with great ease, the outer bony wall of the antrum being much softened. The case did well until the eighth day, when a severe attack of erysipelas, lasting eighteen days, occurred. Thereafter the patient made a good recovery, and two months after the operation healing was complete. Dr. Potter considered this an unusually good result, and quoted Mr. Ballance's statement (*Lancet*, April 11th, 1903) that the average time necessary for complete healing in cases similarly treated is six to seven months.

Dr. E. A. Saunders showed a case of rickets with anæmia and great enlargement of the spleen. The patient, a boy, æt. 9, had been admitted to hospital five weeks previously, complaining of abdominal pain and shortness of breath. The most striking features of the case at that time were an intense anæmia together with very great enlargement of the spleen, and, to a less degree, of the liver. The head was large and square, with marked bossing of the temporal and parietal regions. There had been no recent illness and the family history showed nothing of importance. On examination of the blood the anæmia was found to be of simple type, the red corpuscles being 1,780,000 and the white 5,000 per c.mm. The hæmoglobin was about 40 per cent. The spleen reached to the middle line well below the umbilicus, and the liver could be felt 2½ inches below the costal margin. There was no lymphatic enlargement, no purpura, no hæmorrhages, no œdema and no rise of temperature. Under a tonic treatment consisting of arsenic, iron, and cod-liver oil, together with good food, the improvement was extremely rapid. The red blood corpuscles had increased to 3,880,000 and the white to 8,000 per c.mm., and the hæmoglobin had risen to 75 per cent. The anæmia had practically disappeared, and both the liver and spleen had decreased in size.

Dr. Dudgeon urged the importance of a complete examination of the blood with differential count of the leucocytes, in such cases, and referred to the fact that the enlargement of the liver and the spleen might be more apparent than real.

Mr. Keetley showed (1) a case of extensive contracture after severe burns; (2) case of carotid aneurysm in a woman.

THERAPEUTICAL SOCIETY.

At the general meeting held November 24th, at the Apothecaries' Hall, Professor R. B. Wild read a paper on "The Pharmacology of the Saponins," illustrated with diagram and tracings, which will be found on page 635.

Professor Wyndham Dunstan, F.R.S., gave an account of the chemical investigations now proceeding at the Imperial Institute at the instance of the Government of India, of the various Indian aconites and their alkaloids. The properties of the three distinct alkaloids which had been isolated from the three characteristic aconites known in European medicine were first noticed: Aconitine from Aconitum napellus, japaconitine from Aconitum japonicum, or Fischeri, pseudaconitine from the Aconitum ferox, usually found in European commerce. These three alkaloids, though chemically different, belong to the same type, and exert a physiological action which only differs in degree. The Indian aconites, varieties of Aconitum napellus and Aconitum ferox, which have been so far examined by Professor Dunstan and Mr. Andrews have furnished pseudaconitine and two new alkaloids, which have been named indaconitine and bikhaconitine. In chemical properties and physiological action and toxicity the new alkaloids closely resemble pseudaconitine. The botany of these aconites has been studied at Kew by Dr. Stapf, and the physiological actions of the alkaloids they have furnished by Professor Cash F.R.S. A descriptive paper by Dr. Stapf will be found on page 636.

NORTH OF ENGLAND OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.

Meeting held at Sheffield, November 20th, 1903.

Dr. J. E. Gemmell, President, in the Chair.

Specimens.

Dr. John W. Martin (Sheffield) showed some rounded bodies removed from a single woman, æt. 41, in whom an exploratory incision revealed a large fibroid tumour. Its surface and that of the peritoneum generally were studded with these bodies, which varied in size from a pea to a small Tangerine orange. Some of them were removed, and the abdomen was closed. There was no ascites.

Professor Arthur Hall (Sheffield), who examined the tumours, said that they possessed distinct capsules out of which the contents could be shelled. Within the capsule were others, and in the interspaces lay large oval pigmented bodies like the cells of melanotic sarcoma. Regarding the nature of these, the appearance suggested hydatid, but they were manifestly actively growing, and showed no evidence of hydatid. They might be ova or deposits of pigment, but he had an open mind as to the precise nature of the growth.

The President asked if hooklets had been found.

Dr. R. Favell (Sheffield) said he had been present at the operation. The main growth was an ordinary fibroid tumour, and in his opinion unconnected with the smaller growths, which, he thought, sprang from the peritoneum.

Dr. Lloyd Roberts (Manchester) inquired if emaciation was present.

Dr. Martin, in reply, said no hooklets had been found, nor was emaciation present. The fibroid was about the size of a man's head.

Dr. W. Walter (Manchester) showed (1) ovarian cyst with pedicle twisted two and a half times, without change in cyst wall or contents. (2) Fibroma of uterus removed by supra-vaginal hysterectomy. It was interstitial in position, and its connections did not allow of enucleation. (3) Multiple fibromata of uterus, extending, involving lower uterine segment, as well as fundus. Supra-vaginal hysterectomy was rendered difficult by the existence of pelvic impaction.

Cases.

Dr. T. B. Grimsdale (Liverpool) read notes of a case of sloughing submucous fibroid of the uterus projecting through the cervix, treated by abdominal hysterectomy, and showed the specimen.

The President remarked that on the question of the route employed, the choice must lie with the operator. He thought he would have adopted the vaginal route in this case.

Dr. W. Walter said the keynote was the size of the vagina. When the latter was small he considered that the risk was less if laparotomy were carried out. He asked whether in Dr. Grimsdale's case it would not have been better to remove the sloughing part of the tumour *per vaginam* in the first instance, and then proceed *per abdomen*. Regarding infection of the laparotomy wound, he said it was astonishing how rarely it follows in operations for pyosalpinx when the wound is carefully protected by packing.

Dr. Lloyd Roberts thought Dr. Grimsdale had adopted the best route possible in his case. Had the vagina allowed of rapid removal then that route would have been preferable. He emphasised the necessity for preserving the uterus if possible, and suggested that the uterus might have been opened, the tumour enucleated, and the uterus sewn up and saved for the performance of its natural function.

Dr. E. C. Croft (Leeds) said that Dr. Grimsdale had obviously adopted the only course possible. Was there any infection of the vagina that might account for the post-operative foul discharge?

Dr. Grimsdale, in reply, said he should feel inclined to attack any fibroid *per abdomen*, unless vaginal access were extremely easy. He laid stress on rapidity of operation; when sepsis already existed delay favoured infection. It would have been quite possible to remove the sloughing part *per vaginam* in the first

instance, but no advantage could have accrued, as the whole of the uterine cavity was septic. No slough was seen in the vagina. As no peritoneal infection occurred, he thought it possible that skin might be more liable to infection.

Dr. E. FAVELL (Sheffield) read notes of the following:—(1) Vesicular mole passed the day after admission to hospital, by a married two para, æt. 21. Two small purplish growths of the size of raspberries were excised from the anterior vaginal wall. Exploration of the uterus showed that the mole was of the destructive variety. The patient made a good recovery. Three cases of uterine tumours: (1) Submucous fibroid removed from a woman, æt. 33, married, no children, watery discharge and menorrhagia. (2) Degenerating submucous fibroid. Patient, æt. 50, two children, youngest being twenty-three. Menopause at 47; watery discharge for three years; abdominal pain for a few months. (3) A case of tumour, probably sarcomatous in nature, removed on the same day. Patient, æt. 37; married eleven months. For the last few months thought herself pregnant, as the abdomen has been getting larger, and pressure symptoms were present; menstruation regular; profuse. Dr. Favell also showed the specimens.

In the ensuing discussion, the PRESIDENT and Dr. LLOYD ROBERTS suggested that the first case seemed to be a favourable one for performing Cæsarean section of the fibroid, the latter holding that this was perfectly justifiable in a woman in the child-bearing age. In a woman of fifty it did not appear necessary.

Dr. W. WALTER said that when it was possible he always removed fibroids by enucleation, or by a sort of Cæsarean section. Although his experience in nearly every case was that the uterus was so bruised by this that it became a question whether it was worth while preserving, yet the operation should always be begun with the hope of saving it.

Dr. CROFT having spoken,

Dr. FAVELL, in reply, held that the attachment of the tumour in the first case was so broad as to preclude any attempt at Cæsarean section.

The PRESIDENT (Dr. J. E. Gemmell, Liverpool) read notes of a case of complete occlusion of the os uteri externus at full term. The patient was a primipara, who when seen had been twelve hours in labour. There had been some hæmorrhage, which proceeded from a vaginal laceration on the left; there was no trace of an os, but a cystic swelling bulged into the roof of the vagina, and in this the fœtal head was felt. The patient was admitted into the lying-in hospital in a collapsed condition. On examination, a white spot the size of a pin's head was found on the left of the swelling, and a crucial incision was made through it. The child was delivered with forceps, incision of the perinæum being necessary. Subsequently the temperature went up, and local examination proving negative, antistreptococcus serum was given. After slow convalescence the patient left the hospital. It was pointed out that such an occlusion was not always the trivial matter it is generally regarded as being. Mattei, in a collection of cases, showed thirty-six operations out of forty-two cases, with three maternal deaths.

Dr. LLOYD ROBERTS mentioned two cases which had occurred in his experience, and the PRESIDENT replied.

Dr. E. OCTAVIUS CROFT (Leeds) read a paper on

THREE CASES OF URINARY CALCULUS IN A FEMALE.

In the first case a stone weighing five grains was passed spontaneously *per urethram*. The second calculus weighed 232 grains, and was removed by vaginal cystotomy from a woman, æt. 62. The same treatment resulted in the third case in the removal of a stone 510 grains in weight from a woman æt. 20. Dr. Croft thought that in all three cases the calculi had their origin in the kidney, and he emphasised the necessity for removing stones of such a size by a vaginal incision in preference to dragging them through the urethra, or performing a tedious lithotrity.

Dr. GRIMSDALE thought it was better not to suture the vaginal incision; he preferred to place a tube in it and drain for a week before allowing spontaneous closure to take place. In a small vagina this saved trouble.

Dr. W. WALTER agreed with Dr. Croft's remarks anent the route adopted, and considered that even exploration of the bladder *per urethram* by means of the finger was unsafe.

The President and Dr. Lloyd Roberts having spoken, Dr. CROFT replied.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD NOVEMBER 19TH, 1903.

The President, MR. G. H. WEST JONES, in the Chair.

MR. EDW. SKINNER showed a case of molluscum fibrosum.

Dr. ARTHUR HALL showed the following cases: (1) Old-standing lupus of face, treated by the light treatment for several weeks. (2) A late tuberculated syphilide. (3) Intra-thoracic new growth in a cutler, æt. 53, with marked physical signs of obstruction of right bronchus and superior vena cava. (4) Thrombosis of portal vein in a blacksmith, æt. 48; marked ascites, previous health good, non-alcoholic, sudden diarrhœa (motions black) for two days, followed immediately by swelling of abdomen, vague history of pain in right side and yellow colour a year ago, not recognised as a definite attack of jaundice.

Dr. A. CUFF showed the following cases: (1) Congenital absence of fibula. Before operation the child walked on the internal malleolus; arthrodesis of ankle-joint; there were also deficient development of the tibia and absence of second toe. (2) Necrosis of a large part of tibia; destruction of knee-joint; implantation of fibula into tibial head.

Dr. W. T. COCKING showed a man, æt. 36, the subject of myositis ossificans. The disease, which was very advanced, commenced at the age of eight, and during the last few years the patient had been an inmate of many London and provincial hospitals. The case is reported by Dr. Rolleston in the Clinical Society's "Transactions," vol. xxxiv., and in the *Lancet*, 1901, vol. ii., by Dr. Vaughan.

Dr. F. H. WADDY showed a case of acute and subacute rheumatism with serious cardiac lesions, and subluxation of the left clavicle.

Dr. G. WILKINSON showed a man, æt. 37, from whom he had removed a retro-peritoneal lipoma, weighing 13 lb. 12 oz. six weeks previously. There was a history of swelling of the abdomen for two and a half years, with attacks of vomiting and pain after taking food. When first seen the abdomen was found to be evenly distended, and absolutely dull on percussion in front, except in the epigastrium, where the note was tympanitic. There was some resonance on the left flank behind. At the operation the whole of the intestines, with the exception of the descending colon, were found above the tumour in the epigastrium. The fatty mass was separated from behind the intestines above, and turned forward. It was firmly fixed to the structures at the back of the abdomen by fibrous bands enclosing large vessels. These had to be isolated and ligatured in series. The growth had to be separated from the bladder, and the right ureter was found running through the mass, and had to be dissected out from about eight inches of its course. A prolongation of the tumour along the right spermatic cord, as an inguino-scrotal tumour, was removed. After removal of the lipoma a raw surface, about six inches square, denuded of peritoneum, was left on the posterior wall of the abdomen, chiefly on the right side. The mesentery fell down so as to cover this. A drainage-tube was put in through the right loin. The patient suffered from shock for twenty-four hours, after which he made a speedy and uneventful recovery. The tumour measured nineteen inches in length by twelve in breadth, and about six inches in thickness.

Dr. A. L. HUSBAND read a paper on "Agoraphobia and Allied Conditions," which will be found on page 636.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following gentlemen having passed the necessary examination have been admitted as members :—George Basil Doyne Adams, B.A.Oxon., Robert Grenville Anderson, Edward Guy Anthonisz, John Gerald Atkinson, Seymour Gilbert Barling, Charlie Barlow, L.R.C.P.Lond., Thomas Edward Blunt Gerald Eade Bellamy, Bertram Raleigh Bickford, Percy Claude Vincent Bent, Sidney Clement Bowle, L.D.S.Eng. Hugh Wood Bethell, B.A.Camb., Amelius Cyril Burt, Henry Jameson Cardew, B.A.Camb., Ferguson Fitton Carr-Harris, M.D.Canada, Cyril Thomas Cheatle, David Brynmor Chiles Evans, Harold Clapham, Frederick Cock, James Douglas Cooke, William Lawrence Cripps, William Allen Cumming, M.D., C.M.McGill, Edward David Davies, Mervyn Eager, Leonard Erasmus Ellis, L.S.A.Lond., Herman Falk' B.A.Camb., George Ernest Oswald Fenwick, Arthur Edwin Fiddian, Walter Tayler Finlayson, Henry Richmond Fisher, B.A.Camb., Leonard William Forsyth M.A.Camb., L.D.S.Eng., Frank Medwin Gardner-Medwin, B.A.Camb, Wilfred Garton, Owen Binns Gauntlett, Harry Morgan Gilmour, Francis Willoughby Goyder, B.A., B.C.Camb., William Prince Grant, John Nisbet Gunn, M.B.Toronto, Arthur Hallowes, William Thompson Hamilton, M.B.Toronto, Sydney Lawrence Harke, B.A.Camb., Bernard Higham, Robert B. Dennis Hird, Geoffrey Gratrix Hirst, B.A.Camb., Basil Hood, William Stanley Hughes, John James, William Johnson, Herbert Stanley Jones, James Douglas Judson, John Newport Kilner, Stephen March Lawrence, William Collins Lewis, Travis Clay Lucas, B.A.Camb., Evelyn John Hansler Luxmoor, William Cameron Macaulay, B.A.Lond., Charles Markus, M.D.Germany, James Ernest Martin, Roy Charles Merryweather, Arthur Martineau, B.A.Camb., Cecil Francis Nicholas William Wilson Nock, William Boyle Norcott, Robert George Northwanger, M.A.Camb., Frederick Pitcairn Nunneley, B.A.Oxon., Basil Hewitt Pain, B.A.Camb., Russell Edwards Palmer, George Ernest Peachell, Ernest Aubrey Price, Leonard Gregory Parsons, Percy Clift Pearce, Charles Tertius MacLean Plowright, B.A.Camb. Charles Afred Whiting Pope, B.A.Camb., Ralph Raby, Thomas Edward Regan, Donald Murray Ross, John Bart Rous, John Latham Rushton, Henry Thomas, Samuel, Harold Harris Elborough Scatliff, M.A.Oxon., Walter Henderson Scot, Alec. John Lincoln Speechley, Frederic Ernest Taylor, Harry Christopher Sidgwick, B.A.Camb., Charles Joseph Singer, B.A.Oxon., William Gordon Taylor, M.A. Aberd., John Hayd Timothy, James Evan Turle, John Courtnay Folliott Dudley Vaughan, Frederick Herbert Wallace, Alexander Moxon Webber, Richard Willan, George Delaval Walsh, Solomon James Weinberg, Hugh Wheelwright, Edward How White, B.A.Oxon., Robert Glover Wills, B.A.Camb., Oswald Charles Withrow, M.B.Toronto, Alexander Frederick Richmond Wollaston, B.A.Camb., Harold William Wilson, Lauriston Leonard Winterbotham, and Walter Perceval Yetts.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD DECEMBER 2ND, 1903

MR. JOHN CHIENE, C.B., President, in the Chair.

DR. DAWSON TURNER showed a patient suffering from lupus erythematosus, treated with great benefit by the cathode breeze.

DR. W. ALLAN JAMIESON showed (1) a case of rodent ulcer cured by the X-rays. The ulcer occupied about half of one side of the face; it was excavated to the depth of an inch, and had been surrounded by infiltrated masses rising above the surface of the skin. It had already been removed thrice previously. The patient had had five minute exposures, the tube at a distance of six inches, four times weekly for several months, the treatment being interrupted on one occasion for three weeks on account of reaction. Complete cure had ensued. (2) A case of long standing chronic eczema of eighteen years' duration healed by pilocarpine. The patient was completely covered with eczema except on the soles, palms, nose, and chin; the skin was so thickened that he could not extend his limbs, and his sleep was disturbed by the irritation, so that the general health was much affected. He had only been comparatively free once during the whole course of the disease; that was when business caused him to reside in London for a time, when the eczema was much better, but he suffered from asthma. Subcutaneous injections of pilocarpine from 1-10 gr. to ½ gr. continued for two months had been followed by marked benefit.

MR. STRUTHERS and MR. MILES showed four patients illustrating the results of Bennett's fracture.

DR. GEO. A. GIBSON showed an early case of acromegaly in a youth, æt. 18, manifesting the enlargement of the hands and feet and lower part of the face, along with bitemporal hemianopsia.

MR. WALLACE showed microscopical sections and specimen from the case of congenital hemi-hypertrophy of the tongue exhibited at the previous meeting.

DR. BUCHAN showed microscopic preparations from a case of asthma.

MR. MILES and MR. STRUTHERS showed a series of metacarpal bones of thumb, illustrating Bennett's fracture, with radiograms.

DR. CHALMERS WATSON read a paper on—

SOME NEW OBSERVATIONS ON THE PATHOGENESIS OF GOUT.

The communication was chiefly of the nature of a demonstration, the tissues shown being taken from a young adult fowl which had succumbed, after a short illness, to naturally acquired gout. Such cases were very rare in the records of the disease, and, so far as the author was aware, none had been submitted to so complete a histological examination as the present case. The naked-eye appearances seen at the post-mortem were: alterations of the synovia to a cream-like fluid, which gave the murexide reaction, deposit of uric acid in combination on some extra-articular tissues round the smaller joints, recent pericarditis, widespread thromboses, and areas of "necrosis" in the kidneys. Microscopic examination showed other changes—*e.g.*, (1) intestinal catarrh, notably in the ileum, duodenum, and large intestine; (2) blocking of the pancreatic duct by catarrhal exudation; (3) pronounced congestion of liver, spleen and kidneys; (4) deposit of urate of soda in a lymphatic gland; (5) the collecting tubules of the kidneys distended with granular leucocytes. These appearances were regarded as characteristic of a bacterial infection; and the author emphasized the importance of further attention being directed to comparative pathology, as the means most likely to advance our knowledge of the disease. It was specially important to obtain cases like the one recorded, but at an earlier period, so as to admit of an adequate bacteriological examination of the tissues. Attention was drawn to the blood changes, as emphasizing the importance of having regard to the changes in the blood in acute gout in man, which had already been described by the author and corroborated by Bain. The changes observed in the intestines recall, and give a new importance to, the old time theory of gout, as an intestinal auto-intoxication or infection, which was revived by the author in 1901. The appearances seen in the pancreatic duct were described as possibly having some significance in relation to the familiar clinical feature of the disease—gouty glycosuria.

DR. GULLAND was unable to accept Dr. Watson's interpretation of the case; he regarded it simply as a terminal bacterial invasion in a probably gouty animal.

DR. DAWSON TURNER gave a short communication on "Radium," describing the history of its discovery and isolation from pitchblende. Radiations employed in practical medicine might be classified into five groups:—(1) Radiant heat; (2) light; (3) ultra-violet rays; (4) Röntgen rays; and (5) radium emanations.

Some of the physical properties of radium were described, and its bactericidal action discussed. Specimens of radium were shown, and its property of discharging the electroscope demonstrated.

Dr. CLAUDE KER, superintendent of the fever hospital, read a paper on—

THE OPEN-AIR TREATMENT OF BRONCHO-PNEUMONIA COMPLICATING WHOOPING-COUGH.

The great seriousness of whooping-cough, at least among the poorer classes, was evidenced by the fact that its death-rate up to the fifth year was not less than ·48 per mille, nearly one-third of the total zymotic death-rate of the community. The great mortality was principally due to bronchitis and broncho-pneumonia, the other conditions chiefly responsible being tubercle and meningitis. The hospital death-rate was very high, chiefly because they only admitted the worst cases of whooping-cough, and because they took in a relatively large proportion of cases from the children's hospital and from the children's shelter, and these cases were complicated by pre-existing diseases. For the eight years preceding 1900 his mortality had been 18·11 per cent.; in Glasgow it was 18.3 per cent., the chief causes of death being broncho-pneumonia and convulsions, and the practical difficulties which confronted them in treating the children were to procure sleep, which was interrupted by the cough, and to support the strength, which was interfered with by the recurrent vomiting. He had tried all the drugs that had been recommended for whooping-cough, and all manner of inhalations, &c., but, except for belladonna, which he thought sometimes lessened the frequency of the paroxysms, he had seen little advantage from any. In broncho-pneumonia he had tried all the ordinary lines of treatment—poulticing, ice-bags, &c.—and in all the mortality had been about equal; two-thirds of the cases died—71 per cent., as compared with 76 per cent. in Glasgow. He had been led to try treating these cases outside by the frequency with which they ultimately became tuberculous, and also because of the frequency with which pneumonia spread in the wards. The cots were placed outside for the greater part of the day, there being no contra-indication except frequent convulsions and laryngitis. The open-air treatment had no effect on the frequency of the paroxysms of cough; it had little effect on the temperature; the appetite became voracious; sleep and general health was greatly improved. Another indirect advantage was that it allowed the wards, which in whooping-cough were particularly liable to become offensive, to be thoroughly aired daily. No bad results whatever were noticed, but the mortality rate fell very markedly. At first, when cases were treated in the old way, it was 71 per cent.; then half the patients were treated out of doors; the mortality fell to 54.5 per cent. When all the patients were treated outside it fell to 26 per cent. In winter, when the children were treated under cover, in wards converted to sanatoria, it rose to 27 per cent. Since he had begun to treat his cases of whooping-cough out-of-doors broncho-pneumonia contracted *in* hospital had become extinct.

Dr. CARMICHAEL congratulated Dr. Ker, and generally confirmed his views. He referred to the enormous death-rate from whooping-cough, and thought it required more attention from the public health authorities.

Dr. CAVERHILL spoke of the advantages to all infectious cases gained by treatment out-of-doors.

Dr. LITTLEJOHN thought that since the chief cause of death in whooping-cough was broncho-pneumonia, and since that was due to a second infection, it was most important to isolate broncho-pneumonia as soon as it arose.

Mr. ALEXANDER MILES and Mr. J. W. STRUTHERS read a paper

ON BENNETT'S FRACTURE OF THE BASE OF THE METACARPAL OF THE THUMB.

in which they stated that, though, since the fracture was first described by Bennett in 1881, records of only some nine or ten cases appeared in the literature, such injury must be commoner than these figures would represent, for they themselves had met with about nineteen cases during the past few years. The fracture is always caused in the same way, by direct violence applied to the thumb while it is fully extended, and passes obliquely through the base of the metacarpal, detaching the articular facet with that piece of bone supporting it which projects into the palm. The injury was formerly described as "stave of the thumb," or "partial luxation of the metacarpal of the thumb backwards." Its clinical signs were limitation of movement of the thumb, interfering with the grasping of very large or very small objects, and a projection backwards of the fractured end of the metacarpal. The treatment consisted in the application of a splint which was firmly fixed to the thumb by pieces of strapping; extension was then made, and the proximal end of the splint strapped to the wrist so as to maintain the extension. Radiograms of recent cases, as well as preparations showing the fracture, were described.

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN.

MEETING HELD NOVEMBER 20TH, 1903.

DR. H. R. HUTTON (Manchester) in the Chair.

DR. JAMES TAYLOR showed an anomalous case of diplegia. A child, æt. 4, soon after an operation for an abscess of the right side of the neck, became altered mentally and lost the power of walking. Additional symptoms found on examination were occasional regurgitation of fluids through the nose, squinting, absence of knee-jerks, and marked inco-ordination. Most of the symptoms had passed off under treatment, but the degree of intelligence was not yet quite up to the normal standard. The diagnosis made at first was one of diphtheritic paralysis, although there was no history of sore throat. He was now inclined to look on the condition as some other form of toxæmia, which had led to alterations in the cerebral cortex, and possibly also in the spinal cord.

Dr. SHUTTLEWORTH had never seen mental deterioration follow immediately on diphtheria, but he recalled one case in which an attack of diphtheritic paralysis was said to be the precursor of mental impairment. In the present case he thought that some previous mental weakness had been aggravated by the acute illness.

Dr. FLETCHER BEACH regarded the case as one of cerebral diplegia rather than diphtheritic paralysis.

Mr. FRANCIS JAFFREY showed a child, æt. 18 months, suffering from multiple subcutaneous tuberculous nodules. The history of the case was that the nodules first appeared when the child was vaccinated at the age of three months. Several of the nodules had softened and burst. He found that vaccination was usually assigned as the cause of these nodules by mothers, and therefore advised the postponement of vaccination if any nodules were present.

Dr. CHAPMAN had had a case of similar nodules in an adult, which was completely cured by the internal administration of iodoform.

Dr. CAUTLEY recalled a case in a baby, æt. 10 months, who died ten weeks later from tuberculous meningitis. At the autopsy four caseating nodules were found in the brain, also caseous glands in the mesentery and mediastinum, and miliary tuberculosis of the lungs.

Mr. LOCKHART MUMMERY suggested the excision of one of the nodules to determine whether it was a pure tuberculous affection or a mixed one.

Dr. PRITCHARD had seen a case in a lady which had lasted for two years, and was finally cured by arsenic.

Dr. G. A. SUTHERLAND showed twin sisters, æt. 5, who were the subjects of idioglossia.

Dr. LEONARD GUTHRIE remarked on the strong family likeness which such cases showed, although the particular defects were not the same. He thought that in many cases there was defective visual memory, because if the child looked away from the speaker's mouth it forgot how to form the words. The prognosis might appear to be hopeful, but he found a tendency

to falling back if very careful and constant supervision were not maintained.

Dr. PARKES WEBER referred to a case under his own care where idioglossia had followed on brain disease in early life. He thought that certainly the motor centres had been affected, and that there was defective cerebral development in his case. There had been very little improvement.

Dr. HENRY ASHBY (Manchester) did not like the word "idioglossia," and preferred to describe the condition simply as defective speech. Such a condition was common in the special schools for backward children. He thought that one factor which was present was want of attention, and that this was coupled with a certain amount of mental backwardness. He would therefore assume some fault in the motor speech centre, combined, probably, with a defect higher up. The motor centre was such an extremely complicated mechanism that it was not surprising if it sometimes went wrong.

Dr. SHUTTLEWORTH agreed with the last speaker as to the frequency of speech defects in backward children. There was an element of laziness about the condition.

The PRESIDENT (Dr. Hutton) thought that the trouble was due to defective hearing and defective observation, coupled with a general lack of energy. The parents of such children were often of a somewhat low degree of intelligence, and therefore did not give to the children the proper amount of attention.

Dr. GEORGE CARPENTER showed (1) a case of premature greyness of the hair in a female child, æt. 11. The condition was not inherited, and she was in other respects a perfectly healthy child. (2) A case of general paralysis of the insane in a girl, æt. 11. The symptoms dated back more than a year. Most of the day she talked incoherent nonsense, and was placid and fatuous. At other times she had screaming and weeping fits, which lasted for a few hours. There was slight spasticity of the lower limbs, and the deep reflexes were increased. She had typical syphilitic teeth, pale optic discs, and a patch of choroiditis in one eye.

Dr. FLETCHER BEACH had collected notes of 200 cases of this affection, and in the majority of these syphilis was present. In children general paralysis usually developed at the time of the second dentition, and there were no delusions of grandeur, such as were met with in the adult type, but simply screaming and emotional disturbances.

Dr. JAMES TAYLOR said that in his experience such cases commenced with gradual dementia, and had associated fits, tremors, inactive pupils and excessive or absent knee-jerks. In the majority there was the definite association with hereditary syphilis. The physical conditions in children were the same as in adults, but the mental conditions were different, namely, simple dementia in the former without delusions of grandeur.

Dr. CARPENTER also showed (3) a case of extensive impetigo contagiosa bullosa in a child, æt. 3, which bore a superficial resemblance to psoriasis.

Mr. PERNET expressed the opinion that it was really psoriasis.

Mr. DOUGLAS DREW gave an account of three cases of sarcomata operated on: (1) a spindle-celled sarcoma of the muscles of the back of the forearm; (2) an adeno-sarcoma of the testis; and (3) a round-celled sarcoma of the upper jaw.

Dr. ERIC PRITCHARD showed an infant, æt. 5 months, uffering from congenital heart disease with dysphagia. The difficulty in swallowing appeared to be due to inco-ordination of the muscles of deglutition. The child was gradually sinking into a marasmic condition, although the cardiac murmur was diminishing.

Dr. SUTHERLAND had not met with the association of dysphagia with congenital cardiac disease, but agreed that dysphagia in infants was usually due to imperfect co-ordination, and said that time usually cured the condition.

Dr. EDMUND CAUTLEY read a paper on an unusual case of congenital hypertrophic stenosis of the pylorus. The patient died at the age of fourteen weeks, and the pylorus presented the usual characteristics, but both small and large intestines contained a considerable quantity of normal fæces. While under observation he had gained thirteen ounces in weight during one period of two weeks, and six ounces during another period of one week. During life peristalsis was noted on one occasion only; the pylorus was palpable, the stomach was moderately dilated, and vomiting was present, but was not characteristic. There was not marked constipation, and even eight days before death a large, almost normal, stool was passed. Dr. Cautley pointed out the difficulties of diagnosis in a case of this nature, and thought that many such were overlooked. Operation might have saved the child's life, but the case was regarded as a somewhat mild form of the condition, and later on the acute diarrhœa rendered operative interference inadvisable. He thought that the absence of characteristic vomiting in this instance might be urged as an argument against the view that the hypertrophy was due to spasm.

Mr. CLINTON DENT related two cases of the same disease successfully treated by pyloroplasty.

Dr. ALEXANDER MORISON showed the stomach of a child, æt. 2 months, in which hypertrophic stenosis had been diagnosed, and the patient had been admitted for operation. While under observation the patient vomited very little, and only occasionally exhibited gastric peristalsis. Operation was deferred, and the patient was discharged, but returned five days later in a collapsed condition, with a temperature of 90° F., and died soon afterwards. At the necropsy the pylorus was found to be large, long and hard, the stomach inflated with air, and only required the cardiac end to be ligatured to remain inflated, as the pyloric end was impervious. Dr. Morison dwelt on the necessity for operation in such cases, even when the condition was merely suspected to exist.

Mr. HOWARD EVANS said that with the congenital hypertrophy there might be a marked degree of spasm, which, when aggravated by irritation, as from ill-digested food, would lead to dilatation. He narrated a case on which he had been called to operate, but the patient became so collapsed that he was not able even to find out the condition of the pylorus.

Mr. TURTLE had seen five cases operated on by dilatation of the pylorus during the last twelve months, all of whom had recovered. Three of the cases returned later with diarrhœa of a very troublesome nature. He suggested that this might have been due to over-stretching of the pylorus, so that it was unable to retain the food in the stomach sufficiently long for digestion.

ULSTER MEDICAL SOCIETY.

THE second meeting of the session of this Society was held in the Medical Institute, Belfast, on Thursday evening, December 3rd, Professor BYERS occupying the Chair in the absence of the President.

The following gentlemen were elected Fellows of the Society:—Dr. A. E. Knight, Donaghadee; Dr. J. C. Woodside, Ballycastle; Dr. James Fulton, Belfast; and the following elected members:—Dr. Wm. Hanna and Dr. John Armstrong, both of Belfast.

Mr. FULLERTON, F.R.C.S., read notes and showed skiagrams of two cases—(*a*) Case of impaction of a coin for seven months in the œsophagus of a child, successfully treated by œsophagotomy. (*b*) Transverse fracture, with over-riding of upper end of shaft of humerus, treated by operation.

Mr. ROBERT CAMPBELL, F.R.C.S.Eng., read a paper on the Radical Cure of Hernia in Infants and Young Children, illustrated by over 100 cases. In the course of his paper Mr. Campbell said that the usual steel and rubber truss was not so satisfactory as it first seemed. To be successful with it both care and money were needed, for the child must be carefully watched, and a new truss got as often as required. In fact, treatment by the truss was tedious, difficult, and uncertain. He considered it wiser to operate on all hernias in children, with the possible exception of small easily reducible

hernias in the children of well-to-do people. In favour of operation was the fact that it meant about 14 days' treatment, as against three years required for treatment by trusses. The risk of death from operation was not greater than the risk of death from strangulation during treatment by truss. His cases included 109 boys and 5 girls, the two youngest being 14 and 21 days. They were all inguinal hernias. In none was there any tendency towards gangrene, though the formation of hæmatomata was common. Mr. Campbell described the technique of the operation in detail, laying special stress on the use of carefully prepared formalin catgut, and on bandaging the scrotum. In his 114 cases he had no deaths; suppuration in the wound occurred only once, and twice the formation of blood clot in the wound necessitated the opening of the wound for its removal. As regarded the results, he had watched the majority of his cases for six months, and only in one was there a slight tendency towards return. He concluded by reiterating the opinion that the use of the truss should be the exception and not the rule.

Dr. WALTON BROWNE said that seventeen or eighteen years ago, in that Society, he had urged the necessity of bandaging the scrotum.

Dr KEVIN remarked on the apparent heredity of hernia; he had seen three brothers and a half-brother by the same mother all affected.

Dr. O'NEILL did not agree with Mr. CAMPBELL on the use of the truss. In his experience three-fourths of the cases could be cured in one year by the use of a properly fitting truss. He believed 30 per cent. of cases were hereditary.

Dr. MCHARRY said that as a general practitioner he saw many cases of hernia in the poorer classes, and found it impossible to get them to watch a truss properly. Dr. Fielden, Mr. Fullerton, and Dr. Dempsey having spoken, Mr. CAMPBELL replied.

THE GENERAL MEDICAL COUNCIL OF EDUCATION AND REGISTRATION.

SEVENTY-EIGHTH SESSION, 1903.

FIFTH DAY.—SATURDAY, NOVEMBER 28TH, 1903.

SIR WILLIAM TURNER, K.C.B., President, in the Chair.

COMMUNICATIONS were read from the Royal College of Physicians of London and the Royal College of Surgeons of England acknowledging the receipt of certain reports from the Education and Examination Committees of the Council, in which the following reply was made:

"The Royal Colleges thank the General Medical Council for the expression of their opinion respecting the courses of study and the examinations in Chemistry, Physics, and Biology. These opinions shall receive the respectful attention of the two Royal Colleges. The Royal Colleges, however, regret that they are unable to accept the invitation of the President of the General Medical Council to appoint representatives to meet the representatives of the General Medical Council in regard to the questions of Medical Education and Examination relating to the subjects above mentioned, that have been raised in the *Reports* of the Education and Examination Committees of the General Medical Council."

These were received and entered upon the *Minutes*.

Sir VICTOR HORSLEY then moved—

"That the Council do represent to His Majesty's most Honourable Privy Council that the courses of study and examination in Chemistry, Physics, and Biology, to be gone through in order to obtain qualifications for Registration from the Examining Board in England, of the Royal College of Physicians of London and the Royal College of Surgeons of England, are not such as to secure the possession by persons obtaining such qualification of the requisite knowledge and skill for the efficient practice of their profession."

He urged that it would be to the interests of the whole of the medical profession to expedite a matter that had been going on for the last five years. By the refusal of the Royal Colleges to meet the representatives of the Council he contended that they were taking up a somewhat contumacious position, and that it was only by referring the subject to the central Government that it would be seen who really was the supreme authority.

Dr. PYE-SMITH objected to the word "contumacious" as employed by the speaker.

Sir VICTOR HORSLEY replied that he thought the profession would understand the meaning of the term. He considered that the Council had received a direct challenge from the two Royal Colleges.

Dr. MACKAY, in seconding the motion, said that the reply of the Royal Colleges, though curt, was courteous, but he felt it to be the duty of the Council, if it was not satisfied that the examining bodies in question required an adequate course of study, to represent the same to the Privy Council, especially as they implied that the Council was not entitled to interfere in such matters.

Mr. BRYANT desired to point out that the question of authority was not the main point at issue. He stated that the Royal Colleges distinctly said that the opinion of the Council was receiving the fullest and closest consideration, and that it would continue to do so.

Dr. NORMAN MOORE affirmed that the Royal College of Physicians possessed the greatest respect for the opinion of the Council. Referring to the use of the word "contumacious," he pointed out that the legal use of the term signified "wilful disobedience to the laws of a court." But what were the orders? There had been no edict, therefore the word was wholly inapplicable. He stated that authority was given to the College by its charter to determine the course of study for its students, which was confirmed by an Act of Parliament.

Mr. GEORGE BROWN asked if the Medical Act of 1858 in any way repealed the Act referred to by Dr. Norman Moore.

Dr. NORMAN MOORE, having replied in the negative, said he wished to convey that his College was considering the Report of the Council most fully.

Sir CHRISTOPHER NIXON said he was in favour of placing the studies of Chemistry, Physics and Biology outside the medical curriculum. He thought it was time that the Council should determine whether it was within its rights in interfering in these matters. He agreed that it had done all in its power to improve the status of the profession.

Dr. BRUCE then moved the following amendment—

"(1) That the Council acknowledges the communications set out in the *Minutes* of to-day from the Royal College of Physicians of London, of November 19th, and the Royal College of Surgeons of England, of November 20th. (2) That the Council is pleased to note that the opinions of the Council respecting courses of study and examination in Physics, Chemistry, and Biology are to receive the respectful attention of the two Royal Colleges. (3) That in view of the re-consideration of the courses of study and examination by the Royal Colleges, the Council resolves to defer taking any further action until the examination has been again inspected under the new regulations."

He asked how it would be if the Council failed to establish its position, and he foresaw several stumbling-blocks in the carrying out of Sir Victor Horsley's motion, to which he could not agree.

Dr. PYE-SMITH, in seconding the amendment, said that he could only say that there were already certain changes which had been made by the Royal Colleges in the curriculum, but he was not in a position to describe their exact nature.

Sir VICTOR HORSLEY said he would like to see documentary evidence of such changes.

Dr. NORMAN MOORE said that these considerations required a large amount of time and that a great deal of consultation between the Colleges and teachers was necessary. Certain principles of change were in actual progress, but as they had not yet taken a final shape, he was unable to state what these were more fully.

Dr. PYE-SMITH once more pleaded for the cause of peace. He thought that the question of jurisdiction was rather one of difference of opinion which might

easily be overcome. He referred to the excellent laboratories present in many of our public schools. He considered that all examinations had both good and bad features, and that the College of Physicians was fully aware that their examination was insufficient. He regretted himself that the Colleges had refused a conference, but the bringing of such charges was apt to cause a spirit of independence. He strongly deprecated any appeal to the Privy Council. The influence of the Council could not but be felt by all the licensing bodies, but if it were to prove its authority before a lay tribunal he thought the result would be disastrous to the public and cause irretrievable mischief.

Dr. WINDLE read extracts from the medical journals which gave evidence that the Royal Colleges were amending their regulations.

Mr. GEORGE BROWN maintained that the General Medical Council was fully competent to supervise the course of study prescribed by the Colleges, and he did not see how it was possible to ensure that these bodies would carry out the recommendations of the Council unless they were reported.

Sir CHARLES BALL thought that the motion brought forward by Sir Victor Horsley would bring matters to a climax.

Dr. LITTLE pointed out that if they went to the Privy Council they would be obliged to bring specific charges against the Royal Colleges. He thought that the best way of settling the matter would be by negotiation.

Dr. MCVAIL thought that in the face of all this evidence it would be to the interest of the cause that Sir Victor Horsley had at heart if he were to withdraw his motion.

Sir VICTOR HORSLEY replied that he could not be satisfied with only a general explanation. He denied that the Council possessed that influence which Dr. Pye-Smith had said it did. He demanded that the Council should be satisfied that it would be allowed to exercise its powers of supervision. He could not see his way to withdraw his motion.

The PRESIDENT then put the amendment to the vote, which was carried by a majority of four, and, therefore, became a substantive motion. For the amendment were Dr. MacAlister, Mr. Bryant, Dr. Norman Moore, Mr. Tomes, Dr. Pye-Smith, Sir John Moore, Mr. Young, Dr. McCall Anderson, Dr. Lindsay Steven, Sir John Williams, Bart., Sir George Philipson, Dr. Windle, Dr. Finlay, Dr. Bruce, Dr. Little, and Sir Hugh Beevor, Bart. Against were Dr. McVail, Sir Patrick Heron Watson, Sir Charles Ball, Dr. Mackay, Mr. Brown, Mr. Tichborne, Mr. Jackson, Sir Christopher Nixon, Dr. Bennett, Sir Victor Horsley, Sir William Thompson, and Sir John Tuke.

Mr. BROWN proposed as an amendment, and Sir JOHN TUKE seconded, that the consideration of this motion be postponed. This was carried by a majority of one.

The Council then adjourned.

SIXTH DAY.—MONDAY, NOVEMBER 30TH, 1903.

A Report was read from the Examination Committee on the Inspection of the Final Examination of the English Conjoint Board, which was received and entered upon the *Minutes*. Its adoption was then moved by Mr. BRYANT.

Dr. FINLAY, in seconding, wished to dissociate himself from one thing mentioned, and he called attention to the diversity in the regulations of the examining bodies by which candidates could be allowed to take one subject at a time at certain boards while at others they could not do so.

Dr. PAYNE thought that there should be greater uniformity with regard to requiring written reports upon clinical cases at these examinations.

Mr. GEORGE BROWN considered that there existed a distinct *lapsus* in the remarks of the bodies inspected, inasmuch as no reference was made to the Inspectors' statement that certain portions of the examination were insufficient. He would, therefore, move as an amendment, which was seconded by Sir VICTOR HORSLEY, that the further consideration of the Report should be postponed until after the remarks of the Court of Examiners had been forwarded to the Council.

Dr. LINDSAY STEVEN said that written reports of cases were required in the final examinations at Glasgow, and Sir JOHN TUKE affirmed the same thing with regard to Edinburgh.

Dr. NORMAN MOORE claimed that the Colleges had a right to a definite expression of opinion on the part of the Council, and that it would be discourteous not to inform them. In this view he was supported by Dr. MacAlister, Dr. Mackay, Sir Christopher Nixon, and Dr. Little.

Dr. BRUCE having pointed out that a postponement of the question did not imply discourtesy, the amendment was put to the Council, and lost. The original motion was then put and carried.

The reports upon the inspection of the Final Examinations of the Irish Conjoint Board, the Society of Apothecaries of London, and the Apothecaries' Hall, Dublin, were next read, received, and adopted.

The Council then retired *in camerâ*, and on the readmission of strangers the PRESIDENT announced that the Council had directed the Registrar to restore to the *Medical Register* the name and qualifications of Charles Augustus Bynoe.

The PRESIDENT also stated that he had been authorised to communicate with the Local Government Board with regard to death certification.

A report was next read upon the inspection of certain preliminary examinations, and as regards that of the Educational Institute of Scotland the improvements already effected, or about to be introduced, were considered as so satisfactory by the Education Committee that it was anticipated that during the next year it would have attained in every respect the standard desired by the Council.

With regard to the use of unprescribed books in Latin and Greek in these examinations, Sir CHRISTOPHER NIXON said he thought it was impossible to make uniform regulations, since at the matriculation examination of the Royal University of Ireland, which was recognised by the Council, unprescribed books were not employed.

The report was then adopted.

Sir JOHN TUKE then read a communication from the secretary of the Apothecaries' Hall, Dublin, stating that that body intended to resume its preliminary examination in Arts, which, in deference to the express wish of the Council, they had for many years discontinued. In view of the grave educational issues involved, the Committee recommended that the Council should not approve of the step contemplated by the Apothecaries' Hall, Dublin.

Mr. TICHBORNE explained that the Apothecaries' Hall, of Dublin, had no desire to go against the wishes of the Council in this matter, but they were forced into it because the Conjoint Bodies had instituted a similar plan.

Dr. MACALISTER said that this body, by its constitution, was not qualified to hold an examination of this nature which could be received by the Council.

Sir JOHN MOORE expressed his surprise at the statement that the Apothecaries' Hall, Dublin, was on the same footing with the Royal Colleges in respect to this matter. He saw no *raison d'être* whatever for holding this examination.

Sir CHRISTOPHER NIXON feared that it might be an instance of a policy of retaliation.

The report and the recommendations of the Committee were adopted.

A report was then read from the *Pharmacopœia* Commitee in which it was shown that the total number of copies of the *Pharmacopœia* disposed of were 34,591, and of the *Addendum*, 664. The final instalments of the investigation on the solubilities of drugs, conducted in the research laboratories of the Pharmaceutical Society of Great Britain by Professor Greenish, had been forwarded by the Council of that Society to the Committee. Professor Dunstan, of the Imperial Institute, had made substantial progress with the examination, begun last year, of the pharmacopœial

tests for arsenic. In view of the laborious character of the inquiry, the Committee proposed that a second and final grant of £50 should be made to Professor Dunstan to enable him to complete the work and prepare it for the next issue of the *Pharmacopœia*.

This report was received and approved.

Sir JOHN MOORE was appointed a member of the *Pharmacopœia* Committee in place of Dr. Atthill.

The Public Health Committee reported that they had considered a recommendation made to the Secretary of State for War by the Advisory Board for Army Medical Services that certificates granted by the sanitary officer of the Bombay command might be recognised by the Council as certificates for the D.P.H. examination under Rule 3 (*e*) of its Rules and Regulations for Diplomas in Public Health. The sanitary officer in question had his headquarters at Poona, a city of 120,000 inhabitants. Taking into account the precedent of Gibraltar, the Committee recommended that the Bombay command should be added to the list of recognised military districts.

Sir JOHN TUKE objected to the consideration of such an important matter so late in the day.

Dr. WINDLE therefore moved, and Sir VICTOR HORSLEY seconded, that it should be postponed, which motion was rejected by 13 votes to 10.

Dr. MACALISTER pointed out that the recommendation should distinctly state that it was desirable that the sanitary officer in Bombay should be registered as holding the D.P.H., that he should give his whole time to the work, and that the certificates should state that the candidates had had sufficient opportunities of acquiring knowledge of the working of the Public Health laws in relation to a civil population of at least 30,000.

With this addition, the original motion was carried.

On the motion of Dr. MACALISTER, a reply was directed to be sent to the Apothecaries' Hall, Dublin, calling the attention of that body to the fact that the terms of the Act of 1886 required that the travelling expenses of the examiners in Surgery should be paid by the Apothecaries' Hall, Dublin.

The report from the Students' Registration Committee was next adopted, and the thanks of the Council were voted to Dr. Windle and Professor J. Campbell Brown for their visitation and reports upon the first medical examinations of the Licensing Corporations of the United Kingdom.

With a vote of thanks to the President for his conduct of the proceedings, the Session was brought to a close.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, December 6th, 1903.

THE SERUM OF MARMORECK.

IT will be remembered that some time ago the public Press revealed the existence of a certain amount of dissension existing between M. Marmoreck and his colleagues at the Pasteur Institute. M. Marmoreck, believing that he had discovered the serum of tuberculosis, announced his decision of communicating the results of his experiments to the Academie de Médecine. His colleagues, mindful of the discomfiture of the tuberculin of Koch, refused to lend their authority to the intended declaration, which they considered as premature. Relations were thus strained, and the resignation of M. Marmoreck was hinted at, but the difference was more or less arranged and M. Marmoreck remains at the Institute.

On the other hand, the séance of the Academie de Médecine was almost wholly taken up this week by reports of several members on the supposed value of the serum in the treatment of tuberculosis.

M. Dieulafoy said that during the months of August, September, and October of last year seven tuberculous patients in his wards were treated by the serum of Marmoreck. Four of these were in different stages of pulmonary consumption, two suffered from tuberculous laryngitis, while one was affected with pleurisy. M. Marmoreck himself practised the injections, and as frequently as he desired. The quantity of serum injected each time was from 5 to 10 grammes. The result of the treatment was not favourable to the patients. The fever was not modified, the expectoration had considerably increased and the patients continued to get thinner in spite of good feeding. For these different reasons the failure of the treatment being proven, M. Dieulafoy felt obliged to ask M. Marmoreck to cease his injections.

M. Monod said that M. Marmoreck had tried his treatment on several of his patients suffering from local tuberculosis. They all somewhat improved under the treatment and the speaker though that on the whole the results were rather encouraging.

M. Le Dentu had had treated by the Marmoreck serum a patient suffering from tuberculosis of the head of the tibia, while the lungs were slightly affected. Fifteen injections were made, but there being no result they were stopped. The man subsequently succumbed to the progress of the lung lesions.

M. Hallopeau had tried the treatment on seven of his patients suffering from various forms of cutaneous tuberculosis. Not only did it have no curative effect, but many of the patients became worse under its influence.

TREATMENT OF CHOREA.

The arsenical treatment of chorea has been from all times the recognised procedure for this curious affection, but all authors insisted on the necessity of saturating the organism with arsenic, a fact entailing not infrequently considerable gastric disturbance. According to Professor A. Gautier the same end can be obtained without risk by injections of cacodylate of soda, the organic preparation of arsenic, inoffensive, non-irritant, and non-toxic. Professor Grasset, of Montpelier, who has also adopted this preparation in the treatment of St. Vitus' dance, considers that equally good results can be obtained by giving it by the mouth or by the rectum. Dr. Garand, of St. Etienne, has published three successful cases of children cured by injections into the rectum of 14 grains of cacodylate of soda. Intolerance and disagreeable taste were due to impurity of the drug.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, December 5th, 1903.

AT the Society für innere Medizin, Hr. Lassar brought forward the subject of

TUBERCULOSIS OF THE TESTICLE TREATED BY HETOL,

and showed a case. The patient was a strongly-built and healthy-looking man, with a tuberculous family history, but who had always enjoyed good health himself. A long time ago he contracted gonorrhœa, whi h was complicated by an affection of the left epididymis Possibly this illness in some way allowed the entrance of tuberculous infection, or the immediate cause might be an injury. Two years and a half ago he fell the distance of three feet and bruised the right testicle in the fall. For years this remained without material improvement, and led to tuberculosis of the organ, the left also becoming infected. Fistulæ formed, and the medical attendant proposed double castration. When the speaker first saw the patient, he did not at once support this advice, but cast about for other means of treatment. He first recommended that by hetol, and

this was begun on December 15th, 1902, after it had been ascertained that tubercle bacilli were present in the secretion from the fistulæ. The dose began with one milligramme, and the treatment was carried out at the patient's own home. He had taken a total quantity of 6 grms. of hetol, and with this a course of kefir and strong brine baths was associated. The result was very satisfactory. He had increased in weight a great deal, the fistulæ in the testicles had closed; these had become reduced in volume, and the pain had quite disappeared. Cicatricial contraction was visible over both testicles. The results were remarkable, as Länderer had seen but slight results when treating tuberculosis of the genital organs with hetol.

Hr. F. Blumenthal spoke on

The Glycolytic Ferment.

The independence of glycolysis had been ascertained by Lépine, Jacoby, and himself. He personally found that glycolysis was a fermentative process, and he had isolated the ferment. He found the ferment also in all the organs examined—liver, spleen, and pancreas. He examined the products of glycolysis also, and determined the formation of carbonic acid. He could not find alcohol with certainty, he therefore concluded that glycolysis was an independent process, caused by a ferment that converted the sugar into carbonic acid and water, and that it was not consumed in the form of an alcoholic fermentation.

Glycolysis in other organs had recently been confirmed by Feinschmidt, Hirsch, and others. All these authors found a glycolytic ferment in the liver, the muscles, in the kidneys, and in the blood, and Nadine Sieber especially remarked that the glycolytic ferment she had obtained from fibrin did not convert salicyl-aldehyde into salicylic acid, and that it was therefore not an ordinary oxydative ferment.

More recently, Stocklasa and Czerny had believed glycolysis to be an alcoholic ferment. Considering the great significance of this view for the whole subject of alcohol, the speaker and Feinschmidt had gone over the ground again. They had found that although in most experiments alcohol was formed along with carbonic acid, the quantity was but small, so that one could not speak of an alcoholic fermentation. Seeing almost all the organs contained the glycolytic ferment, it was doubtful whether the part played by the pancreas in diabetes depended on the glycolytic ferment contained in it. Regarding this point, the investigations of Cohnheim and Rachel Hirsch were of special importance. They found that the glycolysis of the liver and of muscle was rendered considerably more active by addition of pancreas, and concluded from this that the *rôle* played by the pancreas depended on its secretion of a substance that, like a foreign body, attached the glycolytic ferment to the sugar molecules, or, like enterokynosis upon trypsine, thus rendering the glycolytic ferment active. This was not quite his own opinion or Braunstein's, who found a very active ferment in the white blood corpuscles that acted more rapidly and more glycolytically than the liver and muscle ferment activated by pancreas. In three and a half hours they saw 33 per cent. of the sugar disappear. One might draw the conclusion from this that glycolysis took place in the blood and not in the organs. This would not be correct. No glycolysis could take place in the blood, as blood serum contained an anti-glycolytic body. The leucocytes were only the carriers of the ferment, which they bore to the organ cells, especially to the muscles.

This view being correct, if pancreatic diabetes depended on the absence of the glycolytic ferment and the activating body, then the glycolytic function of the tissues must suffer in the disease. The speaker related three cases of severe diabetes in which this was the case. In conclusion, he discussed the treatment of diabetes with glycolytic ferment. Attempts hitherto made had had no real results. No result could, indeed, be achieved until by isolation of the ferment or of the activating substance the material could be produced in large quantities. This problem should speedily be solved. But it was further to be weighed whether the treatment of diabetes would be perfected by this. Possibly the other disturbances of tissue change that appeared along with diminished combustion of sugar in pancreatic diabetes did not altogether depend on diminished glycolysis, but were caused by other bodies that could not perform their functions owing to the disease in the pancreas.

Fräulein Hirsch said she had not found a glycolytic function of the pancreas, but she had of the liver.

Austria.

[FROM OUR OWN CORRESPONDENT.]

Vienna, December 5th, 1903.

Diagnostic Errors According to Modern Opinion.

At a meeting of the Doktorenkollegium, Hovorka drew attention to the injury of so many special divisions of the body that were now treated with harm to the patient under the ægis of a specialist. He admitted the potency of special knowledge after one had a thorough comprehension of the entire organism, but special knowledge without this was positively injurious. He contended that the practitioner was the best specialist, and one whose diagnosis was the most trustworthy. A few examples would illustrate his contention. Torticollis may or may not be a local disease, but most frequently it was constitutional, probably having a rheumatic basis. It might also be rhachitic with cervico-dorsal scoliosis, or simply due to habitual inclination of the head, a cicatrice, or rupture of the spinal membrane. In this connection he reminded practitioners of Brissaud's "mental" form of torticollis, which should be borne in mind when making a differential diagnosis. He warned the practitioner against the negligence of diagnosing scoliosis at the very earliest moment when treatment can be effectually applied. Spondylitis, atrophy of the chest, &c., are never difficult to diagnose. At this point he showed two cases suffering from epileptic fits, which were diagnosed as due to calculi in the bladder. Cystotomy was performed in both cases with no relief—the cause in both cases was due to spondylitis. Errors often occur with rhachitic kyphosis and habitual scoliosis.

He also related a case of mistaken diagnosis of scoliosis for floating kidney; another of ischias scoliatica for simulation, as well as others in coxa vara.

Perforation of Alveoli.

Swoboda showed an infant to the members of the Gesellschaft der Aerzte with perforation of the bony structure of the alveoli in an hereditary syphilitic family. The child was eight months old, at the breast, without any symptom, lesion or defect about the mouth such as difficulty of swallowing, purulent matter from the nose, &c. Inunctions of mercury speedily closed the fissure, which was 4 millimetres wide—0·145 inch. Swoboda presumed that this hereditary lesion was often present, but owing to its non-interference with the physiological action was passed over unobserved.

Neurath related a similar perforation that he had met with in a case of syphilis of the larynx.

Uranoplastic Operations.

Eselberg raised the question of results obtained

from uranoplastic, or hiatus palati, operations. He maintains that the functional results from cleft palate, notwithstanding the perfection attained in the technique of the operation, is very small. The most important defect, in his opinion, is the neglect of these cases after operation, which cannot be said to be complete until the function be restored, and cannot be recovered from without careful systematic training. At this point he exhibited four cases on which he had operated eleven, twelve, thirteen, and fourteen years ago. Two of these were complete operations, and two were failures from a vocal point of view, as the whole of their conversation was passed through the nose. With proper training he is convinced this defect in the results of the operation could be overcome.

HEMIPLEGIA AND MECHANOTHERAPY.

Roth brought before the members of the Society a patient who had had an apoplectic fit four months ago, which paralysed the seventh facial, eleventh recurrent and twelfth hypoglossal, as well as the whole of the nerves of the left side of the body and left leg. In order to prevent contractions, Roth commenced eight days after the attack with light massage and passive movement several times a day. Several hours a day and during the whole night an instrument was applied to assist the patient's movement. By this early form of treatment a good result is attained, as the patient can now move about with comparative ease and steadiness. He thinks this early application of the mechanotherapy would remedy many of the deformities that follow hemiplegia.

SPONDYLITIS SYPHILITICA.

Neumann reported the history of a case of spondylitis syphilitica to the Society.

The patient was a young commissionaire, æt. 35, who acquired syphilis seven years ago, since which time he has been under personal supervision. The whole course might be described as "torpid," in spite of repeated heroic treatment. Immediately after a course the symptoms would abate in one place and recur with greater intensity in another, such as palate, pharynx, larynx, &c. Three years before his death the sound could be passed into a crater-like ulcer in the back of the pharynx till it came against the denuded vertebræ. Associated with this were stiffness of the neck and immobility of the head, pain over the region of the occiput and the spinous process of the neck, which extended far down the column.

In the last month of his illness the temperature began to rise gradually with the development of a purulent phlegmonous process indicating a mixed infection, which, commencing in the neck, passed along the connective tissue in the pleural cavity and finally caused death.

The post-mortem was conducted by Stoerk, who recorded perfect destruction between the third and fourth cervical vertebræ, with dislocation of the adjoining structure.

The resulting discharge was found to be loaded with a mixture of organisms which had probably obtained admission during the previous three years' destructive discharge from the osseous vertebræ.

Neumann remarked that this was an unusual course, though not unknown, as there were now thirty-six such cases on record, where the syphilitic destruction attacked the bony structure of the neck and localised itself in the vertebræ, producing spondylitis. Notwithstanding the frequency of syphilis in the soft tissues of the throat, this erratic form is comparatively rare, and must be assumed to be connected with tubercle, although not clearly demonstrated.

The Operating Theatres.

FRENCH HOSPITAL AND DISPENSARY.

SPINDLE-CELLED SARCOMA OF ELBOW.—Mr. EDMUND OWEN operated on a case of a young man, æt. 21, who had been admitted with a fluid swelling on the internal surface of the right elbow-joint. Mr. Owen said the case was interesting in regard to the diagnosis, which, he thought, lay between two conditions, namely, Morrant Baker's cyst and tuberculous disease. With regard to the former, he pointed out that the swelling was distinctly fluid and seemingly could be pressed back into the elbow-joint; moreover, when the patient was admitted the swelling was neither red, hot nor painful; after manipulation, however, it became tender, red, and somewhat hot. (The patient was sent up to the College of Surgeons for the Fellowship Examination, and was diagnosed as a Morrant Baker's cyst by the examiners and by the candidates.) On the other hand, with regard to the tuberculous diagnosis there was a history of injury ten years previously, and the swelling appeared four months before admission and gradually increased in size, preventing free extension of the elbow joint. It was not painful; it was semi-fluid, suggesting tuberculous pus, and the forearm was also slightly smaller than the one on the opposite side. It subsequently became much redder, hotter, and much more painful, whereupon it was decided to make an incision into it. This was accordingly done, and no fluid or pus came away, but only some darkish blood. On introducing a pair of forceps into the cavity and opening it up, a large amount of typical sarcomatous material accompanied by a great deal of blood was set free. On introducing the finger into the cavity it was discovered that the disease extended upwards between the muscles for about two inches, and downwards for about the same distance between the muscles attached to the internal condyle. A small portion of the posterior surface of the olecranon process was found to be bare, this probably being the starting-point of the sarcoma. On examination of the portion removed it was found to be spindle-celled sarcomatous material accompanied by free hæmorrhage and embryonic vessels. Not having permission to remove the arm, Mr. Owen decided to defer the amputation to a future occasion. This operation will be reported in "Operating Theatres."

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.

OPERATION FOR CONGENITAL PTOSIS.—Mr. H. B. GRIMSDALE operated on a schoolboy, æt. 12, who had been admitted for congenital ptosis of the left eye. The vision was normal, and the mother wished the deformity corrected "because his infirmity was a subject of derision to other boys." The patient was anæsthetised by chloroform and the eyebrow shaved; a curved incision was made in the eyebrow one inch and a quarter long through skin and underlying muscle. The dissection was carried down in front of the tarsal cartilage to within an eighth of an inch of the lid margin, extending the whole length of the lid. A length of silkworm-gut with a needle at each end was passed through the skin close to the lid margin and carried up in the space made by dissection to the wound, then deeply through the frontalis and brought out through the skin above the eyebrow. Two such sutures were passed at the junction of the inner and middle and middle and outer third. The lid was drawn up by means of the sutures so that its lower margin was half way between the corneal limbus and the pupil, and the ends tied over a piece of drainage-tube. The wound was brought together by interrupted sutures,

and dressed with a dry pad of gauze. Mr. Grimsdale said that the choice of operation in these cases varied with the fact of the condition being unilateral or bilateral. The lid could be raised either by the frontalis or by a slip from the superior rectus as after the manner of Motais. The latter method had the advantage that the movements of the lid and globe were co-ordinated almost as in the normal condition. When the frontalis was used. as in the present operation, there was no unnecessary agreement between the movements of the lid and eye. A Motais' operation was not admissible, however, in unilateral cases since the additional work put on the superior rectus prevented it raising the globe equally with its normal fellow and therefore very troublesome diplopia followed in the majority of instances. He was therefore bound to make use of the frontalis. Several operations, he pointed out, were possible, either employing an artificial tendon as was done by Mules, of Manchester, who attached the tarsal cartilage to the frontalis by means of a thin gold wire, or the use of a skin flap sewn directly to the frontalis underneath the eyebrow, as was done by Panas, of Paris. The former operation—that of Mules—he said, was simple and generally successful, but the gold wire occasionally broke on introduction or slipped after the wound was healed. Panas' operation on the other hand left an ugly puckered scar close beneath the eyebrow which was long in healing. The present operation, he remarked, was that of Hess and might be considered in some respects a modification of Panas' since a double fold of skin was drawn up and became attached more or less intimately to the frontalis; he thought it was, as seen, a simple operation, the healing was rapid and the results good and apparently permanent. The position of the lid was only normal when the patient's gaze was directed straight forward. On looking up or down a deformity would still be apparent since the movements of the lid would not follow those ot the globe.

The patient left the hospital within a week and the parents said they were amply satisfied with the result.

The Removal of King's College Hospital.

The South London site of twelve acres known as "The Sanders' Estate," which has been presented to King's College Hospital, is at the foot of Denmark Hill, close to Camberwell Green, and in close proximity to three railway stations. The electric tram-lines also run close to, and a new line is now being laid down which will pass the doors of the new hospital, so that the situation will be easily accessible from every district of South London. It is to be hoped that the £300,000 required to carry out this scheme will be forthcoming at an early period.

Notification is given of an intended application to Parliament next Session by the president, vice-presidents, and governors of King's College Hospital for leave to bring in a Bill authorising them and the committee of management to sell, lease, and otherwise dispose of the hospital and site. The Bill will contain clauses providing *inter alia*, that upon any sale, letting, &c., of the chapel erected in the hospital, or any other portion of the site which shall have been consecrated as a burial ground, the chapel and any part of the site so consecrated shall vest in the purchaser, &c., freed from all disabilities and restrictions; authorising the president, &c., and the committee to make agreements with persons having interests in the lands, &c., forming part of the site for the acquisition by the former of such interests; and empowering them to purchase, lease, &c., any lands, &c., suitable or convenient for a hospital "and to erect and maintain on such lands or any of them a hospital, with all buildings and appurtenances which may be deemed necessary or desirable for the purposes of such hospital, and a medical college connected therewith."

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 2, 1903.

THE REGULATIONS OF THE CENTRAL MIDWIVES BOARD AND IRISH MATERNITY HOSPITALS.

The President of the Obstetrical Section of the Royal Academy of Medicine in Ireland did a very substantial service to the great Irish maternity hospitals when he devoted his Inaugural Address to the all-important subject of the regulations of the Central Midwives Board. Not alone did the address itself serve to draw public attention to a matter of importance and urgency, but by giving rise to the discussion which followed, and which was taken part in by the heads of the different maternity hospitals, it led to an expression of opinion both general and strong. Our readers do not require to be told at any great length what are the present points at issue between the Central Midwives Board and the Irish maternity hospitals. At the time of the passing of the Midwives Act, on many occasions we urged upon the authorities of the different hospitals concerned the importance of making a firm stand and insisting upon the recognition of their certificates. This stand was not made, and, in consequence, the Act was passed in its present form. It is true it compelled those into whose hands the working of the Act was entrusted to grant the same facilities for registration for a space of two years to nurses trained in the Irish maternity hospitals as they did to *all* women who, at the time of the passing of the Act, practised as midwives, whether trained or untrained—a most valuable privilege! It, however, contained no mandatory clause compelling the Central Midwives Board to continue this recognition. The result of this has been that almost the first act of the newly-constituted Central Midwives Board was to draw up for the training of nurses rules which cannot be complied with in Dublin, and which, consequently, shut out every Dublin trained nurse even from admission to the examination of the Central Midwives Board. At the discussion which followed upon Dr. Alfred Smith's address, the question was

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l Midwives Board could so
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ed for the purposes of im-
ıd training of women who
other women in their con-
wn up certain regulations,
l before a woman can be
s examination. The effect
ıat while on the one hand a
l a midwife recognised by
l of three months, during
: allows her to deliver and
ınd who receives no other
vhich the midwife chooses
e allowed to present herself
ıe other hand, a nurse who
ıix months at one of the
ıtals, and has passed their
e. Can any Board justify
ıuch an effect, or can any
the request of the slighted
recognition? We do not
time it is well to remember
aintain peace is to prepare
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ɔontest we have no doubt.
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hey can secure the united
embers of Parliament both
st.

LEEPING SICKNESS.

ɔf tropical medicine in the
o men of science and to

practical colonists, has been the subject of sleeping sickness. Mysterious in origin and invariably fatal, it affected large numbers of the population in wide, though defined, areas. As nothing was known of its causation, and consequently of its possible prevention, there seemed to be no reason why other districts and regions might not be visited with the same appalling results as Uganda. Now, however, thanks to the insight and industry of Dr. Castellani and of Colonel Bruce and his colleagues of the Royal Society's Commission, the cause of the disease is sufficiently known to hold out good prospects of ultimate success in stamping it out. Immediately after the arrival of the Commission in Uganda, Colonel Bruce was informed by Dr. Castellani that in five cases of sleeping sickness he had observed trypanosomes in the cerebro-spinal fluid. This, in itself, was a clue of great importance, since trypanosomes had previously been found to be pathogenic in animals, though rarely found in man. The first observation of trypanosomes in the blood of mammals was made in the case of a rat by the late Dr. Timothy Lewis in 1877. A few years later its connection with the disease "surra," occurring in horses, mules, and camels, was made out by Griffith Evans in the Punjab. In 1896, Bruce established the causation of the "fly disease," or "nagana," affecting horses in South Africa, to be due to infection with a trypanosome carried by the tsetse-fly. Later still, the presence of a trypanosome in human blood associated with the production of fever and other symptoms has been noticed in West Africa. Other pathological conditions said to be due to infection with trypanosomes are "dourine" and "caderas," diseases of horses in the Near East and South America respectively. Following up these clues, Colonel Bruce's colleagues, Drs. Nabarro, Greig, and Wiggins, found trypanosomes in the cerebro-spinal fluid of every one of ninety-three cases examined. In no case other than sleeping sickness was the parasite discovered in the cerebro-spinal fluid. Again, in every case of the disease the parasite was found in the peripheral blood; but now an apparent difficulty arose, for it was found in many persons who showed no symptom of sleeping sickness. Further examination, however, entirely dispelled this difficulty, since trypanosomes were only found in the blood of persons residing in the diseased area, and, therefore, subject to infection. Colonel Bruce believes, and probably rightly, that these people had been infected, and are liable to develop the disease; symptoms will appear when the parasite obtains access to the cerebro-spinal fluid. A monkey inoculated with cerebro-spinal fluid containing trypanosomes developed sleeping sickness, and showed the parasite in its blood. Similar results occurred on injecting trypanosomal blood into another monkey. Having established very fairly the causal connection between the trypanosome and sleeping sickness, the Commissioners proceeded to investigate the life-history of the organism. In this they were so fortunate as to have the co-operation of no less than four hundred

and sixty officials and missionaries throughout the country. The analogy of the disease with nagana was so obvious that the indigenous biting flies were made the subject of close study. It very soon became apparent that there was one particular biting fly—*Flossina palpalis*—which geographically was accurately associated with the presence of sleeping sickness. The habitat of this insect was the wooded shores of the lake, the neighbouring islands, and a considerable stretch of the River Nile. These were precisely the regions in which sleeping sickness prevailed. Experiments made to establish the connection of *F. palpalis* with sleeping sickness are not yet conclusive, but everything points in that direction. Monkeys were infected with sleeping sickness by the flies from the lake-shore in the sleeping sickness district, and attempts are being made to infect them by flies fed on the blood of patients suffering from the disease. Colonel Bruce and his colleagues are to be congratulated alike on the scientific methods of their investigation and the brilliant success which has crowned it. The habits of the fly have still to be studied with great care, but we have no doubt that methods will be found by which its numbers can be greatly diminished. The analogous case of malaria, and the success which has attended the destruction of the breeding-places of the anopheles at Ismailia and other places, give us every promise of equally useful preventive measures against sleeping sickness.

MEDICAL JOURNALS AND LAY READERS.

THE correspondence columns of the great modern newspapers reflect more or less faithfully the many phases of our complex modern life. They cover, therefore, a wide field, and furnish an abundance of interest to a multitude of readers. Their financial and editorial importance, indeed, is so testified by the amplitude of space devoted to this strongly developed feature of modern journalism that there is no need to labour the point further. The supply of topics is clearly just as inexhaustible as the shifting kaleidoscopic combinations of society. For all that, the imagination of editors from time to time shows signs of satiety, judging from the curious nature of particular subjects chosen as the shuttlecock of these ephemeral discussions. Medical matters receive a fair share of attention, a fact that is not altogether surprising when one reflects upon the vast interests directly or indirectly connected with medicine that exist among the community. At any rate, nothing seems dearer to the lay editor than a correspondence upon some new or strange method of treatment, upon vivisection, upon the policy and management of a hospital, upon medical aid societies, upon the cure of consumption, upon the causation of cancer, or upon some other more or less technical subject which the omnipresent and omniscient amateur desires to illuminate and make clear. One of the most recent of these discussions has been raised by an "indignant" correspondent, who wrote denouncing the practice of keeping reading rooms of clubs, ho and other places where young persons of both with righteous wrath that young man gloating over the position of a child woman. Possibly "Indig of his time in a newspap that is proverbially tryi any case his mental outl narrow, and weighted with cannot fail to keep its own shock at the mass of details to be found in th newspapers. In seeing disclosure of simple facts a young man he is no m traditions that have ruled nations in recent times. sense of modern commur considered indelicate to in many instances, to kno things as digestion, me venereal diseases and the sexual functions generall ostrich-like policy is absc socially, to many young women. Already the sub by thinkers at home, wh the trend of thought amon a nation that is wont ever the flag of common-sens points of sexual physiolog form a part of a wider tu to be included in every s is a danger in over-refinem to real culture and purit the substitution of "pers and "stomach" for "bell used the robuster terms a the habit of calling a sp less outspoken descendant inveighs against the lay rea represents the modern and fastidiousness. If h our youth from erotic lite dant opportunity at hanc with filthy and suggesti reports. "Preventive" persons of both sexes a as well as the announce venereal diseases and thi mongering in its diffe "Indignant" seek to ext find plenty of work in this turn next to the illustra the French type, which i decency, and with whicl Probably there is more youth by a single shop wi French picture books in medical journals in all tl say, a generation. *Honi s*

Current Topics.

lomew's Hospital.

ewspaper recently made the tention of St. Bartholomew's it site met with the approval uls. This statement is so far actual facts of the case that luty to enter a strong and ist so ill-informed an assump- t THE MEDICAL PRESS AND ted the alternative scheme of w modern hospital in the aving behind in the City lation for accidents and reasons for that advocacy umerated and discussed in Journal during the past year. y careful detailed answer to favour of decentralisation. ommittee brushed the matter shion. Sir Henry Burdett llusion to the alternative of ort of the medical staff come into the light of day, nd elsewhere in our columns, ention of present site chiefly at hand of a huge day popu- trongest argument advanced

The issues involved are of portance, and the Mansion in their recommendation iews of the medical staff

Without asking for an Bartholomew's might build n hospital in the suburbs. o extend and rebuild on the rb a huge additional sum of fail to divert the stream of serving hospitals. The least 's can do is to produce ample tion of every step that may College and St. George's ed to move into airier and hy not St. Bartholomew's ?

Use for X-Rays.

e matters better in France,' " If we are to believe the some other things than those oby which are ordered better e countries, and one of these f criminals. The system of by the Paris police with a lentification has always been ed in other countries, and it nproved. It is well known M. Bertillon of the indivi- ks was used for police pur- g before the London police t. A few months ago much to this important mark of conviction in London of a m the principal item of spondence shown by a dirty indow at the scene of the burglary with his "signature" in the archives of the police authorities. In Paris every convicted person has to undergo such a thorough anthropometric examination that it is difficult afterwards to make any mistake as to the identity of anyone who has ever been convicted. Not content with the completeness of their knowledge concerning past and present convicts, the police are now proceeding to compile particulars of the still unconvicted. Some 16,000 radiographic plates of various pathological conditions have been collected from the various hospitals of Paris in order that as much information as possible may be at hand to aid in identifying future criminals. This assumption that every citizen may become a criminal, though not without its humorous side, is probably as true as the copy-book maxim regarding the contents of the soldier's knapsack, and at any rate its application shows a thoroughness in the methods of the Paris police from which our own officials might learn much.

Compulsory Notification of Tuberculosis.

A MARKED step in advance has been taken by the approval by the Select Committee of the insertion of a series of clauses dealing with the prevention of tuberculosis in the Sheffield Corporation Bill. These clauses propose to deal with tuberculosis on practically the same basis as the scheduled dangerous infectious diseases are dealt with at present under the Public Health Act. The Corporation have sought and obtained powers for compulsory disinfection of all infected articles and houses under the usual conditions as to entry, and the usual limitation as to compensation for damage. The most important provision from the point of view of the medical man, however, is that notification of tuberculosis of the lung is made compulsory, and that whilst paying the usual certification fees the Corporation can insist on information as to cases of the disease being sent to them under the same penalties as under the Public Health Act. The granting of these powers is limited to a period of seven years, at the expiry of which time they will need to be renewed if the experiment has been satisfactory. The significance of the approval of these clauses by the Select Committee is increased by the fact that the Local Government Board sent one of their medical staff to give evidence in favour of compulsory notification, an event that shows that the hitherto established policy of the Board has been reversed. The late Sir Richard Thorne was strongly opposed to dealing with tuberculosis as with the other infectious diseases, although he was one of the most ardent advocates of stamping out tuberculosis by administrative and missionary efforts. Mr. Power, his successor, held the same views, but now that he has relaxed the stringency of the official opposition other corporations will doubtless press for similar bills. It may be well to wait and see the result of the Sheffield experiment, for hitherto voluntary notification has not had any marked influence on the death-rate; and it would be advisable to have the system thoroughly tested under voluntary effort before resorting to compulsion.

Old Age—A Disease.

Professor Metchnikoff will always command a respectful and interested hearing from medical men by reason of their sense of his valuable researches, his enthusiasm, and his learning. When, therefore, he sets forth with every evidence of conviction the startling theories which his new work—"The Nature of Man"—propounds, one is bound to pay grave attention to them and the facts that are urged in their support. With much earnestness he enunciates his view that old age as we know it is a pathological state, and not a physiological failure of vital activity. And what is the agency that brings about this disease? We can be hardly surprised that Professor Metchnikoff blames his own child—the phagocyte. The phagocyte, not finding sufficient micro-organisms to occupy his time as age creeps on, turns to the tissues for his pabulum, with the natural result that those tissues undergo premature degeneration. Were it not for this factor in the economy of the individual there is no valid reason why life should not be prolonged to twice three score years and ten—a hundred and forty being the exact age that Professor Metchnikoff fixes. A curious correlation of this prolongation of existence, he explains, would be the development of an instinct of death, which would rob approaching dissolution of its terrors. If we could get rid of the phagocytic influence, in fact, we should reach the end of life so naturally that we should come to look on death as the next step in existence, just as sleep succeeds a long and tiring day. Professor Metchnikoff's work is a study in "disharmonies" left and wrought in man by the process of evolution; but one wonders if the harmony between men would be increased if we were all Nestors.

Another Hospital Scandal.

While what is known as "The Granard Nursing Scandal" seems still as far as ever from a satisfactory termination, there comes news of a scandal of almost equal magnitude in the management of the Sligo Fever Hospital. In this case the entire blame seems to rest with the Managing Committee of the institution. It appears that for a long time it has been evident that the drainage of the hospital was in a very bad state, if, indeed, it could be said to be drained at all. As, however, the hospital was usually nearly empty, there did not appear to the Committee to be any need to proceed with haste. They were, indeed, in some difficulty, as they were engaged in a squabble on the one hand with the Sligo Corporation, and, on the other, with the ground landlord. The latter objected to a drain having been made on his lands without his consent, and to his prejudice; while the Corporation refused to allow the hospital sewage to enter the public sewers of the town. Nothing was done, and at the present time, owing to a sudden outbreak of fever, there are nearly fifty patients, suffering from typhus and typhoid, crammed into the undrained building. "It was always a scandal, but now it is a disgrace," is the judgment of Dr. McCarthy, the Local Government Board inspector. "The discha
and all the *débris* from t
round the foundation of t
dition is dangerous, and li
doctors and nurses in con
sick." It will hardly be
of such a report as this, t
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The Royal Commission

The Royal Commissi
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)f Surgical Fact."

)mments were made by Mr.
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: regarding the invariable
ınce of medical men even on
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ıpany of Ireland to recover
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ı knock. Another medical
e plaintiff and stated in his
l the man in bed suffering
f the knee, and that he
ı was permanently injured.
ıarked that it was a lament-
cal gentlemen should con-
ıatters of certainty. "This
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l report. This, however,
ff would not agree to, with
urt remitted the action for
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:ontradict one another in
:r of fact, is "lamentable."

The Sore Throat Epidemic at Woking.

AN interesting and valuable report has been recently issued by Dr. R.W.C. Pierce, Medical Officer of Health for Guildford and Woking. It deals with a severe and widespread sore throat epidemic that recently prevailed in Woking. The first intimation of the outbreak came early in October, when several swabs from infected throats were transmitted to the Medical Officer, but no diphtheria bacillus was detected. Towards the end of October the great increase of the epidemic, together with several deaths, led Dr. Pierce to make further investigations. The cases were severe, the glands of the neck were swollen, and in some instances abscesses formed both internally and externally. Fever and other signs of general septic infection were present. Dr. Pierce was enabled to trace the source of the infection to two local milk dealers, and from thence to a farm at Chertsey. On visiting the farm in question he found several cows suffering from suppurative mammitis. The organisms obtained from the pus in the teats were chiefly staphylococcic and streptococcic, corresponding with those obtained from Woking throats. This report furnishes overwhelming evidence, if any were needed, of the absolute necessity of stringent inspection and control of milk at every stage from the teat of the cow to the table of the consumer. Whole armies of our citizens have been destroyed in the past by milk epidemics of enteric fever, scarlatina, and diphtheria. Yet the same unscientific recklessness continues as a standing reproach to the efficiency of our modern public preventive service.

The Therapeutical Society.

OF the many societies that have sprung into existence of late years the particular one devoted to the study of therapeutics appears to demand the least amount of justification. The avowed aim of the Therapeutical Society is to furnish an opportunity for the collective investigation of remedies, new and old. In spite of the growing tendency on the part of medical men to trust less and less to the specific virtues of drugs "to be taken three times daily," there can be no gainsaying the fact, on the other hand, that now and then a valuable remedy is discovered amid the vast rubbish heap turned out every year in Germany and in other parts of the world. In the present issue of THE MEDICAL PRESS AND CIRCULAR will be found two valuable original communications recently read before the Therapeutical Society. The first was by Professor R. B. Wild, of Manchester, on the "Pharmacology of the Saponins," while the second, by Dr. Stapf, of Kew Gardens, dealt with the "Botany of the Indian Aconites." Dr. Wild showed that quillaia bark contains two active saponins, quillaiac acid and quillaia sapotoxin, both of which are general protoplasmic poisons. After a variable period of irritation, they paralyse muscular tissues, and even in very dilute solution they cause spasm of vascular and all other contractile tissues. The action on the isolated frog's heart is marked. The

organ remains in a partially contracted state, and gives small regular beats without being fully relaxed. If a strong solution be used the heart quickly stops in a contracted state. The moral is that quillaia, which is often added to a mixture for its emulsifying and suspending qualities, may be in reality a dangerous drug.

The Action of Eucalyptus Oil.

THE active principle of eucalyptus oil, namely, eucalyptol, acts in many ways like other essential oils. Thus, when applied externally it is rubefacient, and when taken internally it is a carminative, a stimulant and an antiseptic. But it also possesses other actions peculiar to itself. It stimulates renal excretion, and it has been credited with certain feeble antipyretic and anti-malarial properties, acting in the latter sense somewhat like cinchona. In poisonous doses its effects are more variable, and, as a matter of fact, it does not figure largely in works on toxicology. In the case of an adult, reported by Mr. Ernest Sheaf, (*a*) of Queensland, who took five drachms of the extract of eucalyptus, the patient was seized with involuntary muscular twitchings, faintness, and tachycardia. The following day the urine became of a dark colour, but the man made a complete recovery. The recent case of Hall *v.* Bruce's, Limited, in which the plaintiff sued a firm of chemists on behalf of his infant son for having been supplied with eucalyptus oil instead of a cough mixture, and was awarded substantial damages, illustrates the effects of large doses of the oil. It was stated that a drachm had been administered to the baby, who was forthwith taken severely ill, but it was noticed for some months afterwards that the child suffered from irritability of the bladder and incontinence of urine. This latter symptom, so common in childhood, does not generally appear at quite such a tender age, so that the probability is that the eucalyptus was in some way connected with the loss of vesical control. The case was rather an unusual one, in that the bladder symptoms dated directly from the administration of the drug. The oil will, in some cases, act upon the kidneys in a similar manner to turpentine, so that it may be surmised that the incontinence was preceded by some more or less slight inflammation of the mucous membrane of the urinary tract.

A Rare Lingual Abnormality.

CASES in which the surface of the tongue presents curious, irregular marks, somewhat resembling the outlines in a map, are not very uncommon. These "geographical tongues" are sometimes the precursors of epithelioma, or they may be one of the late results of syphilis. A condition of leukoplakia may also be induced by chronic irritation within the mouth, of dental or other origin. A case is narrated by Dr. Levi Bianchini (*b*) in which the aspect of the tongue bore a strong resemblance to the convoluted exterior of the cerebrum. The patient, a farmer, aged 48, with

(*a*) *Brit. Med. Journ.*, i., 1888, p. 849.
(*b*) 'Nouvelle Incon. de la Salpêtrière," August, 1903.

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e most important vacancies.

r of Materia Medica in
3 of Surgeons, Ireland.

ıe President, Vice-President,
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:d a Professor of Materia
ı is a graduate of the Univer-
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: has held the posts of Senior
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'geons, and of Examiner in
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RSONAL.

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hthalmoscope, is under the able
:y Stephenson.

e Local Government Board in
y date, receive a deputation of
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account of how the Zachary
ıe to be founded in Glasgow.

:SSEX, M.R.C.S.Eng., of Ponty-
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ırgeon to the Pontypool Town
'orks, has been presented with
l by the workmen.

OD, a well-known brewer, has
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about £20,000. Lord Knollys
[r. Brickwood that His Majesty
he offer, which will be accepted

ıber 7th, at 3 p.m., Sir Pat-
:., delivered an address at the
)pical Medicine, Albert Docks.
he London School of Tropical
done, is doing, and hopes to

Correspondence.

:ELFAST.

'WN CORRESPONDENT.]

:IDGE UNION.—An election was
idge Union to appoint a medical
ered vacant by the death of Dr.
ıtes were Dr. Robert Martin,
l Dr. Francis T. Herron, Lough-
ng that the former gentleman
guardians said that Dr. Herron
ledical Association whereas Dr.
ad no intention of becoming so.
btained 36 votes against Dr. Herron's 23, he was declared elected. As both candidates were dispensary medical officers under the same board, it will be interesting to watch the action of that board when the election of a successor to Dr. Martin comes on. A meeting is to be held on the 14th instant to fix the salary to be offered to that successor.

HEALTH OF THE CITY.—During the month ending November 21st, 301 cases of zymotic diseases were notified in Belfast, including 93 cases of scarlet fever, 70 typhoid, 52 erysipelas, 49 simple continued fever, 20 diphtheria, 6 membranous croup, 4 each typhus and puerperal fever, and 3 small-pox. The deaths from these diseases numbered 54, and from phthisis and diseases of the respiratory organs 220. The annual death rate from all causes was 17·9, while in the corresponding period of last year it was 21·3. Since this report was published another case of small-pox has occurred, the patient being a working man lately come from England.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

A QUESTION OF MORALS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I see in one of the daily papers, in the column, "The Editor's Post-bag," a letter headed "Doctors and Crime"; and the same kind of question is raised that I submitted to the readers of THE MEDICAL PRESS AND CIRCULAR last week, and which you considered to be "a question of the utmost importance from the point of view of professional morality." When we have to do with cases of mental weakness and see influences at work that in our opinion are injurious to the patient, it would be well that we should be clear as to our legal and moral obligations, and at least be no parties to what is certainly wrong.

I am, Sir, yours truly,
QUERENS.

THE HOMICIDAL HAT-PIN.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—An instance of the dangerous nature of the "homicidal hat-pin" came under my notice in July, 1902, when a gentleman came to me with the history of a wound in the eye from the prod of a hat-pin. The injury had occurred one month previously, and the vitreous humour was nearly quite opaque from blood clots. Vision was only $\frac{6}{60}$. Fortunately the weapon happened to be aseptic, and the blood mostly absorbed, raising vision to $\frac{6}{18}$ in some six weeks' time. The wound was in the sclerotic behind the position of the crystalline lens.

I am, Sir, yours truly,
J. B. STORY, F.R.C.S.
6 Merrion Square, Dublin, November 25th, 1903.

VIVISECTION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I think there are many practitioners who are more or less averse to vivisection.

I should very much like to have a distinct answer to the simple question, Did you ever learn anything of use to you from vivisection? I have been in the lecture-room in Paris and have listened and looked, and have always come away in rather a doubtful state of mind, after seeing the miserable dog on the table, and hearing the more or less theoretic eloquence of the lecturer. To go from such a lecture-room to the bedside and try and bring the one into any kind of practical relation with the other has always seemed difficult, if not impossible. Whatever interest vivisection may have for the original investigator it is another matter when it is admitted as a necessary method in the education of those who are going to practice the profession of medicine.

How curiously varied are the results of vivisection among original workers must be familiar to many.

If some of your readers would honestly state what they have learnt from vivisection it would be very interesting.

I am, Sir, yours truly,

ROBERT LEE.

INQUEST AT DRUMCONDRA HOSPITAL

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I was requested by the police to attend an inquest on the 23rd ult., at the above hospital, to give evidence. I got no subpœna, but it was put on my slate, by the police, to attend. I am always anxious to assist the police, but I would like to know, was it my duty to attend? The consultant in the case, Dr. McCullagh also attended. The Coroner, Dr. Louis Byron, for whom my profession has the greatest respect, asked the jury would myself and Dr. McCullagh be examined. The foreman, on taking a division, verbally announced that a majority of the jury wished myself and Dr. McCullagh to be examined. Consequently foreman signed an order for our fees. Dr. Wilson, one of the visiting attendants to the hospital, made a post mortem and gave evidence, and I understand he gets no fee.

I would be glad to hear from some of your readers the rules in such a case. Should Dr. Wilson get a fee?

I am, Sir, yours truly,

THOMAS P. CODD,
L & L.M.K.Q.C.P.I., L.R.C.S.I., &c.

[The manner in which Dr. Codd was summoned to attend the inquest was undoubtedly irregular. If the patient died in the Drumcondra Hospital Dr. Wilson is not entitled to a fee.—ED.]

REPORT OF THE MEDICAL COUNCIL OF ST. BARTHOLOMEW'S HOSPITAL WITH REGARD TO THE PROPOSED CHANGES.

To the Governors of St. Bartholomew's Hospital.

GENTLEMEN,—We desire to call your attention to the urgent necessity for a large increase of accommodation in the various departments of the Hospital, and the need of securing an adequate amount of space for future development. This can only be provided for by the purchase of the whole site of Christ's Hospital.

On November 2nd, 1899, a deputation from the Medical Council urged upon the Treasurer and Almoners our conviction of the necessity for the acquisition of the whole of the site of Christ's Hospital. They stated our belief that the portion of the site asked for, about an acre and a half, would be quite inadequate, and that if this opportunity of gaining the whole site were lost the proper growth of St. Bartholomew's would be hampered for all time.

On August 15th, 1899, the Medical Council had submitted, at the request of the Treasurer, a full Report on the seriously defective state of the accommodation of the Casualty, Out-patient and Special Departments, which together make up a very large part of the service of the Hospital.

We would draw your attention to this Report, which showed that the Out-patient rooms, and rooms for Special Departments, have become insufficient for the work which has to be done in them, and that, for the proper treatment and welfare of the patients, a complete reorganisation is required. The Surgery, consisting of the large room, with smaller rooms attached, accommodates every morning an Assistant Physician, an Assistant Surgeon, a Casualty Physician, a Dental Surgeon and his Dressers, five Assistan tHouse Physicians, ten House Surgeons and the Ophthalmic House Surgeon, forty Surgical dressers, Sister, Nurses, an Inquiry Officer, and Porters. When filled the department holds more than 600 people, and, in spite of the promptitude with which the work is performed, the places of those who go out are at once occupied, and the room remains crowded on some mornings from 9 o'clock until nearly noon. In the afternoon the Surgery accommodates the patients sent for consultation to the Surgeons, to whom are alloted after 1.30 the small rooms used in the morning by the Casualty and House Physicians. On certain days these rooms are subsequently used by the Surgeons to the Orthopædic and Throat Depa
day by the House Physicia

The body of the room i
of accidents and urgent ca
as a waiting room and pa
ment by the officers in c
following Special Departn
mic, Aural, Throat, and
poses the Report showe
unsuited. (*Vide Report,*

As a receiving room c
large enough, in proportic
generally and its Staff.
simply because its functio
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in addition to those of a r
examination and treatm
things can only be remed
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Special Departments, and
of the wnole Casualty
include the provision of
can examine and treat th

The Report further s
rooms, Medical and Surgic
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efficient carrying out of t
patient and Special Dep
sufficient.

Each department really
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particular apparatus. T
Orthopædic are totally
Ophthalmic Department,
those of the Skin.

In the Medical, Surgi
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the lighting, heating, an
equipment, furnishing, a
are required in the perfo
are altogether defective.
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patients, who are sometir
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The work done in t
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accommodation and app
more.

The Report did not
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the Nurses' Home. Th
way as inconvenient as
has been of great service
consists of old houses, th
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At least three new op
Their need may be seen
total number of major
Bartholomew's Hospital
exceeded 2,500; whilst t
may be inferred from th
anæsthetics were adminis

Isolation blocks are e
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A new Mortuary and
essential. There is no
tion in the existing build
means of showing that
friends of the dead which

Space is also required
Research Laboratories w
now be said to be prope

The Wards are not no
modern ideas of hospital

It is not possible that

n to be essential for the
v's Hospital can be carried
mparatively small area of
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n the whole site of Christ's
d, and we desire to impress
ements we have made on

that although the Hospital
d for public assistance, yet
reely given in the middle of
e of the rebuilding. There
should not be equally suc-
imes, if the need for funds

ider the question in all its
hat for nearly 800 years
has maintained the position
City of London. To lose
btaining the whole site is to
mit the sphere of beneficent

are, Gentlemen,
Your obedient Servants,
J. A. ORMEROD
W. P. HERRINGHAM
H. H. TOOTH
F. H. CHAMPNEYS
W. S. A. GRIFFITH
HARRISON CRIPPS
W. BRUCE CLARKE
ANTHONY BOWLBY
CHARLES B. LOCKWOOD
D'ARCY POWER
W. H. H. JESSOP
W. T. HOLMES SPICER
BERBATCH.

August, 1901.

ebted to the *Hospital*, which
medical report *in extenso*.
-ED.]

uary.

IBSON, STIRLING.

the death, on the 29th ult., is eighty-second year. He in Stirling, and one of the n was born in Stirling in Universities of Edinburgh M.D. at Edinburgh in 1843. the medical charge of the Castle, and in 1854 received in the Stirlingshire Militia, Highland Borderers." He eon-Major, Militia Medical n the resignation of his com- nitted to retain this rank. rother of the late Mr. James f several well-known works Covenanters' Tombstones," d in 1854 the only surviving k Connal, banker, Stirling, own Stirling family, and he and three sons and two

US EDSON.

missioner of Health of New e best-known physicians of day night of pneumonia.

ERAL JOHN HENRY STER.

e death of Deputy-Surgeon- ster, who died at Kensing- he age of seventy-three. He ne 14th Light Dragoons in the Mutiny with the same vices he held the medal and ylla, and for Central India. ostly employed at Bombay, where he was one of a distinguished group of physicians and teachers of medicine. Since his retirement in 1875 he devoted much of his time and infinite pains to painting, in which he achieved considerable success.

Literature.

MATHEWS ON DISEASES OF THE RECTUM, ANUS, AND SIGMOID FLEXURE. (*a*)

IT seems a great pity that in bringing out the third edition of this work the number of illustrations was not more largely added to, as the proportion of these to the number of pages is far too small for a book of the kind, especially as the majority are cuts of instruments.

The chief value of this work is due to the fact that it includes the history, symptoms, and treatment of a large number of cases, and that many of these are instructive and form interesting and occasionally amusing reading. The following anecdote Dr. Mathews tells as occurring early in his practice :—"I was sent for to come hurriedly a distance of several miles to see a child to which had happened some terrible accident. Upon my arrival I found the mother in great distress, She said to me between her sobs that the body of her child had come down and that she feared it was in a dangerous condition. The little fellow was lying on the bed, and I could see the prolapse before I got to him; my first impulse—which I carried into execution—was to pick him up by the heels and shake him so that the prolapse might go back by gravitation. No sooner had I done this, than the mother, approaching from behind, dealt me a terrific blow on the back of the neck and knocked me down. I fell, with the child under me, but when I regained myself and lifted him up, the prolapse had disappeared. Of course she begged my pardon, but it did not relieve the sting."

We cannot help thinking that the author takes a rather too gloomy view of extirpation of the rectum for cancer. He sums up his remarks as follows: "It will be seen, then, that the operation does not hold forth any great inducement, and a surgeon should consider well his case before undertaking it."

We must confess some surprise at the author stating that lumbar colotomy is his favourite operation in the majority of cases where a colotomy is demanded.

In speaking of malignant diseases of the rectum, Dr. Mathews says: "But as we are dealing with malignant tumours, or, to speak more properly, with cancerous tumours of the rectum, we shall not refer to the word 'sarcoma.' I recognise the fact that the intimacy of resemblance between a sarcomatous tumour and cancer is so close that the microscope will often fail to decide, and I believe that it would be impossible to distinguish between them without a reference to the clinical facts in the case." We are at a loss to understand the above, for a sarcoma is popularly a "cancer" and the microscopical distinction between a sarcoma and a carcinoma in the rectum should present no difficulty.

MODERN BULLET WOUNDS (*b*)

THE subject of this *brochure* is one of special interest at the present date, after the uniquely novel and trying experiences of the late South African War. The prize for which the original essay was written is that given triennially by the trustees of the Alexander Memorial Fund, which latter was founded to perpetuate the memory of Thomas Alexander, C.B., Director-General of the Army Medical Department from 1858 to 1860. it is of some interest to note that the subject of the essay before us was chosen before the Boer War began. Ordinary surgical details—"the common knowledge of surgeons" — are omitted; and, of course, very

(*a*) "A Treatise on Diseases of the Rectum, Anus, and Sigmoid Flexure." By Joseph M. Mathews, M.D., LL.D., with six chromolithographs and numerous illustrations. Third Edition, revised, pp. 577. New York and London: D. Appleton and Co. 1903.

(*b*) "Modern Bullet Wounds and Modern Treatment, with special regard to Long Bones and Joints, Field appliances, and First Aid." Part of the Alexander Essay for 1903. By Major F. Smith, D.S.O., Royal Army Medical Corps. London: J. and A. Churchill. 1903. Crown 8vo., pp. 99. Price 3s. net.

judiciously. With regard to the projectile, whose efficacy forms the text of the document before us: "It is not only the bullet, however, which has been altered—the rifle and explosive have participated in the new order. By better rifling and improved explosives (acting in conjunction with a diminution in the resistance of the air owing to the smaller front presented by the projectile) a greater speed has been attained; also a flatter trajectory—this last being more likely to make a difference in the number wounded than to affect the character of the wound." The field thus laid open for discussion is a new and instructive one; and we recommend the writer's treatment of his fertile subject to all practical surgeons.

Medical News.

Attempted Murder of a Medical Man.

MR. GEORGE WHITTENBURY WHITE, junior resident medical officer at the Union Infirmary, Fir Vale, Sheffield, has been the victim of a murderous attack by a man named Edward North. The man complained of pains in the back and while Mr. White was examining him drew a knife and struck at Mr. White's head. Mr. White escaped the first blow but the second caught him in the ear. North was at once felled and secured by the attendants. The man appears to have nursed a grudge against the medical officer because he had on a previous occasion certified him as able bodied and fit for work. He had only recently been released from the gaol where he had served a sentence for burglary. Mr. White's injury is described as a punctured wound about an inch long and three quarters of an inch deep extending backwards from the lower border of the left external auditory meatus towards the mastoid process. It is now healing well and will probably cause no permanent injury.

Society of Apothecaries of London.

THE diploma of the Society was granted to the following candidates, entitling them to practice medicine, surgery, and midwifery: S. Bentley, F. M. Boclet, F. Hansen, W. B. Harris, P. S. Klots, P. J. Pagonis, P. A. Pettavel, C. H. Pring, and L. S. Shoosmith.

University of London.

THE pass list for the M.B. examination for internal and external students of the University of London has just been issued. In the first division the successful students were William Fraser Annand, University College; Mary Cecelia Bell, London (R.F.H.) School of Medicine for Women; Clement W. Chaplin, London Hospital; Ernest Edgar Maples, St. Bartholomew's Hospital; Agnes Agatha Parson, London (R.F.H.) School of Medicine for Women; Charles Derwent Pye-Smith, Guy's Hospital; William Arthur Rees, Middlesex Hospital; Charles Newton Sears, St. Thomas Hospital; Arthur Rendle Short, B.Sc., University Colleges, Bristol and London; Mary Townsend, London (R.F.H.) School of Medicine for Women; Hugh Watts, St. George's and Guy's Hospitals; Owen Thomas Williams, B.Sc., University College and R.I. Liverpool, and Guy Theodore Wrench, Guy's Hospital.

Death Under Chloroform.

THE Leicester coroner recently conducted an inquiry into the circumstances of the death of Alfred Henry White, aged 43, of Dowlais, which occured at Leicester Infirmary, whilst under the influence of an anæsthetic. Deceased was admitted on October 28th suffering from cirrhosis of the liver, and it was arranged that he should undergo an operation. On Thursday last he was examined, and was deemed by the medical staff to be in a fit condition. Chloroform was accordingly administered, but when the second stage was reached he collapsed. Artificial respiration and stimulants were applied, but without effect. The jury returned a verdict of "Accidental death," and exonerated the medical staff from blame.

The Indian Medical Service.

THE Secretary of State, on the recommendation of the Government of India, has approved a revision of the rates of pay and other conce
Indian medical service. The
conditions of service under t
Rates of pay—lieutenants, Rs
captains after five years' se
after ten years' service, Rs
majors after three years' servic
Rs.1,250; lieut.-colonels aft
lieut.-colonels (selected for
colonels, Rs.1,800. (2) Speci
month will be admissible unde
the Royal Army Medical Cor
Director-General to be raised
(4) Special leave for purposes
under cetain conditions to be la
leave lodging allowance to b
lieut.-colonels to be allowed t
55 years in order to comple
pension, provided that they
specially recommended, but
eligible for promotion or for
reason of their being granted
(6) The pensions now admissib
17 years' and 20 years' service
to £300 and £400. (7) Extra p
three years' service in the
namely, £125 to a colonel and £
(8) These conditions to take
August 13th, 1903.

School of Medicine

THE Annual Dinner of the
London School of Medicine fo
the Hotel Cecil on Tuesday, De

Medical Sickness and

THE usual monthly meetin
mittee of the Medical Sickness
ance Society was held at 429, S
the 27th ult.

There were present Dr. de
chair, Mr. F. S. Edwards, Dr
F. J. Allan, Dr. J. W. Hunt, D
Knowsley Sibley, and Dr. J. E

The accounts showed a sa
experience, the amount paid
the corresponding period of la
new entrants showed a consid
who have joined this year ar
total of 1902.

The low rate of managemen
always marked the operation
maintained, and accordingly
savings in this branch will b
members next year when the re
valuation, now in progress,
spectuses and all particulars
Addiscott, Secretary, Medical
Society, 33 Chancery Lane, L

Public Vaccinator and Loc

IT is reported that Dr. Mason
the Wisbech (Cambridgeshire
notice from the Local Govern
his engagement as public va
vaccinate in accordance with
doctor vaccinated in three pl
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action which has been taken.

A Proposed "Croly M

IT is felt that there should
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late Surgeon Croly, who for
devoted the best of his work a
been proposed to endow a
memory, this being undoubt
which would have commanc
carry out this proposal a su
There are doubtless many of
who would wish to co-operate,
invited to send their contribut
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whom they will be gladly recei

Notices to
its, Short Letters, &c.

iiring a reply in this column are particuse of a *distinctive signature or initial*, and ng themselves "Reader," "Subscriber," ch confusion will be spared by attention

requested to send their communications e Colonies, to the Editor at the London , to the Dublin office, in order to save time to office. When sending subscriptions ffice; these should be addressed to the

TTERS intended for publication should be paper only, and must be authenticated of the writer, not necessarily for publicatntity.

d upon to give expert evidence at the crimill repay you to read up the whole question oreover, a number of useful hints in the d murder trials by poison. It is, as you the average medical man to acquire suffia thoroughly competent witness. For all , together with a full knowledge of the aring upon the particular case involved, medical witness comfortably through his

in the street should want letters after his scientist is a profound mystery. Your e will be benefited socially by the addiwith with the Linnæan, the Zoological, nomical, or the Microscopical societies, and respectable learned corporations.

s to draw up a short advertisement statinsert same in a daily newspaper.

ETY OF NORTHANTONIANS.

ber of Northantonians in London, Mr. lgar and Roberts, Press Cutting Agency, ses to form a Society, and would be glad es of those who would be willing to join.

s).—In doubtful cases, it is best to subsecretion to one of the Clinical Research answer can always be obtained.

-There is doubtless great relief often se of an emetic of ipecacuanha wine in ty expectoration and failing circulation. the subcutaneous injection of apomorientific proceeding. In the light of clins action is far inferior to the combined t of the old-fashioned ipecacuanha wine.

Societies, Lectures, &c.

DAY, DECEMBER 9TH.
on Institution. Finsbury Circus, E.C.).
ermetropia in Relation to Squint (opened

OF LONDON (11 Chandos Street, Caven. Demonstration of Cases of Interest.
DICAL SOCIETY (Bolingbroke Hospital, 5 p.m. Clinical Evening.
GE AND POLYCLINIC (22 Chenies Street, oughton—Clinique. (Surgical.) 5.15 p.m.

Y, DECEMBER 10TH.
ary of the Sanitary Institute, 72 Marecture—Dr. G. F. Still—Moral Defects in

AL SOCIETY (Tottenham Hospital, N.).—
e and Abuse of Pessaries (opened by Dr.

OF THE UNITED KINGDOM (11 Chandos).—8 30 p.m. Clinical Evening. Cases idley, Mr. R. M. Gunn, Mr. Wm. Ander-

D CLIMATOLOGICAL SOCIETY (20 Hanover pers—Dr. C. Watson (Edinburgh)—Obis of Gout (illustrated by lantern slides). gier (illustrated by lantern slides).
CIETY.—8 p.m. Specimens will be shown -Paper by Dr. Bedford Fenwick—The ision.
OR CONSUMPTION AND DISEASES OF THE —5 p.m. Mr. J. Berry—The Surgical Lung (illustrated by museum prepara.)
-GRADUATE COLLEGE (Tottenham Hos. W. Carson—Nasal Obstruction.
, DECEMBER 11TH.
OF LONDON (11 Chandos Street, Caven. Paper—Dr. L. Sambon—Sleeping Sick-

ON (20 Hanover Square, W.). - 8.30 p.m. Congenital Narrowness of the Pyloric Orifice a Cause of Chronic Gastric Disease in the Adult (illustrated by seven cases successfully treated by operation).—Mr. B. G. A. Moynhan—100 Cases of Gastro-enterostomy for Simple Ulcer of the Stomach and Duodenum.

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN (11 Chandos Street, W.).—5 30 p.m. Cases will be shown and the Resolutions concerning the Urban Hospital Treatment of External Tuberculosis will come up for confirmation.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Dr. D. Grant—Clinique. (Ear.) 5.15 p.m. Mr. M. Gunn—Optic Neuritis.

Appointments.

ADAMS, J. E., L.R.C.P.Lond., M.R.C.S., House Surgeon to St. Thomas's Hospital.
ADENEY, G. C., L.R.C.P.Lond., M.R.C.S., House Physician to Out-patients at St. Thomas's Hospital.
BIRKS, G. T., B.C.Cantab, Clinical Assistant in the Ear Department at St. Thomas's Hospital.
BIRT, A. C., L.R.C.P.Lond., M.R.C.S., Clinical Assistant in the Throat Department at St. Thomas's Hospital.
BUCK, JOSEPH, L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., Medical Officer to the New Workhouse and Infirmary of the Hunslet Union, Rothwell Haigh, near Leeds.
CARPMAEL, N., L.R.C.P.Lond., M.R.C.S., House Surgeon to St. Thomas's Hospital.
GUTHRIE, T., B.C.Cantab, House Surgeon to Out-patients at St. Thomas's Hospital.
HARNETT, W. L., F.R.C.P.Lond., M.R.C.S., House Surgeon to Out-patients at St. Thomas's Hospital.
HARWOOD-YARRED, W. H., B.Sc., L.R.C.P.Lond., M.R.C.S., Senior Obstetric House Physician at St. Thomas's Hospital.
HASLEWOOD, CLARENCE, M.B, C.M.Aberd., Medical Officer and Public Vaccinator for the Slaidburn District of Clitheroe Union.
HIGHAM, B., L.R.C.P.Lond., M.R.C.S., Clinical Assistant in the Skin Department of St. Thomas's Hospital.
WHEEN, C., L.R.C.P.Lond., M.R.C.S., House Surgeon to St. Thomas's Hospital.

Vacancies.

Bridgwater Infirmary.—House Surgeon. Salary £80 per annum, with board, and residence. Applications to Mr. Edward Trevor, Honorary Secretary, Bank Chambers, Bridgwater.
City of Liverpool Infectious Diseases Hospitals.—Assistant Resident Medical Officer. Salary £120 per annum, with board, washing, and lodging at the hospital. Applications to the Chairman of the Port Sanitary and Hospitals Committee, under cover to the Town Clerk, Municipal Offices, Liverpool.
County Borough of Great Yarmouth.—Medical Officer of Health, Medical Officer of the Borough Isolation Hospital, and Port Medical Officer of Health.—Salary £500 a year. Applications to H. A. Millington, Town Clerk, Town Hall, Great Yarmouth.
County Borough of Salford.—Assistant to the Medical Officer of Health. Salary £200 per annum. Applications to L. C. Evans, Town Clerk, Town Hall, Salford.
Galway Hospital.—Resident Medical Officer and Compounder of Medicine. Salary £75 a year. Applications to S. J. Leonard, Clerk to the Board. (See advt.)
Hereford County and City Asylum.—Senior Assistant Medical Officer. Salary £150 per annum, with board, lodging, and washing. Applications to the Medical Superintendent.
Leeds Public Dispensary.—Junior Resident Medical Officer Salary £100 per annum, with board, and lodging. Applications to the Secretary of the Faculty, Public Dispensary, Leeds.
Nottingham General Hospital.—House Physician. Salary £100 per annum, with board, lodging, and washing in hospital. Applications to the Secretary.
Oldham Infirmary.—Senior House Surgeon.—Salary £100 per annum, with board, residence, and washing. Applications to Rev. Philip Lancashire, M.A., Honorary Secretary, Oldham Infirmary.
Royal Dental Hospital of London and London School of Dental Surgery, Leicester Square, W C.—Demonstrator. Salary £200 per annum. Applications to Morton Smale, Dean.
The Mount Vernon Hospital for Consumption and Diseases of the Chest, Hampstead, N.W.—Offices and Out-patient's Department, 7, Fitzroy Square, W.—Male Resident Medical Officer. Salary £60 per annum. Applications to William J. Morton, Secretary.
Wolverhampton and Staffordshire General Hospital.—Assistant House Physician. Salary £75 per annum. Board, lodging, and washing provided. Applications to E. Forster, House Governor and Secretary.

Marriages.

BANHAM—HACKING.—On Dec. 3rd, at Allen Street Congregational Church, Sidney Marshall Banham, M.B., to Sophie Grace Hacking B.Sc., eldest daughter of William B. Hacking, of 28 Phillimore Gardens, Kensington.
GAVIN—STEVENSON.—On Dec. 3rd, at the Mission Church, Ahmedabad, Neil Murphy Gavin, F.R.C.S.Edin., son of the late Hugh Gavin, Stirling, to Maud Muriel Stevenson, M.B., Ch.B., daughter of the late Rev. W. Fleming Stevenson, D.D., Dublin.

Deaths.

KEENLYSIDE.—On Dec. 4th, at 7 Redcliffe Villas, Surbiton, Elizabeth Robinson Keenlyside, aged 64, daughter of the late Richard Headlam Keenlyside, M.D.
MUMBY.—On Dec. 1st, at Spring Garden Lodge, Gosport, Major Langton Philip Mumby, R.A.M.C., youngest son of the late Colonel Charles Mumby, in his 43rd year.

The Medical Press and C

"SALUS POPULI SUPREMA LEX."

VOL. CXXVII. WEDNESDAY, DECEMBER 16, 19

Original Communications.

NOTE ON THE

PHYSIOLOGY OF THE UPPER RESPIRATORY TRACT.

By MAYO COLLIER, M.S.Lond., F.R.C.S.Eng.,

Senior Surgeon to the North-West London Hospital, and Ex President of the British Laryngological Association, &c.

PHYSIOLOGISTS assure us that the air in its passage to the lungs is somehow warmed, moistened and filtered, but how this change is effected has not been made clear.

If we survey the upper respiratory tract as a whole we make out that its shape is peculiar, in so far as it presents from without inwards a series of marked constrictions and dilatations.

We have first the cone-shaped dilatation of the external nose, forming the vestibule.

The vestibule terminates opposite the nasal process of the upper jaw in the anterior opening of the nasal chamber, or anterior nares.

The vestibule at its junction with the nasal chamber becomes much diminished, so as to form probably the narrowest point in the whole respiratory tract.

The shape of this opening is a compressed ovoid. It is bounded by rigid and inextensile walls, and is quite incapable of expansion or alteration in size or shape. Here we have an anatomical fact of some interest: that the inlet is the narrowest or most constricted part of the respiratory tract, and that this inlet is stiff and rigid, and cannot be expanded. By this evidently a limit is placed on the amount of air that can pass to the lungs *viâ* the nose. Following on this extreme constriction we have the marked but irregular dilatation of the nasal chamber. The extent of the nasal chamber is not apparent at first sight, and it is only when we have taken into consideration the several large spaces that lead into it that we can form any estimate of its capacity. If we take into consideration the frontal sinus, the antrum with the smaller ethmoid and sphenoid sinuses, the air capacity of the two chambers of the nose cannot fall far short of fifteen to twenty cubic inches. Following on this remarkable dilatation is an equally remarkable contraction of the posterior nares.

This opening, unlike the anterior, is variable in size, and alters considerably within narrow limits. It is crescent-shaped and varies with the size of the posterior end of the lower turbinal body. When much dilated the turbinal body can completely close this opening.

Following this second constriction is a second marked dilatation, that of the pharynx, which extends from the base of the opening of the larynx.

The capacity of this dilat siderable, amounting, probabl ten cubic inches. This dilata third constriction, that of tl the larynx, and this constricti wards, becomes more marke rima glottis, or " narrows " of

On looking at the respirato and dividing it into the ex respiratory tracts, we note tl a natural division, but that e stituted has at its entrance a v

The valve guarding the formed by the cartilages and m

In the lower animals this va and well marked, and is mo mammalians.

Most individuals can clos wings of the nose at will, or c practice.

Guarding the opening of the tract is a valve so perfect in is capable of completely obli of the respiratory tract eithe will of the individual.

The question arises, What i place on these successive cons tions? Can we see in ther arrangement tending to faci of these parts and so the goo

I would suggest as tending constrictions at the anterior ings of the nose prevent the t egress of air without interferi These constrictions, with thei and weirs, and so prevent tl in and out too rapidly.

The act of nasal respiratic three and four seconds, but be accomplished in less than limited quantity only of air and if more is required and necessary the accessory ope must be made use of.

We thus see that nasal re hurried beyond a certain point limit in the ability of the n moist and filtered air to the lu

The shape of the vestibule (t that the largest quantity of a shall pass the anterior nares at

Its rate of motion as it nares must be considerable, and spreads out in all directi nasal chambers.

it ensures that the air shall not
tream and so traverse the nasal
rs the narrow anterior nares at
slows down and spreads out in
e interior of the nose, and takes
of the previous warm contents
wn to the pharynx at the com-
piration. The constriction at
s prevents the nasal contents
o suddenly, and so allows time
t constant mixing and warm-
ı air that enters the nasal
flows in slowly until the tension
ers has been equilibrated. At
t of respiration the air in the
awn into the bronchioles and

achea, larynx and pharynx will
the place of the air displaced
and the air in the nose will
ough the narrow posterior nares
ıx. Air will flow in through
o take the place of that which
he pharynx.
complished by a series of dis-
cold air from without partly
the previous warm contents,
the residuum becomes itself
and filtered in turn.
ed half-warm air will pass on
and possibly reach as far as
ore this can take place the act
complished and the lungs are

ıe nose and pharynx is ample
he tidal air, which amounts,
ıel Foster, to not more than
It is interesting to note that
ıes the bronchioles and vesicles,
on is effected by a process of
ies.
ses in and dilutes the residual
is diluted mixture is extruded
e residuum to be again rediluted
ion.
during expiration the impure
xhaled, but partly retained in
ose to mix with the previous
left at the end of inspiration.
the pharynx and nose are thus
voirs and mixing chambers for
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TO THE
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OF
OLLEGE, GALWAY.
ION 1903-1904.

E KINKEAD, M.D.Dub.

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sing examinations is not the end and aim of your existence, but proceed to inquire why have you chosen medicine as your life's career.

Not, indeed, for the ease with which a qualification to practise can be obtained; I know of no profession for which the preparation is so severe and extensive. As Mr. Tobin remarked in his Introductory Address this year at St. Vincent's Hospital: "The modern student, if he wishes to qualify at all, is one of the hardest worked young men to be found . . . a modern medical school is no place for an idler."

Is it from a love for science? That may attract some, for there is no branch of medical or surgical work which does not open up vistas for scientific inquiry and wide fields for original research. Have you chosen it from philanthropic motives — moved by the noble conception of curtailing the ills that flesh is heir to, relieving suffering and benefiting humanity? "The number of persons who from purely scientific or philanthropic reasons enter a profession is very limited. To the majority a profession is what the Germans call a bread and butter science—a means of livelihood; and according as the remuneration is good or there is scope for ambition, so will be the number of able men entering its ranks. Most men of talent and ambition either themselves choose, or have selected for them by their parents, that calling in life which holds forth the best and most numerous prizes in money or position." Therefore, I presume the majority of students have chosen medicine as a means of earning their bread, with possibly butter to it.

Now, there are one or two general principles which it is well to consider.

It is a doctor's right to give or withhold his services; his time, his knowledge, and his skill are his own to dispose of as he likes; he may make a free gift of them to the public in general or to anyone in particular; he may sell them to the best advantage he can; or he may let them decay and deteriorate by disuse.

The public does not seem to understand this, and one of the attributes attached by it to a medical qualification is an excessive philanthropy—a fallacy, strange to say, encouraged by the profession itself—in fact, the enormous and indiscriminate amount of charitable work done by the medical profession has had a demoralising effect, has implanted in the mind of the public the idea that it has a right to unlimited gratuitous medical aid, and has induced individuals and corporations to make demands on the time and skill of medical men that they would not dream of making on the property of any other citizens; and has largely contributed to the inadequacy of the remuneration for medical services.

When I say I am heartily tired of the constant chatter of the charity of doctors, I do not want you to misunderstand me; the command, "Thou shalt love thy neighbour as thyself," was given to all men, not to doctors alone. Medical men are bound neither more nor less than others to aid

Suffering sad humanity—
The afflicted ones who lie
Steeped to the lips in misery,
Longing, and yet afraid to die;
Patient, though sorely tried.

Because the special knowledge you have acquired with much labour, after long years of toil, and with considerable expense, is your property, you are bound to give, and to give freely, but with discrimination, for indiscriminate charity, whether by medical services or gifts of money, is demoralising; and when you give let it be of your best, the care, time and skill bestowed on the poor person whose case you undertake should be as ample as that you would afford to a millionaire; it is more essential that it should be so, for the rich can employ many doctors, your poor patient is solely dependent on you.

Having qualified and registered, you have the choice, broadly speaking, of private practice, the Army, Naval, or Indian Medical Services, or Civil or Colonial appointments, with or without private practice; of these I have only time to deal with the Irish Poor-law Service, premising, however, in all, and especially in the latter, you have before you a life of incessant mental and bodily

toil: in other occupations a man may call some portion of his time his own—it may be his Sundays, his hours of rest, or his meal times; a doctor is always on duty—his life is one of never-ending labour and exposure to danger; as regards the latter, in our own neighbourhood within the last couple of years Dr. Kean of Arran, and Dr. Conroy of Spiddal, have died, and Dr. Glynn of Turloughman barely escaped with his life, of typhus fever contracted in the discharge of dispensary duty.

What will you get for all this? In this respect I cannot do better than quote what I wrote in 1889:—

"For the exercise of the highest faculties of man, as a field for the investigation of the most intricate, interesting, and ever varying problems, as affording unlimited opportunities of doing good to one's fellows, medicine stands without a rival, and therefore has attracted, and will attract, to its banner some of the ablest, wisest, most self-denying and noblest minds of the world; but as a field for personal aggrandisement it stands on one of the lowest rounds of the ladder leading to wealth and rank. There is no other profession so absolutely indispensable to the public, yet it is the worst paid of all. There is none calling for a wider or a higher education, or that contains men of greater genius and culture, yet its social status is singularly uncertain and unequal. There is no profession that has rendered greater services to the State, or whose members in the discharge of their duties to the community are exposed to such daily dangers, or who exhibit more endurance, courage, skill, and self-denial, yet there is no profession towards which the State shows itself so niggardly in remuneration, so chary in rewards. The church, the law, the naval, military and civil services, and the engineering trade, have rich pecuniary prizes, and are rewarded with peerages, patronage and honours: medicine has few prizes, and State appointments are poorly paid. The contrast is curious between destructive and life-saving occupations. The former the King 'delighteth to honour,' but the physician or surgeon, whose genius has saved thousands, whose discoveries have driven deadly disease from our doors, whose intellect has devised, whose patient industry has perfected, methods which have spared suffering to multitudes, is either ignored or (with one notable exception) 'granted the *ne plus ultra* of a baronetcy or knighthood.'"

That I have not exaggerated two examples will prove. About 1877 a colliery accident occurred at Pontypridd, in Wales, by which four men and a boy were imprisoned in a heading, without light or food; their relief was attended with dangers from coal-damp and a flood of water. Doctors were in attendance in the pit along with the men actively engaged in the work of rescue, and were exposed to exactly the same peril, and they had not the stimulus of bodily work to take off their minds from the depressing influence of surrounding circumstances. It is startling but true that the Albert Medal was conferred on the lay workers, and that the medical men who shared their peril, and cheered and encouraged them to persevere with their noble task, received no recognition from the State, for no comprehensible reason, except that they were medical men.

The loss of the guns at the battle of Colenso, and the gallant efforts of Roberts and Reed of the Royal Artillery to recover them in the face of almost certain death, is still fresh in our minds, and fills us with admiration.

About the same time, a deed as heroic in the face of danger as imminent was performed by two other Irishmen.

Typhus fever broke out in the Island of Arranmore, off the coast of Donegal; Dr. Smith, of Burtonport, the dispensary doctor, had daily, regardless of wind and sea, to row out to the island and attend the fever-stricken poor, nay more, the other inhabitants, being panic-stricken, would not come near the habitations of the patients, and he was forced to act as nurse as well as doctor. It became necessary, in order to save their lives, that the fever patients should be removed to hospital; no layman would help, so great was the panic. Dr. Brendon McCarthy, Local Government Board Inspector, volunteered
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tious disease to the Local Government Board, and discharge duties under the Labourers Act, &c. He cannot go out of his district without leave and getting some doctor to take his place, for he is always on duty and at any hour of the day or night must attend on the holder of a ticket.

The amount of work, including the time spent in travelling, varies according to the population and area of the districts; in none is it light, in most it is arduous in the extreme.

The tickets issued in the year 1900 were—

For attendance at the dispensaries 447,213

For attendance at the patients' homes .. 191,778

giving an average for each medical officer of 550 and 200 respectively.

You are now in a position to form some idea of the demands of duty on the dispensary doctor, but I doubt if anything but experience could make you fully realise the hardship and slavery of the life: long drives, tramps on foot over moors and mountains, by day and by night, on week-days and Sundays, summer and winter, in driving rain and drifting snow, with weary waiting, often in wet clothes, in the miserable cabins or foul rooms where the poor unhappily are forced to dwell.

What will you get for it? I have worked out some figures for you from the Local Government Report for 1900. The lowest salary I have found is £29 14s. a year—not the wages of a day labourer; the highest £165, which munificent salary is given for exile to the Island of Boffin. The average salary is £108 12s.; the average vaccination fees work out at £9 16s.; and what are called temporary services at £12 14s. The average payment of the dispensary doctor is £130 12s. per annum, out of which he must pay rent, taxes, and the expenses of working his district. Let us compare this with the payment of bank clerks, who are not by any means an over-paid class of men.

A bank clerk does not require an expensive professional education, he enters the bank at seventeen or eighteen years of age and begins earning at once; and by the time he attains twenty-five or twenty-eight years of age he is in receipt of at least £130; his hours of work are not excessive, his time is his own once he leaves the bank's door; his Sundays are days of rest, he can sleep at nights without fear of disturbance; besides official holidays he gets vacation each year, his pay increases, he is certain of promotion, is sure of a pension.

The doctor receives no increase of salary, there is no promotion, he cannot calculate on a pension, and out of his stipend must pay expenses, and then the interest on the capital expended on his education should be deducted.

The bank clerk is pecuniarily better off, and has not a tithe of the work and none of the risks which fall to the lot of the dispensary doctor.

It is true that the dispensary doctor is allowed to engage in private practice; there are, however, many districts in which the practice, like Mr. Bob Sawyer's, is one in name only, and where there is any worth having the public and private work is not only a heavy tax on the most robust constitution, but too often advantage is taken of his official position to cut down his fees or secure gratuitous advice.

It has been stated that in most districts the dispensary doctor would be better off if he got no salary but was paid ordinary mileage for the distance travelled in the discharge of his duties. Do you comprehend what this means? That the post-car owner is better paid at sixpence per mile than the man who, having acquired a learned profession, renders valuable services to the community.

I have said that when worn out with work, prematurely aged by narrow means and constant exposure, he cannot calculate on a pension.

It is true that the guardians have power to grant him, by way of superannuation, not more than two-thirds of his salary.

As, however, the entire pension must be paid out of the rates, the guardians rarely exercise this power, and thus he has the pleasing prospect of becoming in his old age dependent on the charity of relatives or friends, or of seeking the shelter of the workhouse, or of struggling on in broken health and failing strength to die, as has happened, on the road side when on his way to visit a case.

Yet Mr. Gerald Balfour, when Chief Secretary for Ireland and President of the Local Government Board, was able with accuracy to tell a deputation that waited on him to urge the redress of the grievances of the dispensary doctors that when any of these appointments were vacant there were plenty of candidates and the competition was keen. Surely truth is stranger than fiction!

Is it any wonder that at last the dispensary doctor has revolted against this white slavery? But he has been hard to move. In the "Irish Medical Practitioners' Guide" published by the Irish Medical Association, 1889, I wrote:—

"The medical man who enters the Local Government Board's service as a union or dispensary medical officer does not do so from motives of charity, or with the object of contributing to a work of philanthropy by the gift of his time, his knowledge, and his work. He enters it in consideration of a salary and as a means of livelihood. His salary should be fair remuneration for the duties to be discharged, the responsibilities involved and the benefits accruing to the public. On the contrary, the salaries paid are totally inadequate. If it were not melancholy the contrast would be amusing. On the one hand a body of men whose services are absolutely indispensable, and who could command their own terms, strenuously striving for most laborious, risky, and ill-requited work; on the other, boards of guardians who must on any terms secure medical officers, deeming they are conferring favours by their votes, and doubtful whether the pittances they offer are not too much."

The Local Government Board and the guardians are not to blame, it is their duty to appoint legally-qualified medical practitioners; in the name of common sense why should they pay those same legally-qualified practitioners sixpence more than they are willing and anxious to take? If you value your services so low, boards of guardians would be fools not to take you at your own valuation.

The blame rests entirely on the medical profession itself—doctors are indispensable; their services could not be done without for a single day; they have a monopoly, it is for them to fix the price of their work and they must be paid.

For my own part I believe, and I expressed that conviction in the admirable report on the Irish dispensary system made by Sir William Thomson to the *British Medical Journal*, and published in 1892, that the real remedy for the unsatisfactory condition of the Irish Poor law Medical Service lies in its being changed into a civil medical service, which should discharge all the civil medical duties of the country; in which the medical officers should be appointed by examination, receive adequate salaries, promotion and pensions, and should where it was possible devote their entire time to the treatment of the sick poor, prevention of disease, and the discharge of the other duties devolving on such a service.

At present, however, the moderate demands of the Poor-law medical officers hold the field.

Gentlemen, it largely depends on you whether these reasonable terms shall be granted. If you, the coming men, are wise, if you realise that you cannot be done without, that you must be secured at any price, if you only appreciate your value, that in any other position you would be better off than in the Poor-law Service under the conditions which now obtain, and if you abstain from competing for vacancies, within a very short time it must be reorganised.

Bear in mind that reform of the Army Medical Service was not won by a general resignation of officers, but by newly-qualified men refusing to fill vacancies. What your predecessors effected for the Army you can secure for the Irish Poor-law Service, to the lasting benefit of the public and of yourselves.

I feel bound, in common with the teachers in other schools, to advise you not to enter the Poor-law Medical Service. Not only from a pecuniary but from a pro-

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to some extent, the liability to congestive attacks. But the operation is often a failure. In enlargement due to irregular glandular over-growth, if palliative measures fail there is no alternative but removal. This can be effected either by inducing atrophy or by operating on the enlargement itself. The former method, having been boomed too much, is now falling into somewhat undeserved discredit. The fear of mental disturbances, and the strong sentimental objection to the operation, combined with the success attending the removal of enlargement, have caused the procedure to fall into the background. An enlargement can be removed through a perineal or a suprapubic opening. If the bladder is very small and rigid, and the prostate very hard and dense, the former incision is indicated. Under all other conditions the prostate is best approached through the bladder. The operation was performed by McGill fourteen years ago, and remains the same in all essential details. In 1892, Mr. Moullin pointed out that the whole vesical mass must be removed, and the exploration extended down the whole length of the prostatic urethra. This is the operation which is now generally performed. A certain amount of confusion has been caused by an erroneous description of what is called the capsule of the gland. But Shattock and Wallace have shown that the covering of the enucleated masses is a pathological product. Before performing the operation, if the muscular coating of the bladder has been ruined already by catheterisation and cystitis, the patient must be warned that the removal of the gland cannot restore it.

A CASE OF PUERPERAL PHLEBITIS TREATED BY BEER-YEAST.

By ALFRED S. GUBB, M.D.Paris, M.R.C.S., &c.

G. E., a married woman, æt. 34, was delivered of her second child after a protracted labour by the aid of the forceps. On the third day she complained of headache and general malaise, and in the course of the afternoon she had a slight rigor, when the temperature rose to 103° F. For some days the temperature rose daily to about the same extent, with the usual accompaniment of shivering and headache.

Exploration of the uterus failed to reveal any evidence of retained membrane, placenta or clots inside the uterus, and the organ was neither fixed nor painful. The lochia were scanty but not offensive. Involution appeared to be following its usual course, although the lochia had ceased earlier than normal.

On the tenth day after delivery, the patient had a severe rigor in the afternoon, when the temperature rose to 106° F., and there was a less severe rigor later in the day. The rigors continued to occur once or twice every day, and were only slightly modified by the administration of antipyretics. In spite of these alarming symptoms the patient's general condition in the apyretic intervals was remarkably good. She took her food and slept well as a rule. She complained, however, of pain and a sensation of weight in the left calf, which was moderately swollen. The vein could be felt as an indurated cord in Scarpa's triangle, where pressure caused pain.

This state of things continued for six weeks, when I was asked to see her. Her general state was fairly satisfactory, but there was a hectic

flush, and she was stated to have lost weight considerably during the last fortnight. The fundus uteri could be made out with some difficulty on deep palpation behind the pubes, the os uteri was properly contracted, only admitting the tip of the finger, and the uterus was movable. There was no vaginal discharge, and there had never been any fœtor, according to the nurse's account. No tenderness on abdominal palpation.

The patient complained of pain and stiffness in the calf of the left leg, which was slightly swollen and harder than the other. It was somewhat tender on pressure.

This state had persisted in spite of the administration of large doses of antipyrine, quinine and other antipyretics, associated with vaginal douches of one in a thousand perchloride of mercury. I advised a tentative injection of antistreptococcic serum, but this was objected to by the practitioner in attendance. As an alternative, I suggested the administration of beer-yeast in the form of a dry preparation known as levurine.

A teaspoonful of the powder was given in milk four times a day. Within three days the maximum daily temperature had fallen to 103° F., and on the fourth day the afternoon temperature was only one degree above normal. During the next three days it remained normal. At this juncture the supply of levurine ran short, and as the patient lived in a town many miles distant from London, the treatment was suspended for three days. Within fifteen hours of the cessation of the yeast the rigors recurred, and were repeated every day until the fresh supply arrived and the treatment could be resumed. Then the temperature again returned to normal, and in the course of a few days the patient was allowed to get up. The treatment was continued for ten days more in gradually diminished doses, by which time recovery was complete.

The interest of the case lies in the fact that the patient had been suffering from daily high temperatures for close upon six weeks, with severe rigors, associated with evidence of phlebitis of moderate intensity in the left leg. No treatment had any influence on the condition until levurine was administered, whereupon the temperature dropped.

That the effect was due to the treatment and not to any fortuitous coincidence may be inferred from the fact that on the treatment being temporarily suspended the fever returned, only to subside on its resumption.

I may point out that the efficacy of beer-yeast in the treatment of various streptococcal infections such as furunculosis and carbuncle is generally recognised, and it is surprising that its effects should not have been tried in other affections in which it is probable this organism plays a part.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—XXIV.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

KELLING OPEN-AIR SANATORIUM, HOLT, NORFOLK.

AMONG the various institutions seeking to provide efficient hygienic treatment for the consumptive poor, Kelling Open-air Sanatorium must be accorded a foremost place. Its establishment is in great measure due to the energy and ability of Dr. Burton-Fanning, of Norwich, and his cousin, Mr. W. J. Fanning, the originators of the now well-known Mundesley Sanatorium. But they have been enthusiastically supported—the Earl and Countess of Leicester are Presidents, there are numerous influential Vice-Presidents, and a thoroughly representative Council directs affairs. Dr. Burton-Fanning is the hon. consulting physician, and Mr. W. J. Fanning the resident medical officer. There are also medical referees in various districts. Mr. Edward Gurney Buxton is the honorary treasurer, and Dr. H. W. McConnel the honorary secretary.

The property has been generously given by a local friend, and is vested in trustees. A special building fund has been established. Certain beds are already endowed. Annual subscriptions, it is expected, will help towards general maintenance.

The weekly cost of each patient is reckoned at 30s. Only early cases, or those who are likely to receive definite advantage from a residence in the sanatorium, can be admitted. Each patient is expected to contribute according to his means. If a patient be unable to afford anything he may be admitted to a bed already paid for. A general rule provides that "no patient be admitted unless the money for his support be already in sight." In every case the cost of maintenance of a patient must be arranged for either by the promise of a free nomination from a donor of a bed, or of money from the friends of the patient, or from the General Maintenance Fund. A subscription of £78 per annum entitles the subscriber to a nomination to a bed for a year; £2,500 will endow a bed permanently.

There is nothing particularly noteworthy about the site. The sanatorium is situated about a mile east of Holt and eight miles from Cromer. It is by no means elevated, but is fairly protected. There are about thirty-five acres of ground. The original house, quaint and old fashioned, provides accommodation for the staff and nine patients. Ingeniously designed open-air pavilions are now in course of erection. A number of plain but excellent day shelters are at present in use. Those responsible for the conduct of this sanatorium have sought to secure the maximum of efficiency with the minimum of expense.

Mr. W. J. Fanning and the Building Committee have spent much time and thought in the designing of appropriate sleeping accommodation for comparatively poor patients. They have sought to obtain as near an approach as possible to sleeping in the open air; facility of service, and therefore economy in maintenance; and saving in cost of construction.

We have carefully inspected the admirable bungalows and pavilions, the products of their scientifically directed experiments, and commend them to the serious consideration of all those responsible for the erection of institutions for the phthisical poor. At Kelling the irreducible minimum compatible with efficiency seems to have been attained. "The unit may be said to consist of a two-bedded cubicle. It measures 10 feet by 11 feet, and the height of the ceiling is 7 feet from the floor. Both above and below the ceiling there is ventilation for the roof and the upper part of the cubicles respectively. The double windows, 4 feet wide by 6 feet high, are horizontally divided at 4 feet 6 inches from the floor, the upper parts only being glazed. A wide three-foot eave protects the upper parts of the windows from rain and weather. Hanging cupboards and shelves are provided for the patients' clothes. There is five feet between the beds, four feet of which is occupied by window. The walls, ceiling, and partitions are varnished, and all external woodwork treated with carbolineum." A building consisting of two units, and providing four beds, can be supplied ready for erection at a cost of £60.

The new pavilions, which at the time of our visit were nearing completion, are striking examples of what may be accomplished simply, cheaply, and efficiently when directed by experience and judgment.

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We were particularly glad to find that rational efforts were being made to encourage patients to continue some degree of work in the gardens or about the grounds.

The sexes are kept apart. A number of the women are dealt with in a house some distance from the sanatorium proper.

Careful notes are kept of every case. Much care is taken to ensure a good dietary. Large quantities of fats are given, chiefly in the form of butter; cod-liver oil is not generally administered, and but little use is made of drugs.

The charts in general use have been excellently designed. The usual chart, in addition to the ordinary features, provides for the registration of expectoration, total gain in weight, rest in room and shelter, and exercise in walking or by working.

Considerable use is made of weekly average charts.

On every hand there are evidences of energy, thoroughness, and good judgment.

The resident medical officer resides in his own house, which has been recently built and is in the sanatorium grounds.

Holt is easily reached from Norwich, and by arrangement a carriage meets any train.

Application forms, medical certificates, and all information respecting the admission of patients may be obtained from the Honorary Secretary, Dr. H. W. McConnel, Matlake Hall, Norwich.

University of Oxford.

AN examination for a Radcliffe travelling fellowship, of the annual value of £200, and tenable for three years, will be held in Hilary term, 1904, commencing on Tuesday, March 1st. Candidates must have passed all the examinations required by the University for the degree of Bachelor of Arts and for the degree of Bachelor of Medicine. They must also have been placed in the first class in one, at least, of the public examinations of the University, or have obtained some prize or scholarship within the University unattached to any college or hall, and open to general competition among the members of the University. The successful candidate must before election declare that he intends to devote himself during the period of his tenure of the fellowship to the study of medical science and to travel abroad with a view to that study. The Regius professor of medicine and the examiners shall, two months before the expiration of the second year after the election of each fellow, present a report of the work done by him to the electors, who may, if they think the report unsatisfactory, declare the fellowship forfeited. The examination will occupy three days. Papers will be set in physiology, pathology, and preventive medicine, and a subject will be proposed for an essay. There will also be a practical examination in pathology. Intending candidates should send their names, addresses, and qualifications to "The Radcliffe Examiners, University Museum," on or before Tuesday, February 9th, 1904.

Small-pox at Liverpool.

FOR the first time for 18 months the medical officer of health (Dr. E. W. Hope) was able to report to the city council that there was not a single case of small-pox remaining in any of the city hospitals. The epidemic had been on the decline for some months, and for the last four or five weeks only some half-dozen cases were in hospital until the last patient left on November 23rd. Scarlet fever, on the other hand, is prevalent, and there were no less than 391 cases under treatment in hospital on December 3rd. The general death-rate of the city for the past week was 22·2 per 1,000 of the inhabitants, as against 25·8 per 1,000 during the corresponding week of last year.

Cases of Peripheral Neuritis at Salford.

IN connection with two cases of peripheral neuritis which occurred in Salford last week, Dr. Tattersall, the medical officer of health for the borough, has taken the matter up and has had samples taken at the houses at which the two women purchased their beer and stout. These, on being carefully analysed, were found to be practically free from arsenic.

Mr. MAYLARD replied that dyspep
frequent now in Scotland than formi
reason for considering that his cases we
origin was the extreme regularity of th
pyloric opening, and the fact that thicke
He thought people in good social po
likely to give way to excesses in unsui
was not possible to obtain a reliable ga
the pyloric aperture *post-mortem*.

Mr. MOYNIHAN, in replying, stated h
was hardly anything worse than the ba
consumed by many Northerners. Th
cases operated upon by him to those
about 25 per cent. As far as he coulc
geon saw the cases somewhat earlier in
in London. That much suffering m
by timely operation he was convinced

ROYAL ACADEMY OF MEDICINE

SECTION OF PATHOLOG

MEETING HELD THURSDAY, DECEMB

The President, H. C. EARL, in

ETIOLOGY OF LEUKÆMI

DR. T. G. MOORHEAD read a prelin
some investigations which he had bee
etiology of leukæmia. He said that
a series of extracts from glands obtai
from a case of lymphatic leukæmia
have produced leukæmic change
the injection of one of these (st
The changes found consisted in e
spleen and of several groups of lym
the red marrow excessive developr
red blood corpuscles. Quantitativ
changes were also observed in the
blood. Injections of a similar extr
normal human lymph glands did
change in the hæmapoietic tissues
extract from the morbid glands ca
fall in blood pressure, while the si
normal glands had no such effect.
also tended to show that the morbi
some specific substance (not as yet
believed, might prove to be the s
disease.

Professor MCWEENEY asked wh
had used glands from myelogenic
kæmia, and said that, inasmuch
was different, owing to the differe
the chemotactically active subst
this was a matter of much impor
the statement that the acidophil
in the experimental animal requi
gards the coarse or fine charact
He suggested that Dr. Moorhead
work enclose the material in a c
sponge, or the like, and so intro
toneal cavity with the object c
classes of leucocytes were chem
He concluded by congratulating
original and important character

The SECRETARY (Professor W
Moorhead would continue his v
expressed the opinion that mu
scribed were probably due to th
nucleo-proteid to be got from th

Professor SCOTT joined in the c
value of the paper. He thoug
thinking that the various form
different, the principle of cellul
fairly be extended from the
other very cellular conditions,
which are also associated with b
some common condition would l
these.

Professor O'SULLIVAN beli
would not account for the cel
phatic leukæmia. He hoped t
might have an opportunity of o
would be of use for Dr. Moorl

was more
His chief
of congenital
eeling of the
g was absent.
on were less
ole diet. It
e of the size of

thought there
tea and bread
proportion of
een had been
udge, the sur-
he North than
ht be avoided

IN IRELAND,

ER 10TH, 1903.

he Chair.

A.
inary account of
n making into the
he had prepared
ined post-mortem
a, and claimed to
s in rabbits by
terilised) extracts.
nlargement of the
nph glands, and in
ment of nucleated
ve and qualitative
e white cells of the
tract prepared from
d not produce any
es of rabbits. The
caused a pronounced
similar extract from
.. Chemical analysis
rbid glands contained
et isolated) which, he
specific toxin of the

whether Dr. Moorhead
mic or lymphatic leu-
ch as their pathology
erence in the nature of
bstance in each case,
portance. He thought
hiles were 65 per cent.
quired extension as re-
acters of the granules.
ead might in his future
a capsule of elder pith,
troduce it into the peri-
t of determining what
emotactically attracted.
ing Dr. Moorhead on the
ter of his work.
r White) hoped that Dr.
is valuable research, and
much of the effects de-
o the excessive amount of
n the glands.
the congratulations on the
hought that, so far from
forms of leukæmia were
cellular intoxication might
the lymphatic lesions to
ons, as sarcoma or cancer,
ith blood changes, and that
uld be found underlying all

believed that chemotaxis
e cell proliferation in lym-
ped that those present who
of obtaining material which
Moorhead's researches would

help him, as the want of material was a great obstacle to research in Dublin.

Drs. Travers Smith and Parsons, and the President also spoke, and Dr. MOORHEAD replied.

TUMOUR IN SKIN OF BREAST.

Dr. W. S. HAUGHTON showed tumour and section removed from pectoral skin. This tumour clinically resembled a simple inflammation, but under the microscope revealed itself as sarcoma of deeper layers of skin, containing giant-cells, small round cells and some spindle-cells.

CANCER OF RECTUM.

Dr. HAUGHTON also showed a rectum, pelvic colon, and part of iliac colon removed for carcinoma recti by the double method of laparotomy and pansacral incision six weeks ago. Patient going on well. The interest in the surgical method lay in the examination of liver and pelvic and mesenteric glands before removal, as well as mechanical points of technique, such as arrest of hæmorrhage from supra-hæmorrhoidal and middle sacral arteries and length of iliac meso-colon for anastomosis to anus which was carried out. The section showed well the structure of tumour to be a typical adeno-carcinoma of rectum extending around the lumen of gut for more than three inches in length, without infiltration of perirectal tissues or glands, a point much to be appreciated by patient and surgeon.

ABSCESS OF THE BRAIN.

Dr. ALFRED PARSONS showed specimens removed from a man, æt. 20, who was admitted to the Royal City of Dublin Hospital on September 23rd, suffering from Jacksonian epilepsy. The patient, who had been previously in good health, with the exception of a chronic cough, was suddenly seized with a convulsion, and was carried into hospital during the attack. He had in all some seven or eight attacks on the day of admission. It was noticed that the lower half of the left side of his face and the left arm from the elbow down were paralysed. He had, however, no loss of power in his left leg, but the reflexes were exaggerated. The paralysis gradually increased till he had complete left hemiplegia with greatly increased deep reflexes. He suffered also from violent paroxysms of coughing, accompanied by the most fœtid expectoration, which poured out from mouth and nose. Physical examination revealed the presence of bronchiectasis in the lower lobe of the left lung. On September 29th, Mr. Benson found the eyes perfectly normal, but three days later detected the presence of definite double optic neuritis. The headache became violent, the patient shouting out, "Oh, my head, my head," and saying the pain was like a chisel going through the back of his head. As there was no ear disease present, a diagnosis of intracranial abscess near the Rolandic area, secondary to chronic pulmonary suppuration, was made, and Mr. Johnston was asked to trephine the patient over the arm centre, and explore for an abscess. This he did, but found no pus. At the autopsy the left lung was found to consist of numerous bronchiectatic cavities filled with pus, and on examining the brain after hardening, there was a large abscess filled with greenish pus lying directly underneath the arm centre, not more than half an inch from the cortex. The needle used in exploring must have entered the abscess cavity, but before doing so had probably become plugged with brain tissue.

CANCER OF BREAST WITH SECONDARY GROWTHS IN OVARIES.

Dr. J. T. WIGHAM showed a cancer of breast and various internal organs secondarily affected, with sections. The cancer was of the ordinary type of scirrhus, and was well marked, the interest in the case lying in the route by which the disease had spread to the internal organs. The breast was removed surgically, and some two months afterwards the patient showed signs of secondary growths internally, and rapidly died. As the post-mortem was not made until some three months after the operation, the connection between the breast and the pleura could not be established with any certainty, but beyond that it was obvious that the greater part of the internal organs affected had fomred secondary growths by direct continuity. Cancer

urethra, has never been removed in
never will be. Partial removal of
performed now, was McGill's oper
too dangerous to be a routine proce
justifiable in certain extreme cases.

Mr. P. J. FREYER, who exhibited
he had removed entire in their ca
antiquated and useless operations,
theoretical considerations, were happi
into the limbo of forgotten things
performed Bottini's operation, as
unscientific, useless and dangerous.
had much faith in vasectomy, thoug
a fair trial. Any benefit arising
lasting. Castration he had always s
He believed that both vasectomy
were dead and buried—in this coun
was surprised that Mr. Moullin had
to his (Mr. Freyer's) operation. He
with the progress which this opera
the last two and a half years. I
attended by more completely succe
the mortality, considering the age
the patients, was very small. It ha
that there was no such thing as atc
in connection with prostatic enlar
instance had a patient failed to rega
of natural micturition. It is absurd
operation as similar to his. No spe
prostate, resembling those he exhibi
placed in a museum before the date
was placed before the profession. I
Shattock confirmed his views, tha
removed with the prostate. Thi
question of merely academic int
tion, while attended with a sma
complete and permanent cure of all

Mr. HERRING said that the only
treatment are those that interfere
micturition. He did not agree
markedly progressive, or that ba
necessarily follow the use of
symptoms do not arise from the
contamination of the urine by mi
symptoms are rarely, if ever, incre
use of a sterile catheter. Mr. Her
impossible for a patient to kee
clean. If properly taught, and
method of sterilisation of instrun
chemicals, the patient is able to k
In cases already infected, it is nec
doses of micro-organisms introdu
tion. The repeated administra
keeps up the inflammation, and th
of this assists materially in produc
so frequently seen.

Mr. J. G. PARDOE considered
very aged men with tolerant
was the treatment of choice. A
the expulsive power of the bladd
this after complete removal of th
in whom catheter life had laste
sixteen years. As regards as
Mr. Pardoe thought it an impo
class of those who have hard ma
for their living, or are old and
procure assistance. Again, in t
the prostatic enlargement is due
growth, which would not ten
aseptic the catheterism. Opera
be classed as:—(1) Those of ex
urgency. Cases of expediency
tively young men, with progressi
In the majority of cases, these
members of the second class, in
become complete; hæmorrhage is
and attacks of sepsis cause dan
of operation in the two classe
pared.

Mr. P. L. DANIEL said that
tatic obstruction as at present
and not based on sound pathc

in its entirety, and
of the prostate, as
peration, and while
ocedure, is perfectly
i.
ed several specimens
capsules, said that
as, based purely on
ppily passing rapidly
ngs. He had never
as he considered it
ous. He had never
ough he had given it
ing from it was not
ys set his face against.
ny and orchidectomy
country at least. He
had made no reference
He was quite satisfied
peration had made in
s. No operation was
successful results, and
age and condition of
t had also been proved
s atony of the bladder
enlargement, as in no
regain complete power
surd to talk of McGill's
o specimen of an entire
xhibited, had ever been
date when his operation
n. He believed that Mr.
, that the capsule was
This, however, was a
interest. His opera-
small mortality, gives
of all the symptoms.
only cases that call for
rfere with the function of
gree that the disease is
at bad symptoms must
of instruments. Such
the prostate, but from
by micro-organisms. The
increased by the habitual
. Herring denied that it is
keep himself surgically
and given some efficient
astruments other than by
e to keep himself aseptic.
is necessary to cut off the
troduced by instrumenta-
nistration of these doses
and the prolonged existence
producing the large prostate

dered that in the case of
rant bladders, catheterism
ce. As regards the loss of
bladder, he had never seen
l of the prostate in patients
lasted from six months to
ds asepsis in catheterism,
impossibility in the large
ard manual work to perform
l and feeble, and unable to
n, in the majority of cases,
is due to adenomatous new
t tend to cease, however
Operations for removal may
e of expediency; (2) those of
liency are those of compara-
ogressively growing adenoma.
these patients would become
lass, in whom obstruction has
rhage is of frequent occurrence,
se danger to life. The results
classes can hardly be com-

l that the treatment of pros-
resent carried out is unsound,
l pathology. Most symptoms are due to secondary contamination by micro-organisms introduced from without. Symptoms due to prostatic disease *per se* are those of slight difficulty and frequency of micturition; all other symptoms being due to cystitis, generally caused by dirty catheters, occasionally arising from the posterior urethra, where micro-organisms have remained after an attack of gonorrhœa. Adenoma of the prostate differs from all other adenomatous growths in developing in the later years of life. Mr. Daniel pointed out that this growth probably arises from a pre-existent posterior urethritis. Treatment must therefore be directed first and foremost to the prevention of a posterior urethritis, or to its cure. Secondly, to the prevention of chronic cystitis caused by dirty instruments. An instrument invented by Mr. Herring renders catheterism practically safe. The use of such catheters in the early stage of prostatic difficulty will relieve the few symptoms really dependent on the prostatic condition, so that serious surgical interference will never be needed.

Dr. HORACE MANDERS said that in his experience elderly men reduced to the constant use of the catheter do not show such universal tendency to sink and die from sepsis. He had found that certain drugs, like salol, help to prevent sepsis. He thought that male nurses ought to be more impressed with the importance of sterilisation, and he did not agree that sterilisation can only be properly effected by boiling. The careful and scientific use of the catheter has prolonged many valuable lives, but a large number of cases can be benefited only by a total removal of the prostate.

Mr. MANSELL-MOULLIN replied on the whole discussion.

LIVERPOOL MEDICAL INSTITUTION.

MEETING HELD THURSDAY, DECEMBER 3RD, 1903.

W. MACFIE CAMPBELL, ESQ., M.D., in the Chair.

DR. F. W. BAILEY read a note on the history of the stethoscope and showed an example of Laennec's instrument.

Dr. K. GROSSMANN gave a communication on the occurrence of double focus in the human lens, as found by him in five patients during the last two years. The lens is divided by a sharp line into two areas of different refraction, in four out of the five cases symmetrical. The nature of this hitherto undescribed anomaly and the methods employed in examining it were described and illustrated by a number of diagrams and lantern slides; two of the patients were shown, a male, æt. 20, and a female, æt. 45.

Dr. GROSSMANN also demonstrated a patient in whose left eye the ocular conjunctiva was the seat of a number of large papillomata without any catarrhal or other discharge.

Mr. G. P. NEWBOLT read notes on osteotomy of the upper end of the femur, illustrating his remarks by lantern slides. He laid stress upon the following points —(1) All cases of marked tuberculous disease of the hip should be treated on an abductor frame in order to avoid the adductor deformity almost invariably present; (2) in all cases of bony ankylosis or of short, strong fibrous union with deformity, osteotomy of the upper end of the femur should be performed; (3) Adams' operation of sawing through the neck of the femur, when present, is to be recommended; when absent, transtrochanteric osteotomy may be done. Gant's operation, infratrochanteric osteotomy, not so good, though it avoids sawing through a big mass of bone; (4) open incision with removal of the upper end of the bone is sometimes necessary, tenotomy or rupture of the adductors is often needed in addition. Septic sinuses about the hip offer no bar to osteotomies in their neighbourhood.

Dr. J. C. M. GIVEN reported a case of hyoscin poisoning.

Dr. CHAS. A. HILL read a note upon enlargement of the thyroid at puberty. Two cases were narrated in which pressure symptoms arose. Both improved under the exhibition of thyroglandin.

animals. The illness was no doubt co
angina.

Hr. Hoffmann raised the questi
disease was not a septic process. T
matism was in causal relationship
known; the same was true of many sl
as erythema and purpura. Some
taken for granted.

Hr. Mosse said that many cases of
ran their course with the same kind o

Hr. von. Leyden was of opinion t
was a correct one; the whole b
with large and small extravasations
tainly it might be disputed in many
extravasation meant; one recognised
diathesis in infective diseases, in artic
and in sepsis. In this case, howe
was one *sui generis*, and especially as t

Hr. Heubner mentioned a case i
changed the diagnosis, at last fix
It was that of a child taken ill with a
morbus maculosus Werlhofii; there
fever. Later on there was fever and
were heard. Hæmorrhages appeare
surfaces, bloody stools; and the chil
symptoms. Even at the autops
divided as to whether the case was
anæmia or sepsis. Finally the latte
when long chains of streptococci were
marrow. In the stomach was an "
hæmorrhagic inflammation of the r
He thought the case related one of

Hr. A. Fraenkel believed that
started from the fauces. It was dc
cocci had been the cause of the disea
of cocci were often found in h
medical man from Moscow who w
Berlin, and who was attacked witl
mouth, advanced scurvy was found
hæmorrhages took place from the
It was noteworthy that there wer
blood in the substance of the t
place. As the cause of his illness h
the deceased had eaten caviare i
not fresh, and of which the others

Hr. Hochheimer said, in his rep
were found in the smaller patc
early part of the illness; the exar
revealed no abnormality.

At the Laryngological Society
cases of

OZÆNA TREATED WIT

The cases were twelve in numbe
that scabs formed no longer, only
the smell was reduced to a minin
was only required once in three d
the paraffin recommended by Ec
his syringe.

Hr. Flatau had made attemp
with a very thin mucous membra
He cautioned them against the
into the blood-vessels, as only re
lished in which blindness had
paraffin getting into the arteria

Hr. Eckstein observed that
been caused when vaseline of
been used, 40° to 45°. That
melted at 55° to 65° (C.). H
mishap in hundreds of cases.

Before one of the German la
case was lately decided. A ma
intercourse with a woman and

connected with the

stion whether the
That acute rheu-
ip to 'angina was
/ skin diseases, such
e sepsis might be

of pseudo-leukæmia
id of symptoms.
on that the diagnosis
e body was shown
ions of blood. Cer-
nany cases what such
ised the hæmorrhagic
articular rheumatism,
nowever, the disease
as there was no fever.
ase in which he had
fixing it on sepsis.
th a disease resembling
iere was freedom from
and cardiac murmurs
peared on the mucous
e child died with septic
itopsy opinions were
was one of pernicious
latter view triumphed,
were found in the bone-
an "exquisite" severe
the mucous membrane.
ie of sepsis.
that the infection had
as doubtful whether the
disease, as such invasions
in hæmorrhages. In a
who was passing through
d with bleeding from the
found. Later on profuse
n the kidneys and bowels.
re were extravasations of
the tongue. Death took
ness his friends stated that
niare in Moscow that was
thers did not partake.
his reply, that streptococci
patches only during the
e examination of the blood

Society Hr. Fliess showed

D WITH PARAFFIN.
number, and the result was
r, only snuffling took place;
minimum, and washing-out
three days. He made use of
by Eckstein of 55°, and also

attempts in ozæna, in cases
membrane, but without result.
st the passage of the paraffin
only recently a case was pub-
ss had been caused by the
arteria centralis retinæ.
l that such emboli had only
ine of low melting-point had
That recommended by him
C.). He had used it without
ases.
rman law courts an interesting
A man was accused of having
an and infecting her, knowing

that he was at the time suffering from a contagious disorder — namely, syphilis and gonorrhœa. The woman contracted the disease and went into hospital, where it was said it would take five years to get her cured, as tertiaries had already appeared. The judgment given was to the effect that whoever, knowing that he is suffering from a contagious disorder, has sexual intercourse, giving the disease to the other party, is guilty of the offence of inflicting bodily injury according to S. 230 of the Legal Punishment Book. The culprit in this case was convicted, and sentenced to five months' imprisonment. Serve him right!

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, December 12th, 1903.

ALCOHOLIC NEURITIS.

AT the Gesellschaft der Aerzte, Zappert showed a young girl, æt. 4½, with alcoholic neuritis. According to the history the child was fairly healthy up to the middle of last year, although there must have been a certain amount of rhachitis present. About the end of July last year the child was running about and was happy, when quite suddenly, and without anything to account for the change, it became weak and languid, till finally it could not walk. After this, the arms became weak, accompanied with pain on movement, as well as in the legs.

About the end of August a careful examination of the cerebral nerves, fundus of the eye, intelligence, power of speech, &c., was made without discovering any deviation from the normal. The weakness in the extremities was not confined to particular groups as might have been expected. Neither were there atrophy, tremor, nor ataxia in arms or legs. Tendon reflex was absent in both arms and legs, and Romberg's symptom undoubtedly present. One very peculiar symptom of pain at the roots of the nerves and along the muscles of the paretic extremities was present, which gave rise to more than a clue to the alcoholic nature of the case. This pain was more pronounced in the region of the arms.

On closer inquiry it was discovered that the child had been prescribed half a litre of beer every night, which had been faithfully administered since the previous Christmas, with the result described.

By perfect abstinence and free use of the faradic current the whole morbid picture soon disappeared, although the unsteady gait and patellar reflex still exist.

PRESSURE IN RIGHT AURICLE.

Gaertner then gave a long description of his experiments on the pressure in the right auricle of man. If the arm be raised high above the head, which will produce anæmia, and the tonometer applied to the finger, it will be found that the instrument will show the disappearance of the anæmic state and give an arterial pressure in the capillaries corresponding to the motive force. In a great number of the experiments, however, this form of estimating the auricular pressure is not quite accurate owing to the length of the arm, which exhausts a quantity of the motive force in resistance or in driving the blood forward. This difference of level in measuring the blood pressure is no innovation, as it has long been practised in measuring the venous resistance. The arteries, however, are not comparable, as the contractile wall of the artery may destroy a large amount of the cardiac force before the hæmatic wave reaches the instrument. An example will show this difference at once. If a leg or arm be raised to the level of the third or fifth rib it will be found equal to

secured in the wound, the upper
to the upper angle, and the ileum
A gauze plug was also placed in
brought out by the side of the ile
that the complication of this large
of which was unexpected before
case a difficult one to treat. Th
was so extensive that no surgeon
excision under ordinary circumst
treatment would have been a
between the ileum and the ascer
was decided to do this at a later
it was quite evident that excision
that she could endure at that o
he thought, was interesting, as it
malignant disease in that part of
the extent of sloughing of an im
intestinal wall, which could take
or general evidence of its occurr
it was situated beyond the point
therefore, not subjected to press
bowel, had, he said, much to do wi
of events.

CHELSEA HOSPITAL F

ABDOMINAL HYSTERECTOMY

ARTHUR GILES operated on a si
a patient of Dr. Gordon Hull. I
she had been curetted for dys
trorrhagia, with temporary im
present time she complained of
iliac region, weight in the lower
and troublesome frequency of m
found that she had a fibroid tum
a tumour was felt occupying and
pelvis; it appeared to be about t
Examination with the sound sh
cavity was deflected to the rig
peared to occupy the left cornu
the body of the uterus downwa
It was evidently of such a size a
true pelvis in such a way as to caus
Operation was therefore advised
by the patient, on the ground t
tion she was incapacitated
duties. On opening the abdo
found to be held down in the
pressure; when it was raised
tumour was found arising aln
fundus on the left side; the lef
from the tumour. The broad
in such a way as to leave th
behind, whilst the situation
necessitated their removal
uterine arteries were clamped
tumour removed about the le
lower part of the uterus being
wedge. This gave good ante
over the stump. A forceps w
vical canal to facilitate draina
had been tied the peritoneal
gether over the stump in t
dominal wound was closed ir
said that the indications for
sure of the tumour and the dis
The tumour being subperiton
uterine cavity, there had bee
tion. The tumour was a soli
a median origin over the fun
the left cornu and the attach
tube, it would have been a
mectomy, but as it was, thi
The position of the tumour

oeing stitched
ne lower angle.
iliac fossa and
Mr. Battle said
gh, the presence
ation, made the
alignant disease
ld have advised
ces; the proper
ral anastomosis
ng colon, and it
ge if possible, as
the bowel was all
ation. The case,
owed the insidious
he body, and also
ortant part of the
place without local
ce. The fact that
f obstruction, and,
re from within the
h this quiet progress

OR WOMEN.

FOR MYOMA.—Dr.
ngle woman, æt. 30,
Five years previously
smenorrhœa and me-
provement. At the
great pain in the left
r part of the abdomen,
micturition. Dr. Hull
nour. On examination
id practically filling the
the size of a cocoa-nut.
showed that the uterine
right. The tumour ap-
a of the uterus, pressing
wards and to the right.
as to fit closely into the
use troublesome pressure.
sed and readily agreed to
d that in her present con-
d from performing her
bdomen the tumour was
he pelvis by atmospheric
d up out of the pelvis the
almost entirely from the
left tube appeared to arise
oad ligaments were divided
the right ovary and tube
ion of the left appendages
al with the tumour. The
aped, and the uterus and
e level of the internal os, the
eing cut out in the form of a
anterior and posterior flaps
ps was passed down the cer-
trainage, and after the vessels
oneal edges were brought to-
in the usual way. The ab-
sed in three layers. Dr. Giles
s for operating were: the pres-
he disability produced thereby.
eritoneal and not involving the
ad been no excess of menstrua-
a solitary one, and if it had had
he fundus instead of implicating
attachment of the left Fallopian
een a very suitable case for myo-
as, this was out of the question.
umour made the operation more
difficult than usual. The cases in which hysterectomy was easiest were those in which the body of the uterus was involved, for then as the tumour enlarged and rose into the abdomen it stretched the cervix in such a way that the field of operation became readily accessible. In a case such as this the manipulations required in dealing with the stump had to be carried out on the floor of the pelvis, in much the same way as if the operator had to deal with a normal uterus. It was, perhaps, he thought, not generally realised that the removal of a very large tumour was really an easier matter than the removal of a uterus of the normal size. He pointed out that if the uterus was cut out wedge-wise from the cervix the flaps could be approximated much more readily than if it were cut straight across. The further carrying out of this principle in such a way as to remove nearly all the core of the cervix constituted Mr. Bland-Sutton's method of panhysterectomy.

The patient made an uninterrupted recovery.

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The Medical Press and Circular.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 16, 1903.

ST. BARTHOLOMEW'S HOSPITAL.

THE principles involved in the various proposals to reconstruct the ancient hospital of St. Bartholomew's are of such importance as to demand the most vigilant scrutiny and consideration. Those principles do not merely concern the interests of a famous medical charity, but on their proper definition will also largely depend the future policy of such institutions in all parts of the United Kingdom. The Mansion House Committee appointed to consider alternative reconstruction schemes issued a report, published in our issue of December 9th. That document has received little public commendation on the one hand, while on the other it has been met with a continued and ever-growing chorus of criticism. One of the main contentions against the Mansion House Committee Report—namely, that it was opposed by the Medical Council of the Hospital—has been finally settled by the production of a Council Report unanimously in favour of a

are Dr. Emerson's observations
relations of health to exercise. C
were in the habit of taking system
found the condition of health u
their weight was normal, and they
undertake further work. Among t
was nearly always a certain " stale
felt tired, had poor appetities, and w
their work toward the end of their
subject of exercise has not, we thin
attention it deserves, and it behoves
authority in hospitals to make such
as will ensure the possibility of regu
cise for their house officers.

MR. HERBERT SPENCE

ALMOST the last of that noted band o
in the nineteeth century, undertook to
a new law, not only of biology, but also o
of things entire," has left us. D
Tyndall, Spencer, all are gone, and of th
associated with the early promulgation
of evolution none still remain, with th
tion of Mr. Russell Wallace. Not that
posed that the doctrine of evolution in
new, in one form or other it appears i
philosopher of note from Thales down.
on the one hand, Mr. Spencer's applicati
the widest spheres possible—biology, ps
ology, ethics—and, on the other, Darwi
tion of its complete applicability in one
biology, and its dependence therein on t
of natural selection. It is often thou
Spencer's work is merely the extensic
fields of the laws Darwin found to hold
domain, but nothing can be further fr
Not only in its inception but in its pr
Spencer's earlier work is prior to Dar
"Principles of Biology" appeared some
the "Origin of Species." In his subjec
still more in his standpoint, Mr. Spence
widely from the other champions of evol
mentioned. They were all primarily, and
merely, men of science. Mr. Spencer was
science at all, but a philosopher. He t
ledge for his domain, and science was or
many fields of interest for him. It is per
and at any rate this is not the place, t
appreciate his contributions to the sum
but there is grave reason to doubt wh
grasped its real problems. He dealt wit
laws holding sway in knowledge, but not w
questions of the conditions of its possi
interesting at present is consideration
intellect which, in spite of all obstacles,
finish the gigantic undertaking set its
Without friends, without sympathy, witho
at his own expense, issued work after wo
publishers and the public alike refused t
time he reaped his reward, and five-and-
ago his thought dominated the speculation
Of late years, since the completion of his
of a system of synthetic philosophy, he sel
the arena of letters, but many will rem
respect (whether they agree with him
courageous protest against England's atti
the South African Republics. For many
a martyr to chronic dyspepsia, and it is
has left an autobiography in which his s
recorded in considerable detail. By th

the general
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What is new is,
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f his great scheme
he seldom entered
I remember with
him or not) his
s attitude toward
many years he was
it is said that he
his sufferings are
By the death of

Mr. Herbert Spencer the world has lost one of those intellectual giants the influence of whose life work is destined to sway the destinies of mankind for all succeeding time.

Notes on Current Topics.

The Prevention of Consumption in Cork.

THE Cork branch of the National Association for the Prevention of Tuberculosis is to be congratulated on the energy it has shown in promoting the establishment of a local sanatorium. The branch has, as one may judge from the Cork Press, not only roused a great deal of public interest in the proposed scheme, but has gained the sympathetic attention of the various local boards with whom the responsibility lies of taking measures for the health of the community, as well as of caring for the poor in their respective jurisdictions. The County Council and the Cork Rural District Council have, we understand, expressed their willingness to co-operate in the maintenance of a sanatorium, but for some hidden reason the Cork Corporation has not yet taken any step. A suitable site has been offered in the neighbourhood of Cork by Mr. Barter, the proprietor of the St. Anne's Hydro. at Blarney, a gentleman of public spirit—but the offer must be given a definite answer in the course of the next few weeks. Under the circumstances, it is to be hoped that no time will be lost, but that the various public bodies concerned will proceed to action with all speed. The Local Government Board has intimated that money may be borrowed from the Board of Works at the low rate of three and a half per cent., so that little courage is needed to go on with the scheme.

Compulsory Tooth Extraction in a School.

A CURIOUS case has recently been heard before the Yorkshire *Nisi Prius* Court by Mr. Justice Grantham. It seems that the Vicar of Helmsley, in his zeal for the welfare of the children in th village school, secured the services of a dentist, who came and inspected the mouths of the scholars. One of the latter, a girl, thirteen years of age, was placed in a chair, and, in spite of vigorous struggles and remonstrances, a tooth was extracted. Other evidence showed that the tooth in question had been previously prepared for "filling," and that both the gum and the cheek were injured. The parents of the child not unnaturally entered a strong protest against their child having been submitted to an operation of the kind without their consent. A local newspaper the *Malton Gazette*, commenting adversely upon the incident, spoke of the dentist concerned, a Mr. Recordon, of York, as a "tool of the vicar," the Rev. C. N. Gray. The name of the dentist was not mentioned in the newspaper notice, but Mr. Recordon brought an action for libel, and was awarded £250 damages. Candidly speaking, it is not altogether easy to understand the grounds on which Mr. Justice Grantham charged the jury. "Because a child behaved stupidly," he said, "and cried and went away with her hands to her mouth these aspersions

the filaria into the human subje
mosquito, and, more recently, D
a former pupil, had shown the as
sleeping sickness and a variety
Moreover, the latter organism h
found in the blood of a patient wl
bite from a species of tsetse fly i
germ of sleeping sickness, symptc
patient ultimately developed and
died. This latter discovery, made
placed beyond doubt the causal c
trypanosoma with the disease.
like many others, was sorely in ne
it was hoped that Sir Francis Lo
with as much success on his secon
did on the first. Sir William Ch
and Sir Frederick Young second
thanks to Sir Patrick Manson for
address, after which the hospital
were open for inspection by visit

The Value of "First Aid" K

IT is customary for ambulance a
lecturers to cite instances of acciden
might have been readily averted by
of a little simple amateur surger
perhaps, of a policeman who fi
bleeding to death from a stab in th
who saves her life by twisting a bit
the upper arm. If they roamed tl
over, however, it would be hard to
illustration than that reported rec
village in Kincardineshire. While
young farm servant accidentally b
which bled so profusely that he died
The accident is a curious one, as ther
great difficulty in staying the hæm
a severed tongue. Perhaps one o
arteries were partially severed, or th
man belonged to that class of perso
profusely and dangerously from the
In any case, anyone possessed of
amount of "first aid" knowledge
contrived to apply pressure to
until competent medical assista
It is hard to imagine any bitten w
tongue that could not be stitched
arrest hæmorrhage with the aid of
needle and sewing cotton. In th
"bleeder," medical science has now
certain means of checking the hæmor
use of a drug that represents one
brilliant of modern therapeutic disco

School Books and the Prever Diseases.

THE spread of infection by fomite
books carry no small part, is a subje
and importance, not only to school-t
librarians, but also to students of hyg
if it be granted that disease-germs
disseminated in expiration, yet the pa
are liable to act as media of infecti
becoming directly contaminated by
sneezing on the part of the pupil, who,
than not, politely coughs into his hool

ject by means of the
, Dr. Aldo Castellani,
: association between
ety of trypanosoma.
n had been actually
it who had received a
fly infected with the
mptoms of which the
l and from which she
made by Dr. Daniels,
isal connection of the
ase. The institution,
in need of funds, and
is Lovell would meet
s second mission as he
lam Church proposed,
seconded, a vote of
son for his interesting
ospital and laboratory
y visitors.

Aid" Knowledge.

ulance and "first aid"
f accidental deaths that
erted by the timely help
r surgery. They tell,
who finds a woman
tab in the forearm, and
ing a bit of twine round
roamed the wide world
be hard to find a better
ported recently from a
e. While at supper a
identally bit his tongue,
iat he died next morning.
one, as there is usually no
g the hæmorrhage from
haps one or two small
vered, or the unfortunate
ass of persons who bleed
ly from the slightest cut.
ossessed of a moderate
knowledge would have
pressure to the tongue
lical assistance arrived.
any bitten wound of the
be stitched up so as to
h the aid of an ordinary
tton. In the case of a
ence has now a rapid and
ng the hæmorrhage by the
presents one of the most
erapeutic discoveries.

d the Prevention of seases.

ction by fomites, of which
part, is a subject of interest
only to school-teachers and
students of hygiene. Even
t disease-germs are rarely
ition, yet the pages of books
media of infection through
ntaminated by coughing or
of the pupil, who, more often
ighs into his book instead of his hand or handkerchief. In this manner it is conceivable that certain infectious disorders as diphtheria may be spread, to say nothing of ordinary naso-pharyngeal catarrhs and influenza. It has, fortunately, now become recognised by teachers in general that every scholar must have his or her own book, and that the practice of "looking over" or sharing a book with a class-mate is one which cannot for a single moment be countenanced. But besides the measures which are adopted in order to ensure that the fountains of knowledge shall themselves be medically pure and wholesome, that is, in a passive manner, it has also been proposed to utilise the golden opportunities thus afforded for imparting information by instilling into the infant mind, "here a little, and there a little," words of wisdom regarding the simple methods of preventing disease. In an important paper, fraught with many valuable suggestions, on "The Future of Preventive Medicine," read by Dr. H. A. Moody before the Section of Hygiene at the Annual Meeting of the American Medical Association, it is pointed out that the key of the whole position lies in the better education of the masses. Dr. Moody would have a chapter on the prevention of disease "in every school text-book on physiology" (and we might say in every reading-book also), "in every printed language the world over. In every school grade, from the lowest to the highest, the plain, untechnical statement of the facts would instil into the minds of rising generations the principles that would ensure intelligent co-operation with all our efforts for the benefit of humanity." With these sentiments we most cordially agree, and we express the hope that such chapters will find their way into school-books, so that they may not only be passive but active agents in the prevention of disease.

Medical Men and Marriage.

IF statistics are to be believed the average marriage age of members of the medical profession has, during the past few generations, grown later and later. The usual explanation is that the conditions of existence render competent professional income every year more difficult of attainment. In Paris, however, medical men appear, willy-nilly, to be looked upon as prizes in the matrimonial market. According to the French correspondent of the evergreen *Referee* an inquiry into the attractive journalistic query, "What is woman's favourite profession for a man?" has called forth a most unexpected answer. *Primâ facie* one might have supposed that lovely woman would have chosen the law, or the church, or the Army, or the Navy, or literature, or art, or one or other of the somewhat motley group of callings that are usually included under the elastic title of "professions." But no, we learn that when put to the vote by a well-known French lady's paper neither the scientist, the banker, the musician, nor the explorer had a single vote, but the favourite of all, by an enormous majority, was the doctor! The soldier came next, then, in order, the sailor, the engineer, and, lagging far behind, the literary man,

bacilli can lead a saprophytic ex
suggests that the tubercle bacillus
a similar life under somewhat simil
which we know nothing. If this
be the fact, our efforts to prevent
influence on man might be turned
more hopeful channels.

Lord Iveagh's Gift to the Dub

A MEDICAL contemporary publish
of the awards which have been ma
mittee appointed to distribute
magnificent gift to the Dublin
reproduce the list with all reserv
affords an approximate forecast of
but we understand that it is not
and that no official list has been a
According to our contemporary
awards have been made: Mate
£3,500, and £300 to its convalesce
mond Hospital, £2,000; Victori
Hospital, £2,000; Meath Hospita
of Dublin Hospital, £2,000;
Hospital, £1,500; Adelaide H
Jervis Street Hospital, £1,500. Th
attached to the donation is that it
for any increase of beds. To this l
the name of Sir Patrick Dun's Ho
we are informed, received £2,000
tions are omitted from the abo
the two children's hospitals an
Hospital, but even with the add
does not appear as if a distributi
the above scale would exhaust th
to press we learn that the follov
also been made: Cork Street
£3,500; St. Vincent's, £2,000;
£2,000; Mercer's, £2,000; Ro
Incurables, £2,000; Rotunda, £
cent Home, Stillorgan, £1,500; N
Hospital, £1,500; Westmorlan
Linden Convalescent, £1,200;
Kingstown, £750, &c.

The Ballachulish Quarr

AT the moment of going to
comes to hand of the termina
drawn-out dispute between th
Ballachulish and the owners, w
right of the men to appoint and
officer for whose services they p
to say that this obvious princi
triumphed, and that hencefort
will retain Dr. Grant as thei
They have fought a long and
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that the staunchness which ha
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fessional relationship in the fu
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were on the verge of a general
from Ballachulish as a last prot

The "Tabloid"

THE important action br
Burroughs, Wellcome and C

rophytic existence, and it
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to prevent its pathological
t be turned into other and
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;o the Dublin Hospitals.

ırary publishes a list of some
.ve been made by the Com-
distribute Lord Iveagh's
ıe Dublin Hospitals. We
ı all reserve. It doubtless
forecast of the distribution,
ıt it is not entirely correct
has been as yet published.
ıtemporary, the following
ıade: Mater Misericordiæ,
convalescent home; Rich-
); Victoria Eye and Ear
.th Hospital, £2,000; City
£2,000; the Orthopædic
ielaide Hospital, £3,000;
£1,500. The only condition
n is that it shall not be used
To this list may be added
Dun's Hospital, which has,
ved £2,000. Many institu-
ı the above list, notably,
spitals and the City Skin
h the addition of these, it
, distribution continued on
:xhaust the gift. As we go
the following grants have
k Street Fever Hospital,
, £2,000; Dr. Steevens',
000; Royal Hospital for
ɔtunda, £2,000; Convales-
£1,500; National Maternity
estmorland Lock, £1,000;
£1,200; St. Michael's,

ıh Quarry Dispute.

going to press information
termination of the long-
tween the quarrymen of
ɔwners, with regard to the
oint and retain the medical
es they paid. We are glad
us principle of justice has
henceforth the quarrymen
as their medical officer.
ıng and tenacious fight on
ıan, and it is to be hoped
which has been shown to
a long and unbroken pro-
n the future. To such a
vanced that the quarrymen
general strike and exodus
last protest.

ıbloid" Case.

tion brought by Messrs.
and Co., against Messrs Thompson and Capper, homœopathic chemists, of Manchester, Liverpool and elsewhere, was concluded by judgment delivered on Monday last, December 14th. The trial occupied the attention of Mr. Justice Byrne's court for seven days. The issue arose out of an action by Messrs. Burroughs Wellcome and Co. to restrain the defendants from supplying goods other than those of plaintiffs when "Tabloid" was specified in orders or in prescriptions. The defendants replied by an action to remove the marks "Tabloid" and "Tabloids" from the register. Mr. Justice Byrne decided in favour of the plaintiffs on all counts.

PERSONAL.

PROFESSOR T. SINCLAIR, Surgeon to the Belfast Royal Hospital, has been appointed an examiner in surgery at the Army Medical examinations.

MR. ROBERT S. EARL, Medical Officer of Antigua, has been appointed Commissioner of the Presidency of the Virgin Islands, in succession to Mr. N. G. Cookman.

DR. FREDERICK SPICER presided at the autumnal dinner of the Durham University Medical Graduates' Association, which was held at the Café Monico, London, on December 3rd.

DEPUTY Inspector-General of Hospitals and Fleets John C. Birkmyre Maclean has been promoted to the rank of Inspector-General of Hospitals and Fleets, *vice* Inspector-General Thomas Bolster, resigned.

DR. D. FRASER HARRIS recently delivered an interesting lecture to the University Education Society of the University of St. Andrew's, on the subject of physiology in relation to the teaching profession.

THE King has been pleased to approve of the appointment of John Mitford Atkinson, Esq., M.B. (Principal Civil Medical Officer), to be an Official Member of the Executive Council of the Colony of Hong Kong.

MR. H. C. HIGHET, M.D.Glasg., D.P.H.Lond., has been appointed first medical officer of health at Bangkok under the new Government regulations, which demand that his whole time shall be devoted to the duties of his post.

THE name of Lieutenant Hornabrook, medical officer of the Natal Mounted Rifles, has been added to the list of those mentioned for meritorious service in South Africa in Lord Roberts' despatch of April 2nd, 1901.

THE Secretary of State for the Home Department has acknowledged the receipt from the Editor of the MEDICAL PRESS AND CIRCULAR of applications on behalf of G. E. T. Edalji, with an intimation that the same will receive due consideration.

DR. BIRD, of Carlisle, was last week appointed physician to the Cumberland Infirmary in succession to Dr. Barnes, who had resigned after thirty years' service to the institution. Dr. Bird having previously held the post of assistant physician, that position is now vacant.

only, are made, and some of the arr
pretty severely criticised, but, on the wh
Guardians are given credit for much goo
the way of improvements carried out
years.

Correspondence.

[We do not hold ourselves responsible for the opi
pondents.]

VIVISECTION.

To the Editor of THE MEDICAL PRESS

SIR,—Dr. Robert Lee's inquiry in
December 9th is not presented with co
and distinctness, but I will essay to an

The medical practitioner, if he have a
no time for scientific research, and ir
called upon to pursue physiological
For him it suffices if he keep himself ab
knowledge, and fails not to avail hi
discovery or advance applicable to
or treatment of disease. To a practiti
grounded in physiology, attendance at
animals must, as a rule, be a waste o
gain all the information he needs fron
ture, from any well-informed journal, l
CAL PRESS, for example.

The case of Bayliss *v.* Coleridge has
tinguished teachers attach importanc
tions on the living animal as part o
struction in physiology; and every s
defer to the opinion of these experts.

As to the value of experimentatio
physiology, pathology and practica
surgery, the vast majority of men of
of practice are agreed. Dr. Lee,
suggests a doubt. The opinion of
to judge is practically unanimous. I
pathologists throughout the civilised
if experiments on animals had so far
hundredth part of the results that the
they would even then present such a
still to deserve pursuit with increasi
gress is slow in some respects, no dou
be easy to fill some pages of your pape
of basic discoveries and practical
either entirely or in a great part up
section; and it would be easy to pr
excepting always an antivivisection
great part of the advance of phy
and practical medicine and surge
modern days, would not have been
the assistance of experiments upo
story has been told over and over an
can hardly be necessary to repeat i
not for the benefit of Dr. Lee, who
familiar with the whole subject.

I am, Sir, yours truly,
An OBSCURE P

December 9th, 1903.

Obituary.

MR. McLEOD OF HAW

WITH much regret we announce
McLeod, of Hawick, on December
and painful illness.

Mr. McLeod took the L.R.C.S.
long ago as 1849, and soon afterwa
district of Hawick, where at the tir
was by far the oldest practitioner
It is interesting to note that his firs
thither was an outbreak of chole
Mr. McLeod, who was widely and un
died in his 77th year, and leaves be
as well as a son and a daughter.

Medical New

Catholic University School of Medici

ON Saturday evening the fou
of the students of the Catho

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opinions of our corres-

SS AND CIRCULAR.

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URE PRACTITIONER.

ary.

F HAWICK.
nounce the death of Mr.
ecember 5th, after a long

.R.C.S. of Edinburgh so
afterwards came into the
t the time of his death he
titioner along the Border.
t his first occasion of going
f cholera in the district.
y and universally respected,
eaves behind him a widow,
hter.

l News.

of Medicine Annual Dinner.

the fourth annual dinner
e Catholic University of Ireland Medical School was held. Sir Christopher Nixon presided. Mr. John Dillon, M.P., in proposing the health of the Medical School and its professors, said he found that in the various schools of Dublin and Belfast in the year 1902 the Catholic University School of Medicine registered 72 students, Trinity College, Dublin, 45; the College of Surgeons, 25 and Queen's College, Belfast, 35. He then proceeded to refer at length to the University question. What he looked forward to was a university that would be characteristic of Ireland in its democracy, in its freedom to all the people, in its devotion to science, for which the Irish people had always been celebrated, which would be a great scientific institution, and would be characteristic of Ireland in regard to unity within its walls, devotion to science in the broad and most unfettered freedom, combined with that devotion to the spiritual life which had been equally characteristic of Ireland. Sir Christopher Nixon, in replying, hoped the United Irish party would make the settlement of the University question the front platform in its propaganda. Professor MacWeeney proposed the health of the past and present students. Dr. Cox and Mr. Boyd Barrett responded. The Chairman proposed the toast of "Our Visitors." Very Rev. Canon Mannix, President of Maynooth College, in replying, called attention to the report of the Royal Commission, which, if acted upon, would leave Ireland without university education. Mr. T. L. O'Shaughnessy, K.C., in responding, said he hoped whatever was right, and whatever was just, and whatever produced equality in Ireland would be done. The toast of "The Chairman" concluded the proceedings.

Consulting Surgeon to Jervis Street Hospital.

AT the meeting of the Managing Committee of this hospital on the 10th inst, it was moved by George C. Stapleton, Esq., seconded by Wm. Anderson, Esq., J.P., "That in consideration of Dr. Austin Meldon's lengthened service to the hospital the committee appoint him Honorary Consulting Surgeon to the hospital." The medical staff had previously unanimously adopted the following resolution:—"That we, the medical staff, unanimously recommend the Managing Committee to appoint as consulting surgeon Dr. Austin Meldon, D.L., who was for so many years a member of the staff of the hospital." Dr. Meldon has been connected with Jervis Street Hospital for very many years, for thirty-three of which he filled the post of visiting surgeon. The Managing Committee, in thus recognising his long services to the hospital, have conferred on him the highest honour in their power, and one which its recipient has well merited.

Extension of the Metropolitan Asylums Board's Ambulance Service.

THE Metropolitan Asylums Board on November 28th decided to extend the operation of its ambulance service so as to include the transport of medical, surgical, and mental cases for which application might from time to time be made by any authority or person with the Metropolis. Such extension shall not be held to include the removal of cases of street accident or of patients to and from the several lunatic asylums under the control of the London County Council, unless by special sanction of the ambulance committee, or, on emergency, of the chairman of that Council or the clerk to the board. It was also decided that upon the necessary legal authority being obtained for the managers from the Local Government Board the work should be immediately undertaken and a charge of 7s. 6d. made in respect of each removal, and in addition a mileage of 1s. 6d. beyond the boundary of the metropolis.

The Recent Attempted Murder of a Medical Man at Fir Vale.

MR. JUSTICE DARLING has tried and sentenced the man accused of the attempted murder of Mr. George Whittenbury White, at the Fir Vale Workhouse Infirmary, Sheffield. On the conviction of the prisoner by a jury of attempt to murder, the learned judge sentenced him to penal servitude for life. The punishment thus rapidly meted out seems somewhat unduly severe, notwithstanding the seriousness of the crime.

The Medical

"SALUS PO

VOL. CXXVII. WEDNESD

Original Communications.

FORTY YEARS OF PROFESSIONAL LIFE

By THOMAS RICHMOND, L.R.C.P. L.F.P.S.Glasg.

IF any apology be required for detailing rec
of a professional life extending over a period
years, it may be found in the fact that these y
eminently epoch-making in the history of
embracing as they did the ever-memorable t
Lord Lister, then Professor of Surgery in
University, and Surgeon to the Royal Infir
laying the foundations of the antiseptic
house surgeon to University College Hospi
Lister's attention was first directed to th
hospital gangrene and pyæmia at a time
had been an outbreak of hospital gangr
after this he left London for Edinburgh,
became house surgeon to the late Mr. Sy
daughter he married a few years later.
the year 1860 that he was appointed to t
Surgery in Glasgow University, as successor
Lawrie. I have a vivid and pleasant rec
those mornings in the Royal Infirmary,
hour then being 8.30, when Lister, whose hc
was the present Sir Hector Cameron, st
bedside of a patient upon whom he had p
own operation for excision of the wrist-joi
he would in the most painstaking manne
the joint for some considerable time in ord
free movements. He was, indeed, at thos
of comparatively few words, but always h
smile of recognition, and to his students w
most considerate. He had charge of No.
the ground-floor, presently in charge
Adams, and the ward opposite was th
Dr. William Lyon, who at that time w
man, but extremely energetic, and gene
ledged to be a good surgeon. Lord L
No. 25 Ward, on the first floor, as well
the old building. In 1864 Lister comr
periments in the Glasgow Royal Infirm
led to such brilliant results. It was t
(1867) before he gave to the world th
investigations, only some two years bef
to Edinburgh to occupy the Chair of C
I am indebted to Dr. Edington for a c
from the *Glasgow Medical Journal* for
year, and following the issue of the
Number of the *British Medical Journa*
error had crept, and which is
corrected in the following terms. H
matter of fact, it was not till after
Glasgow that bacteria or other micr
attention. He used to teach his
class in Edinburgh (before he came
decomposition of the blood, &c., in
the main cause of suppuration. Th
he could in his early years in Glasg
comp sition, these efforts were all in

al Press and Circular.

SALUS POPULI SUPREMA LEX."

DNESDAY, DECEMBER 23, 1903. No. 26.

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L LIFE.

. L.R.C.P. and
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detailing recollections over a period of forty that these years were history of surgery, memorable time when Surgery in Glasgow Royal Infirmary, was antiseptic method as llege Hospital. Lord ected to the study of at a time when there pital gangrene. Soon Edinburgh, where he late Mr. Syme, whose rs later. It was in pointed to the Chair of as successor to Professor pleasant recollection of Infirmary, the visiting ter, whose house surgeon Cameron, stood by the m he had performed his the wrist-joint, and how king manner manipulate time in order to procure leed, at those times a man ut always had a pleasant s students was invariably harge of No. 24 Ward, on in charge of Dr. James site was that of the late hat time was a very old ic, and generally acknow- n. Lord Lister had also loor, as well as No. 10, in Lister commenced his ex- oyal Infirmary which have . It was three years later ne world the results of his wo years before he returned e Chair of Clinical Surgery. gton for a copy of a reprint *Journal* for January of that ssue of the Lister Jubilee *lical Journal*, into which an which is authoritatively terms. He says: "As a ot till after Lister came to other microbes claimed his teach his extra-academical e he came to Glasgow) that od, &c., in open wounds was ration. Though he did what rs in Glasgow to combat de- were all in vain till Pasteur's researches opened a new way—not the exclusion of oxygen, which was hopeless, but combating the microbes."

As colleagues, Lister had in the Royal Infirmary Emeritus Professor George Buchanan, the late Dr. James Morton, and Dr. William Lyon on the surgical side; and on the medical side the much revered Sir William Gairdner, the late Professor Leishman, and the late Dr. Scott Orr. Among his colleagues several were opposed to his methods, and constantly compared their results in the wards with those of Lister. All the same, pyæmia and hospital gangrene continued to prevail—diseases that are seldom seen at the present day. It was no uncommon experience in those days for students to make their visit to the Infirmary, and find a ward in which they had been the day before closed, and all the patients removed to other wards on account of a death from pyæmia. From an article on "Hospitals" in one of the new volumes of the recently issued "Encyclopædia Britannica" I quote the following:—"Listerism means devoted and continuous attention to the details of cleanliness, and its effect is well illustrated by the fact that the adoption of the aseptic or Listerian treatment of wounds had reduced to 4·3 per cent. in 1880, in Germany, a mortality of 41·6 per cent. in 1868, and a mortality in 1872, according to Sir John Erichsen, of 37·8 per cent. in the larger metropolitan hospitals, and of 25·7 per cent. in University College Hospital. According to Schade's Antiseptic Statistics, that has been further reduced to 2·9 per cent. in all uncomplicated amputations for disease or injury, and is still falling. With the enormous saving of life following such marvellous results, as indicated in the quotation I have just made, is it to be wondered at that Lord Lister should have had honours showered upon him from many countries of the world, and well may he be styled the "grand old man of surgery"?

During my student days, sanitary science was in its infancy. Sir W. T. Gairdner was the first medical officer of health in Glasgow, with the late Dr. James Dunlop, who was police surgeon for the Southern district of the city. The Sanitary Chambers were then situated in a large shop in College Street, and the Sanitary staff consisted of Drs. Gairdner and Dunlop, with Mr. George McKay as sanitary inspector, and who at present is chief sanitary inspector in Perth. I am obliged to Dr. Chalmers, medical officer of health, for the following particulars regarding the sanitary staff at present under his control. The indoor clerical staff consists of thirty members. There are seven district inspectors, twenty-six nuisance inspectors, fifteen epidemic inspectors, six female inspectors, six night inspectors of ticketed houses, and a few subordinates; and this list is exclusive of the chiefs of various departments. From an address delivered by Dr. J. B. Russell, when a presentation was made to him from the sanitary staff, on the occasion of his appointment as medical member of the Local Government Board for Scotland, I quote the following, which indicates some of the difficulties under which the sanitary staff laboured in those early days of its existence. He says: "Those were the days when the master of works and

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came to my house
summer morning jus
He had been drinkin
prevent him going o
However, he manage
clothes, and how he
I cannot tell, but ther
cap, trousers reach
jacket on, with carp
minded me of what w
"Vice-Versâ," where
place of his son. Wit
quotation on this subj
I contributed to THE M
January, 1901. After
for criminal inebriates,
class of non-criminal dr
provision has yet been
longing to this class w
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effects temporary improve
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those years of which I have

ıve had charge of, erring to a class of hould be made than ɔn-criminal class of se present who have ng cases of inebriety need for establish- ld be quickly trans- dicrous and humilia- n presented when he years ago on a fine ublic-houses opened. ıe, and his family, to hid all his clothing. ld of a boy's suit of in getting into them ring a boy's Glengarry the knees, and short on his feet. He re- n that amusing story, ınate father takes the mission I shall read a ı leading article which RESS AND CIRCULAR in to the provisions made —" There is a numerous for whom no adequate We know those be- ıld voluntarily enter a ; to be placed under ıtly do so. In a large ement would require to We require homes or ghbourhood of all large ı could send inebriate here the rates of admis- scale to meet the cases h. At present the pro- rmed inebriates, is very e are a few homes con- system of treatment— es are largely prohibitive, touting for patients has as shown that several t majority of cases only nt, and is therefore quite f cases where gentlemen iod treatment, and within sed cure being completed, streets in a drunken con- d of confinement in the bsolutely essential. That be adopted whereby the mates of these homes might ıan would continue to use l or brush, and so on. In poorer inmates might be d so the retreats would be elf-supporting. Some time nstantly being fined by a eing drunk and disorderly. hat as there was no in- le to save her life, and she ceeded to property worth through the death of her days she was fined three Such painful cases might most assuredly indicate the blishment of homes for the ɔriates, be they rich or poor. is matter much which should tion of the philanthropic, at nty of scope for the develop- ıe, where the primary motive leavour to save the confirmed mely grave, which is so fre- is class of cases at present." your indulgence to take a w of the numerous advances n medicine and surgery during have been reminiscent. The triumphs of surgery have been very remarkable indeed. The wildest flight of imagination could never in my student days have thought for a moment of such daring and brilliant work as that executed on the brain and spinal cord by Sir Victor Horsley and our own fellow-townsman, Sir William McEwan, whose of wonderful osteotomies it may truly and literally be said that "the crooked are made straight." Could even the most optimistic among us in those early days have dreamt of a brilliant surgeon like Sir Frederick Treves having such a wonderful succession of recoveries in operating in cases of appendicitis? Compound fractures in my early days went often disastrously wrong, now they are no special source of anxiety to the surgeon. The surgeon may even step in now, and at least relieve the worn-out old man, weary of life, suffering from enlarged prostate, by the operation of enucleation. The Röntgen rays have come to the rescue of the surgeon in many ways, as, for instance, in locating exactly the position of a splinter or needle embedded somewhere in the flesh. In the field of therapeutics much excellent work has been done. Rheumatism many years ago was an unsatisfactory disease to treat; now we can at least give speedy relief to the intense pain in acute cases by means of the salicylate. Temperature can be lowered quickly and pain relieved speedily by means of phenacetin, antipyrin, and such like. Nitrite of amyl very soon relieves the agony in angina pectoris. The father of Dr. Weir Mitchell pointed out the resemblance between the symptoms of poisoning by snake venom and infective fevers, and the further research on the subject by Professor Fraser, of Edinburgh, and others has led to the treatment of various diseases, including diphtheria, by means of antitoxic serums. About the year 1873 Sir Lauder Brunton experimented in cases of diabetes with raw organs. Some years later Brown-Séquard proposed testicular juice as a general tonic, and later still came the treatment of myxœdema by means of thyroid gland, thanks to Dr. Murray, of Newcastle, and others. In obstetrics much progress has been made, and our own Professor Murdoch Cameron has made a very useful contribution in this important department by his series of successful Cæsarean operations.

In medicine proper, along with pathology, much real and substantial progress has been made during the period we are speaking of. Our knowledge of nervous diseases is now much more accurate, with the localisation of function of the various parts of the brain and spinal cord, and our knowledge of diseases produced by micro-organisms is constantly extending, and with that knowledge a more satisfactory way of treating disease, a method less empirical and much more rational. We have just to think for a moment of the research work of Pasteur, of the investigations of Koch into tuberculosis, and the valuable work of many others engaged in research, to realise the immense value to humanity at large of the investigation into the hidden things of Nature by men who devote their lives to such self-sacrificing work. I cannot close this hurried sketch without mentioning the name of Major Ronald Ross, who has, along with others, by his investigations in connection with that great scourge, malaria, been the means already of saving the lives of millions of human beings. Among the names of those who will be handed down to posterity most surely there will be those of Lister and Ross as real benefactors of the human race. In conclusion, gentlemen, a certain writer has said that "Man is not pre-ordained to be the victim of sin and corruption, but to be made happy through his perfections. If he firmly wills it, he can attain this perfection in all its relations of life. He may know beforehand that when he feels sorrow and suffering there is something in himself which is not as it ought to be. The sorrow and suffering are, in themselves his certain guides to happiness." That, gentlemen, is the material or fabric with which we, as medical men, are called upon to deal, and the responsibility is ours to endeavour to the very best of our ability to help to put right that "something in himself which is not as it ought to be." I would say that genius and talent always count for something, but even to the average man who

Further thought and
former cases occurred
was in perfect health,
surgical and nursing
tively little discharge f
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found that the widely-s
were very common amc
the uterine discharges
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cleanliness, in fact, was
its absence. In short,
discharge from the ute
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wounds bathed with thi
will separately heal. It
case of a surgical asep
no assistance in keeping
but would devote all her
together in order to re
had caused.

It therefore seemed t
method of preventing imi
incised cervical lips was
from the other whilst the
I first attempted to effect t
passed through the tip
higher up on the anterior
being passed through the p
vaginal wall, so that when
dragged apart. But, aft
softened, the lips fell toget
ordinary manner; and so
some years practised, the
simple, surgical, and has
effective.

I had not previously he
done by anyone else, but I
years at The Hospital for W
that it has proved equally s

The patient being anæsth
position, the vagina is w
The posterior wall of the
weighted speculum, a double
anterior lip of the os, and
The cervical canal is then
sounds up to No. 16 or 16½
is then passed half-way up t
say, in many of these cases
to three-quarters of an inch—
that extent on each side; t
the anterior lip is drawn forw
needle threaded with strong c
left side of the anterior lip clo
incision, and then across and
point on the right side. The
short, and a similar stitch i
between the former and the
anterior lip is sponged clean
upper, and then the lower, s
of course, is that the anterio
drawn together—the raw su
pletely; whilst the posterior
Two or three wool plugs are th
the cervix to check hæmorrha
in about sixteen hours, and t
posterior lip is glazed over wi
In about a week, it is covered
extending up to the angle of
the catgut in the anterior lip
and, as a general rule, the wou
the same time it is becoming g
membrane. At the end of te
stitches and remove them, an
flattens out and lies nearly in
with this difference—that bot
being covered with mucous
adhere together; and on pass
that the cervix is widely patent

to find that the
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rule, there is no

discharge, and at the end of a fortnight the patient is able to resume her home life.

For the purposes of this paper, I have looked up my notes of all the hospital and private cases I could remember for whom I have performed this operation. They amount altogether to eighty-seven cases. In every case my notes show that the first period after the operation was practically free from pain. In twenty-eight of the cases, I have a note of the patient at the end of two years, and in every one of those cases the relief had been permanent for that time. In another thirty-three cases, my notes only extend to an average of eleven months after operation, and in each of these the relief was equally definite. Of the remaining cases, in ten I can only find a note for three or four months after the operation, but in those again the relief so far had been permanent. In eight cases, varying from four months to two years, some amount of menstrual pain had returned, but in each case to a much less degree than had been formerly experienced. In the remaining eight cases, I have no note after the first month; but, as I have asked every patient for whom I have done this operation to write to me if she had any return of her previous symptoms, and as I have not heard at all from these eight cases, I think I am almost justified in thinking that they have also been permanently relieved; and that therefore I am well within the mark in estimating that of the patients with dysmenorrhœa from conical cervix for whom I have performed this operation, in 91 per cent. the relief from pain has been complete and permanent.

With regard to sterility, I find that out of the eighty-seven cases forty-one were sterile, having been married for periods varying from two to eleven years. I have heard, so far, from twenty-four of these cases, in eighteen of whom pregnancy has resulted after an average sterility of five and a half years. On the whole, therefore, I think I am justified in saying that, in these cases of conical cervix, both the dysmenorrhœa and the sterility are directly due to the contraction and lengthening of the cervical canal, and consequently to mechanical obstruction; that the latter can be completely removed by incision of the cervix, provided that the incision can be kept permanently patent; and that, by the method I have described, which, I submit, is surgically sound, such patency can be secured; and finally, that the actual results in practice are sufficiently good to warrant a more extended trial of the operation.

REPORTS ON A

DUCT CANCER IN ISOLATED AXILLARY GLAND,

AND OTHER CASES. (a)

By H. MACNAUGHTON-JONES, M.D.

IN the final report on the case of isolated duct carcinoma in the axillary gland, a section of the growth was shown with the epidiascope. The report was furnished by Dr. Cuthbert Lockyer. Previous sections had not exhibited any malignant characteristics. The breast was then cut into several sections, and from these six different portions were examined, with the following further results:—(1) Some of the ducts are atrophied, and their epithelium is shrunken and degenerated. (2) There are numerous small cysts, produced by involution changes in the ducts. Some of these are filled with epithelial *débris*. (3) Fibrous processes lined by epithelium project into some of the above cysts. None of them are branched, but they constitute an early stage of intracystic papillomata. (4) The epithelium in some of the dilated ducts has proliferated and is arranged in layers, several coils in thickness. This indicates an early carcinomatous change, and accounts for the secondary deposit of cancer found in the enlarged left axillary gland.

Dr. Macnaughton-Jones said that this explained what otherwise would have been a pathological mystery. It also proved that superficial examinations of the

(a) Paper read at a meeting of the British Gynæcological Society, Thursday, December 10th, 1903.

albuginea. The walls of the vessels were seen gre thickened, their appearance somewhat similar to condition seen in arterio-capillary fibrosis of the kid

The tube was typically nodular in appearance, n enlarged, and on section all the constituent parts o walls were thickened, the muscular layer swollen the plicæ œdematous, while the fimbriæ were fleshy also swollen. The points referred to were illustrate the epidiascope.

CALCAREOUS DEGENERATION IN CENTRE OF SC MYOMA.

The tumour removed by myo-hysterectomy sho in section a central area of calcification, in the centr which was a small calcified mass.

Within a hyaline patch, some thick-walled ves containing organised blood clot are seen. A l nodule from another part of the growth has b decalcified and examined. It shows that the taceous deposit has been laid down in parts of fibroid which have previously undergone the hya change above referred to.

All these cases made uneventful recoveries.

The specimens were all prepared at Mr. Eas laboratory, and reported on by Dr. Cuthbert Lock

The Out-Patient Departments.

TOTTENHAM HOSPITAL.

[Surgical Out-Patients under the care of MR. HERB CARSON.]

Sarcoma of Superior Maxilla.

A WOMAN, æt. 60, attended the out-patient dep ment complaining of pain and swelling of the left of the face. She gave the following history of trouble. Three months ago she first noticed se pain in the head, which felt "as if it were in a vi About a week later she had slight nasal obstruct which she considered due to a cold. Then pain in left side of the face occurred, and she first notice swelling beneath the left eye. Since that time swelling has steadily and somewhat rapidly increa accompanied by severe burning pain, increasing nasal obstruction, and an occasional discharge from left side of the nose. There has been no epistaxis, her eyesight is unaffected. She does not think she lost flesh.

On examination, the patient is fairly well nourisl and does not look older than her years. The cheek is prominent, especially in the upper half. At inner canthus is a prominence about the size of a si coffee bean, hard to the touch and adherent to the s which is infiltrated and reddened over it. The ort plate is affected, the edge feeling hard and nodu Laterally the swelling extends to within 1½ in. of tragus and upwards for an inch above the zygo The space between the inner canthus, the anterior e of the masseter and the left border of the nose is occu by a prominent hard nodular mass to which the de layers of the skin are adherent. The left eye is not placed and its functions are unimpaired. The ma is edentulous, the teeth having been extracted s years. There is no alveolar irregularity, nor any of fungation towards the mouth. Rhinoscopic exam tion shows that the outer wall of the left nasal passa pushed inwards till it touches the septum, causing c plete obstruction. No pus or fungating masses pres The naso-pharynx is free. No enlargement of gla can be felt, nor is there any evidence of visceral depo

Mr. Carson pointed out that although in many c the diagnosis of malignant disease of the supe maxilla was not difficult, in some cases, particul if at an early stage, great care was necessary to dif entiate between a growth and a cyst or empyema of antrum. A cyst large enough to cause prominenc the cheek is quite a rare condition, does not lead much pain, never implicates the skin, and can rea be diagnosed if, as sometimes occurs, the anterior is definitely thinned. An empyema is generally a ciated with a purulent nasal discharge (which can proved to come from the middle meatus), and does often cause prominence of the cheek. The diagn

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SPITAL.
care of MR. HERBERT

Maxilla.

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the cheek. The diagnosis can always be cleared up by puncturing the antrum, preferably through the nose, and washing out the cavity. Transillumination will not be of much assistance in the differential diagnosis. The real difficulty in these cases of malignant disase of the superior maxilla lies not so much in diagnosis as in prognosis, that is, in deciding whether an operation holds out good prospects of a cure. This is best settled by carefully investigating the amount of extension of the growth. Given that the general condition of the patient does not contra-indicate operation, it may be said in general terms that success can hardly be expected in cases where (*a*) the skin of the cheek is much affected ; (*b*) the glands of the neck are enlarged ; or (*c*) there is extension backwards into the naso-pharynx. Also, if there is extension above the zygoma the operation is one of greater severity. In the case before us, the skin of the cheek is infiltrated, and there is some extension above the zygoma. There is, however, no extension into the naso-pharynx, into the mouth or into the nose (the outer wall is merely pushed inwards without fungation). The glands of the neck are not enlarged and the patient is in good condition to stand an operation which the extension above the zygoma suggests will be a severe one. There is one point more to consider. In the case before us there is undoubtedly implication of the orbital plate of the maxilla. It will be necessary to remove the orbital plate, and this, by depriving the eye of support, may lead to downward displacement of the eye, with at least diplopia and possibly ulceration and disorganisation.

A week later the superior maxilla was excised, the growth being apparently entirely removed. There was a certain amount of extension under the skin of the cheek and behind the external angular process, but it was found possible to make a clean sweep of it. The orbital plate was removed.

After the operation, the patient had an uninterrupted convalescence. From the first she had no difficulty in taking fluid nourishment, and readily assisted by frequently irrigating the cavity. The superficial and deep parts of the wound healed aseptically, and since the operation the patient has had no pain to speak of. It has been found necessary, however, to remove the left eye, which became ulcerated three weeks after the operation.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—XXV.

[BY OUR OWN MEDICAL COMMISSIONER.]

NORDRACH-UPON-MENDIP SANATORIUM.

THROUGH the enterprise and far-seeing wisdom of Dr. Rowland Thurnam Nordrach-upon-Mendip was opened as a sanatorium for phthisical cases in the beginning of 1899, and at a time, it is well to remember, when but little was known in this country of the details of open-air treatment and the systematic conduct of a thoroughly hygienic management of consumption, such as that conducted by Dr. Otto Walther at Nordrach in the Black Forest.

The charms of the Mendips have been made known to many through the delicate and delightful stories of Somersetshire life by Mrs. Walter Raymond, but it is mostly due to Dr. Thurnam that their reputation has been established as a very desirable health station.

The Mendip Hills, consisting chiefly of limestone and sandstone, form a somewhat isolated but elevated and picturesque moorland. The country is somewhat undulating ; there are copses of beech and firs, and the hills present striking gaps or clefts, and from the high ground extensive views, rich in many charms, are obtained.

The district presents plentiful opportunities for health-giving exercises, the air is invigorating, and the country is calculated to exercise a beneficial psychological effect on many minds.

The sanatorium originally consisted of a house which

much frequented by visitors who appreciate a f
cuisine, and the attention ensured by the presenc
the proprietors on the premises. A few hundred y
nearer the town is the Hôtel Beau-Séjour, the p
larity of which has necessitated extensive addit
now in course of erection. It is admirably situate
a prominence at the angle of the circuitous road
commands a full view of the splendid panorama of
town and harbour. To complete the list men
should be made of the Hôtel Oriental and the G
Hotel.

The great thing in choosing rooms is to secu
sunny aspect. It is often worth while to put up ir
town on arrival in order to make sure of obtai
suitable apartments at Mustapha, and in such case
traveller cannot do better than go to the Hôtel
Régence, which commands a view of the Place
République, close to the quays. It is centrally situ
and comfortable, and the prices are a good deal l
than in Mustapha.

The season nominally begins at the end of Oct
but the rush does not, as a rule, take place until a
the middle of December. In my next communic
I propose to dwell more particularly on the t
peutical aspects of the climate of Algiers, the jou
hither being an indispensable preliminary to
consideration.

Transactions of Societies.

BRITISH GYNÆCOLOGICAL SOCIETY.

MEETING HELD THURSDAY, DECEMBER 10TH, 19

DR. HEYWOOD SMITH, President, in the Ch

EXHIBITS.

BOSSI'S DILATOR.

DR. MACNAUGHTON-JONES showed the modifi
of Bossi's dilator, by Treiss, comparing it with t
strument he had exhibited a few years since i
Society, and pointing out its lightness, greater e
application, &c. Having reported on and use
dilator for the first time in this country, he wou
apologise for exhibiting this improvement on th
he had then shown. The lacerations of the
recorded by some authorities abroad he could no
thinking were due to too rapid dilatation and
employment of the dilator in unsuitable cases.

Dr. MACNAUGHTON-JONES, jun., said that h
used this improved form of Bossi's instrumen
tertipara in whom it had been necessary to
premature labour between the seventh and
month, on account of a large fibroid. The
difficulty in securing sufficient dilatation for the f
As he was able to pass his finger easily into
he introduced the instrument with the caps on,
spent half an hour in dilating the cervix. The
tion was performed at seven o'clock, and th
was born at eleven. No laceration occurred.

Dr. G. R. HODGSON pointed out that lacera
the cervix was especially likely to happen wh
amount of fibrous tissue in the part had been in
by processes of chronic inflammation. Unde
circumstances the laceration was not to be att
to any fault inherent in the instrument.

Dr. MACNAUGHTON-JONES exhibited with the
scope sections of isolated duct cancer in an
gland, and other cases, which will be found
689.

Dr. G. R. HODGSON remarked that the cove
cirrhotic ovaries was always thickened. Thou
thickening must in the first instance arise fr
gestion, it was remarkable that the congesti
not always followed by cirrhosis. This might
to the fact that in some instances the capsul
ovary gave to the increased blood pressure,
others it did not do so. The question, therefo
whether, when great suffering resulted from
ovaries incision of the capsule might not reli
distress.

Dr. J. J. MACAN said that several speci
diseased ovaries had lately been exhibited

appreciate a good
by the presence of
few hundred yards
1-Séjour, the popu-
extensive additions
mirably situated on
circuitous road and
lid panorama of the
e the list mention
:ntal and the Grand

)oms is to secure a
vhile to put up in the
e sure of obtaining
and in such case the
;o to the Hôtel de la
w of the Place de la
t is centrally situated
re a good deal lower

the end of October,
take place until about
next communication
:ularly on the thera-
f Algiers, the journey
preliminary to their

Societies.

CAL SOCIETY.
:CEMBER 10TH, 1903.

lent, in the Chair.

TOR.
owed the modification
nparing it with the in-
few years since in the
ghtness, greater ease of
rted on and used the
s country, he would not
provement on the one
:erations of the cervix
)road he could not help
d dilatation and to the
unsuitable cases.
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Bossi's instrument in a
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dilatation for the forceps.
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with the caps on, and he
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part had been increased
ammation. Under such
was not to be attributed
nstrument.
xhibited with the epidia-
.ct cancer in an axillary
h will be found on page

ked that the covering of
thickened. Though such
instance arise from con-
that the congestion was
.osis. This might be due
tances the capsule of the
blood pressure, while in
question, therefore, arose
g resulted from cirrhotic
ile might not relieve the

iat several specimens of
been exhibited at the

Society, which had been attended with very similar clinical symptoms, and which closely resembled one another in appearance, but some had been described as cirrhotic and others as sclerotic. Unless there was an essential difference between the two conditions which it was desirable to emphasise, it seemed to him that it would be better, especially in regard to the reports of the proceedings, to use one term rather than two. He believed that every abnormal increase in the fibrous tissue of an internal origin was liable to be followed by contraction.

Dr. MACNAUGHTON-JONES said that the different specimens of which he had shown sections by the epidiascope were clearly not taken from what he regarded as true "cirrhotic" ovaries. In the latter there was distinct contraction of the capsule and cicatrisation with shrinking of the tunica and connective tissue in the stroma, with obliteration of the follicles. Occasionally there were small pus cavities. Of course, such hardening of the ovary involved the process of sclerosis. In the sections shown by him the ovaries were rather hypertrophied than reduced in size, but there was a process of sclerosis proceeding throughout the stroma, and involving all the structures from the capsule inwards. The practical point was that such ovaries caused great suffering, and, clinically, were often regarded as free from disease.

The PRESIDENT said that the question was one that might well be discussed at some future meeting, as it was desirable to have a clear understanding upon it.

Dr. BEDFORD FENWICK showed a fibroid uterus and remarked—The specimen which I now show is, in several respects, of much practical interest. It consists of a uterus containing fibroid growths, three of which have projected into its cavity. I removed it last Tuesday at the Hospital for Women, Soho Square, from a patient, æt. 50, married at twenty-two, who has had eight children, the last having been born eight years ago. The catamenia began at the age of twelve; since she was thirty years of age the losses have been more profuse; for the last six years she has noticed an increasing swelling of the abdomen. She was told that she had a tumour, but that this would get quite well and disappear at the change of life. For the last four years the swelling has much increased, and the losses have been extreme, at times exhausting her completely. But still the same cheerful and hopeful prognosis was given to her. For the last two years she has had almost constant loss, and for the last few months great increasing abdominal pain. Finally, having arrived at the age of fifty, and finding her hopes of cure still deferred, she came to the hospital, and was immediately ordered into the wards. The uterus was enlarged nearly to the level of the umbilicus, with outgrowths filling the pelvis. It was nodular and apparently fixed. She was very blanched, her heart's action quick and irritable; she was extremely wasted, and seemed, in fact, to be in the last stage of exhaustion. Her first cardiac sound at the apex was fairly good—clear and distinct—and I therefore determined to operate.

Incidentally I should be glad of this opportunity to say that I am largely guided now in the performance of any abdominal operation for the removal of a tumour by the condition of the first heart sound, for this simple reason, that when it is clear and sharp there is rarely much, if any, fatty degeneration of the ventricular wall, and, as I have on several occasions pointed out, it is that particular degeneration of the heart which is most often associated with long-standing abdominal tumours which causes the sudden death known to occur in these cases, and which brings about the collapse of the patient after laparotomy has been performed. That this is a good practical working rule I think I am entitled to claim, because during the last nineteen months I have not lost a single case after an abdominal operation, either in hospital or private practice.

Returning to this patient: on opening the abdomen, I found the uterus fixed in the pelvis, densely adherent behind to coils of intestine; with this large cystic

lips of the cervix, which at first, an inch long, gradually contracte months later, he had frequently f as an ordinary cervical lip, but wi patent. The explanation of tha obvious, inasmuch as the blood was materially interfered with by t tion. Finally, he ventured to thi advantages of the operation he had simplicity and its success. It took to perform, and then the patient till the tenth day, when the stitch On the other hand, the relief from p of the cases, and the cure of the ste per cent., were results which, so fa other treatment of the kind had obt fore he could at least plead that like success.

WEST LONDON MEDICO-CHI SOCIETY.

MEETING HELD DECEMBER 4

DR. SEYMOUR TAYLOR, the Presider

MR. F. G. LLOYD read a paper on

APPENDICITIS.

The anatomy of the appendix was fully pathology of appendicitis discussed. of the different varieties of the malad their differential diagnosis, were fully dealing with the treatment of the affe expressed a leaning towards conservati the conditions calling for surgical inter with the methods of procedure whic most useful. A series of cases which l the author's observation with the co drawn from a study of the various cond concluded the paper. The discussion or postponed to a future meeting of the Soc

A paper on

BOLDNESS IN THE TREATMENT OF HEA

was read by Dr. ALEXANDER MORISON. which attention was specially direct instances of grave cardiac failure occu adults or in those in the prime of life, was no evidence of vascular degenerati reserve force was commensurate with ment. In these, the tincture of digitali bined tinctures of digitalis and strop recommended in doses of 15, 20, 25, or intervals of four hours, until a definite duced upon the action, force and capacit and failing heart. This might require administration of the drug until 200 or 3 been taken. Before beginning this metho however, it was necessary to prepare certain particulars for the action of The surcharged venous system should suitable cases by venesection (which th ferred to leeching) to four or ten ounces, t limbs drained by Southey's tubes or by fluid effusion in chest or abdomen remc possible. It was admitted that this me ment by reason of the closeness of ob supervision necessary was more adapte than private practice, but with the assista nurses these difficulties might be overc method efficiently carried out in the p home. That there was a certain element rapid method of obtaining cardiac cont admitted, but provided that only suitab selected, and sufficient skilled supervisior were exercised, this risk was by no means over, the only alternative was in the majc to stand aside and watch the patient slowly die, or to play with remedies in an ine irrational manner, and in the fatuous hc *vis naturæ medicatrix* might, in some manner, come to the rescue, a course which fair to the patient nor becoming in th physician.

DR. LILIENSTEIN, of Bad Nauheim, expr

, perhaps, were each
ed, until, six or nine
found them as small
with the canal widely
hat contraction was
l supply of the lips
y their lateral separa-
think that the chief
had suggested was its
ok about five minutes
it was never touched
itches were removed.
m pain in 90 per cent.
sterility in about 50
o far as he knew, no
obtained; and there-
hat nothing succeeded

)-CHIRURGICAL

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BER 4TH, 1903.

esident, in the Chair.

on
IS.

is fully detailed and the
issed. The symptoms
malady, together with
re fully described. In
the affection Mr. Lloyd
nservatism, and stated
al interference, together
e which he had found
which had come under
the conclusions to be
ous conditions presented
ussion on this paper was
f the Society.

T OF HEART DISEASE

MORISON. The cases to
y directed were those
lure occurring in young
e of lite, in whom there
degenerations and whose
ate with their develop-
of digitalis, or the com-
and strophanthus, were
20, 25, or 30 minims at
a definite effect was pro-
nd capacity of the dilated
t require the continuous
til 200 or 300 minims had
this method of treatment,
o prepare the patient in
action of the remedy.
em should be relieved in
a (which the author pre-
en ounces, the anasarcous
tubes or by incision, and
domen removed as far as
hat this method of treat-
eness of observation and
nore adapted to hospital
th the assistance of good
ht be overcome and the
ut in the patient's own
tain element of risk in this
cardiac control was also
t only suitable cases were
ed supervision and control
by no means great. More-
as in the majority of cases
patient slowly or suddenly
lies in an ineffective and
he fatuous hope that the
ht, in some inexplicable
a course which was neither
ecoming in the educated

Nauheim, expressed agreement with the views of the author of this paper as they were in accord with his own observation and experience. At the same time he deprecated the use of digitalis and its congeners in cases in which the action of the drug was not called for. A careful consideration of the conditions of the individual case was important in all instances of disorder of the heart, and this held good not only in the matter of medicines, but also with reference to physical therapeutics. The use of the carbonic acid bath was an instance in point, and harm might easily be done to patients who were not carefully watched. He attached great importance to sparing the heart, and was in the habit of interposing after the second, third, or fourth day of bathing a bath-free day. Dr. Lilienstein also referred to the importance of mechanical treatment of heart cases (such as massage and active and passive gymnastics) which had at Bad Nauheim been developed into a perfect system in connection with the baths. He agreed with Dr. Morison's remarks as to the value of blood-letting in suitable cases, and had seen good results in many instances, especially in cases of aortic disease with raised blood pressure.

The PRESIDENT considered that the tendency of modern medicine in the treatment of cardiac failure was summed up in the word *boldness*. The Nauheim bath, the graduated exercise, the increasing muscular efforts, all introduced within recent years, pointed to the same conclusion. Probably had those methods of treatment which had been so ably advocated by Dr. Morison been suggested in the immediately preceding generation of practitioners they would have been received with opposition, if not with ridicule. But modern clinical experience was altering our views of treatment. In the great majority of cases of heart failure not only was there a want of balance between the two sides, or between two cavities of the heart, but there were results of this, and so far as he was able to read the phenomena of heart failure, congestions of various organs and parts constituted, in great measure, the enemy which had to be attacked. Therefore he resorted to venesection in many instances, and to leeching frequently, but trusted more to the former than to the latter method. Nor did he overlook the advantage which sleep afforded in these cases, and frequently prescribed opium or morphia, providing the kidneys were free from organic disease. There was, however, no "golden rule" in the treatment of such cases, and the peculiarities and idiosyncrasies of the individual had to be taken into account as well as the visceral malady in formulating any line of treatment.

Mr. R. W. LLOYD, referring to an allusion to the work of the anæsthetist in Dr. Morison's paper, pointed out that there were differences between the methods of the physician and the anæsthetist in the matter of heart control. The former administered drugs in liquid form to cases of heart disease accompanied by loss of control, while the latter administered a drug in the form of vapour, very gradually, continuously watching its effect and being ready and able to vary the amount given or withdraw it entirely on the appearance of signs of any loss of control of the heart.

Dr. NEVILL WOOD agreed with Dr. Morison that in a limited number of cases large doses of digitalis after suitable preparation of the patient would produce results that might be fairly described as startling, but in another class of case equally extraordinary results could be obtained by the use of almost infinitesimal doses. He, therefore, preferred to advocate precision rather than boldness in cardiac therapeutics.

Mr. W. P. MALLAM quoted a case of aortic regurgitation accompanied by extreme cardiac pain and distress in which complete relief followed blood letting to the extent of eight ounces. So much was the patient impressed by the efficacy of the treatment that on a subsequent occasion he begged for a repetition of the venesection.

Dr. ALEXANDER MORISON, in his reply, reiterated the necessity for careful selection of cases for submission to the rapid method of controlling the heart, but said that these would be found to be of frequent occurrence in subjects under forty. He also explained his preference for venesection over leeching, as a preparatory or therapeutic measure, on account of its more sudden or rapid

Formol, 0·90.
Bicarb. of soda, 20.
Carb. of potash, 4.
Water, 1,000.

Used as compresses, the inflammation dimini
well as the itching. When, however, ther
eczema as a complication, this latter should
treated. In pityriasis of the scalp, the forma
indicated along with the general internal treat

SYPHILIS.

The treatment of syphilis has undergone n
since the days of yore, as regards the drugs e
mercury or iodide of potassium, and frequentl
bination of both, but the method of treat
changed considerably within the last few years
ointments and mixtures have with many prac
been abandoned for the needle of the hyp
syringe, to the benefit of the patient and th
if not to the chemist. We speak of the
method now employed in the secondary stag
disease, consisting in daily injections of solu
cury salts. Some employ weekly injections,
daily injections have the advantage of allo
dose to be properly estimated, of watching the
of the patient and thus avoiding intoxicati
injection, says Peysonneau, is frequently pai
not so much so as that of insoluble salt. The
used are benzoate of mercury, three centigram
injection, and continued daily for a month;
lasts two hours and is pretty sharp. Hen
four centigrammes by injection; this salt is l
ful than any of the others. Biniodide of merc
centigrammes; the results are excelle
quently, and for various reasons, it is impossi
the patient to come every day to the consulti
in such cases the weekly injections of ca
substituted.

APPENDICITIS.

Professor Robin believes that appendicitis
very frequently by medical treatment base
better knowledge of the affection. Accordin
hyperasthenic dyspepsia is found as the
the greater number of cases of appendicit
is accompanied by constipation and cæcal c
In the beginning appendicitis would then b
reaction of the mucous membrane of the
against the irritating and acid fæcal matte
treatment opium consequently should not
Castor oil or calomel followed by irrigati
intestine should be prescribed, while the
the cæcum might be treated by mercury
donna ointment or injections of morphia.

If this treatment is carried out with i
says M. Robin, surgical interference will
necessary.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, Decembe

ON the 25th ult. a discussion took place at
Society on Hr. Abel's paper on
THE VAGINAL ROUTE IN GYNÆCOLOGICAL C

Hr. Bröse declared himself an adheren
carried out 194 operations since 1894 witl
had a death; in six cases he had had to pe
rotomy with two deaths. In spite of thi
classical ovariotomy still held its grou
ovarian tumours were better removed by
In cases of malignant ovarian tumours the
above was decidedly the better. In myo
there were limits beyond which the end c
attained from the vagina.

:o.

nmation diminishes, as however, there exists s latter should be first scalp, the formal is also al internal treatment. s.

as undergone no change urds the drugs employed, a, and frequently a com- nethod of treating has he last few years. Pills, with many practitioners edle of the hypodermic patient and the doctor, speak of the intensive secondary stage of the njections of soluble mer- eekly injections, but the dvantage of allowing the , of watching the tolerance oiding intoxication. The is frequently painful, but oluble salt. The solutions y, three centigrammes, by ily for a month; the pain tty sharp. Hennophenyl, ion; this salt is less pain- Biniodide of mercury, three lts are excellent. Fre- asons, it is impossible to get lay to the consulting-room; injections of calomel are

ICITIS.

that appendicitis is cured al treatment based on the ffection. According to him, is found as the origin of ases of appendicitis, which pation and cæcal coprostasis. icitis would then be but the membrane of the appendix d acid fæcal matter. In the uently should not be given. llowed by irrigation of the escribed, while the pain over eated by mercury and bella- tions of morphia.

carried out with intelligence, l interference will seldom be

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ermany.

N CORRESPONDENT.]

BERLIN, December 19th, 1903.

cussion took place at the Medical paper on

N GYNÆCOLOGICAL OPERATIONS.

himself an adherent. He had ions since 1894 without having ases he had had to perform lapa- ths. In spite of this, however, still held its ground. Large better removed by laparotomy. ovarian tumours the route from the better. In myomatas, also, ond which the end could not be gina.

In retroflexion he had seen good results from the Adams-Alexander operation. Vaginal cœliotomy was of great value in extra-uterine gravidity, in cases not too far advanced in pelvic abscesses and bilateral tumours of the adnexa. The statistics in comparing the results after the two operations were not in place, as only the severe cases were reserved for the upper route.

Hr. Th. Landau pointed out that vaginal cœliotomy could never replace laparotomy, which came into consideration only in diseases of the female genital organs and it was not adequate where there were complications with the vermiform appendix, intestines, uterus, &c.

If a tumour was thus walled, it could be removed *per vaginam* regardless of size, of thickness of walls, or adhesion, and if there was danger that its contents might escape into the peritoneal cavity during the extraction, abdominal section was indicated. In ectopic gestation, on account of complete toilette, the upper way should usually be preferred. In the case of inflammatory tumours the vaginal route had its limits.

Hr. Koblanc was of opinion that improvement in the technique of laparatomy had led many who at one time had adopted the vaginal route to return to the former. In any case a careful diagnosis should be made beforehand, and if complications were present, the upper route should be selected.

Hr. Schäfer considered Pfannenstiel and Hüstner's suprasymphysary section to be a decided advance, as air did not get to the intestines, ruptures were avoided, and a scarcely visible cicatrix resulted.

Hr. Müllerheim considers malignant degeneration of myomata to be very rare, and myomata should only be operated on when there was much hæmorrhage, pressure on neighbouring organs, in pain, or if rapid growth was noticed.

Hr. Dührssen believed that all gynæcological tumours could be removed *per vaginam;* nevertheless laparatomy could not be dispensed with. It would be used in about 25 per cent. of the operative cases.

In case of need, if when the vaginal operation had been commenced it was seen that it would not serve, the wound could be simply closed and the mass attacked from above. Myomata should only be operated on when they caused distress, but patients who had them and went to a gynæcologist always had distress. He thought enucleation was the most dangerous of all myoma operations, as great cavities were left in the uterine walls. These should be drained, and the peritoneum carefully closed over them.

Hr. Abel, in reply, said that the vaginal route must still be the one of choice. If a malignant tumour was found, the opening made below should be closed and the operation carried out from above. The danger of hæmorrhage rendered this indispensable. The use of laparotomy should be much restricted.

At the sitting of December 2nd, Hr. Grawitz showed a man, æt. 41, a lead-worker, who had peculiar muscular contractions. The twitches were such that only a few bundles of muscles contracted at one time (fibrillary twitchings), and that the contractions gradually passed off. Electrical excitability was intact; further faradic current [slightly exaggerated. Sensibility was normal, the reflexes were in part heightened; walking was rendered difficult, and also the use of the hands. The disease was very rare, and had been called myochymia. It was a pure neurosis that did not lead to degeneration in the cord. The prognosis was unfavourable, or, at least, uncertain.

Hr. Gutmann showed a child, æt. 1½, with

TUBERCULOSIS OF THE CONJUNCTIV...

On the left lower eyelid was an ulcer, and around it yellow nodules. There were also diseased glands in

putations were now som
anæsthetics and antiseptics
form excisions with, in sui
tainty of a good result.
he pointed out, why excisi
in this case. One reason w
the inner condyle, which it
cult to thoroughly disinfect.
condition and age of the pa
excision was only favourable
Thirdly, the great displacem
and the contraction of the t
it difficult to get the leg in
he thought he might add th
of a labourer, with a fami
anxious to get home as soc
dinary circumstances she
valescent after amputation
whereas it would be quite si
have been able to do much
regard to the method adopt
circular was chosen because
thigh and arm a better stum
fixing the flaps; indeed, he
in flap transfixion was the
operation could be complet
there was no necessity. It
that the elastic bandage wa
operation a bloodless one, bu
considered advisable on accc
dition of the knee-joint, and
blood—not two ounces—was
excepting, of course, that lef
oozing was stopped before t
nevertheless he thought it ac
tube, which would be remo
the sutures, which had been
then be tied, and he hoped
tention.

FRENCH HOSPITAL

AMPUTATION OF ARM F
COMA OF THE ELBOW.—A few
incision before reported in "
sent having been obtained,
the request of Mr. Edmu
amputation in the upper
patient, in which the diag
an exploratory incision had
ing, and the *débris* extract
microscopical examination,
to be a spindle-celled sarc
operated by the circular m
inspection of the seat of the
showed that the growth w
but grew from the intermu
a definite history of injury
no special cause for the co

The man is doing well.

CANCER
CHOLECYSTOTOMY. — M
operated on a woman, æt.
complaining of constant pai
ing more to the right side.
fat woman and very plac
deep-seated pressure wa
the epigastrium, the patie
apparently very acute. I
the abdominal parietes it
margin of the liver or to
tension of the gall-bladde
sions Mr. Jessett though
over the region of the gal
his, however, it was deci

.t rare operations, as dered it possible to per- e cases, a practical cer- re were several reasons, could not be performed the suppurating sore on uld have been very diffi- Another was the general nt, for he considered that children or young adults. at backwards of the tibia sues would have rendered ood position; and lastly, e the patient was the wife y to look after, and was n as possible. Under or- would be practically con- in a month or six weeks, e months before she would after an excision. With ted, he remarked that the in muscular parts like the ip is formed than by trans- e said, the only advantage e rapidity with which the ted, for which nowadays would be noticed, he said, as not used to make the out its employment was not count of the unhealthy con d it was seen that very little as lost during the operation, eft in the part removed. All the wound was closed, but advisable to use a drainage- moved in twenty-four hours; n put in and left loose, would ed to get union by first in-

L AND DISPENSARY.

FOR SPINDLE-CELLED SAR- few days after the exploratory n "Operating Theatres," con- ed, Mr. CLAYTON GREENE, at lmund Owen, performed an er third of the arm on the iagnosis was so obscure until had been made into the swell- acted therefrom submitted to on, which showed the growth sarcoma. Mr. Clayton Greene r method, *en trois temps*. An the disease in the severed limb h was probably not periostea! rmuscular septum. There was jury some years ago, otherwise ie condition could be made out. ll.

ER HOSPITAL.

— Mr. BOWREMAN JESSETT æt. 57, who had been admitted nt pain in the epigastrium extend- side. She was an exceedingly placid. On examination, when was applied on the right of patient complained of pain, not te. From the amount of fat on es it was very difficult to find the r to detect if there was any dis- ladder, but on one or two occa- ought he could detect a fulness ie gall-bladder; so ill-defined was decided to keep the patient quite and under treatment for a week or two before proceeding to operative measures. After three weeks' treatment, the patient getting no better, Mr. Jessett decided to operate. There was complete absence of jaundice, and plenty of bile in the motions. The diagnosis arrived at was that she had gall-stones, probably one of which was encysted. At the operation a very free incision was made about two fingers' breadth below the margin of the false ribs, extending from the middle line downwards and outwards for a distance of about six inches. On exploring the gall-bladder it was found to be considerably distended. A sandbag was now placed under the patient's body; this had the effect of bringing the liver and gall-bladder very much more prominently into view. Some gauze was packed round the gall-bladder, and a free incision made into the exposed part. A considerable quantity of brownish tenacious fluid escaped, and the gall-bladder itself was wiped carefully out with a piece of gauze. On introducing the finger, gall-stones were at once apparent. By means of the scoop fourteen of these stones of considerable size were removed. On examining the duct leading from the gall-bladder to the common duct another stone was felt impacted. A needle was passed into it with the hope of being able to break it up and push it back into the gall-bladder. This being found impossible the lower part of the liver was drawn out through the wound, and an assistant holding this firmly out and upwards, a very good view of the duct was obtained. An incision was made over the stone with a narrow bistoury, and the calculus removed. A few catgut sutures were introduced to close the incision into the duct, and the liver was allowed to drop back into its place. A drainage-tube was introduced into the gall bladder and conveyed out through the parietal wound; this last was closed by three layers of sutures, the opening in the gall-bladder being fixed to the wound. Mr. Jessett said the interest of the case was the ill-defined character of the symptoms existing in a very fat woman, and, further, the method of withdrawing the liver itself through the opening in the abdominal parietes enabling the surgeon to have a thoroughly good view of the gall-ducts, and so enabling him to remove a calculus which was encysted in the bile-duct without any very great difficulty.

The patient made a very good recovery.

Royal College of Surgeons of Edinburgh.

AT a meeting of the College held on December 15th, the following candidates, having passed the requisite examinations, were admitted Fellows of the College:—Sydney Herbert Allen, L.R.C.S.E., Melbourne, Australia; Arthur Alison Bradburne, L.R.C.S.E., Buxton, ArthurBernard Cridland, M.R.C.S.Eng., L.R.C.P. Lond. Wolverhampton; Daniel Randolph Gonsalves, L.R.C.S.E., Ootacamund, India; William Colin Mackenzie, M.D., B.S., Melbourne; John Macmillan, M.B., C.M., D.Sc., F.R.C.P.E., Edinburgh; James Hutcheson Pestell, L.R.C.S.E., Victoria, Australia; Richard Staward, L.R.C.S.E., Springburn, Glasgow; and Harry Findlater Wilkin, L.R.C.S.E., Wickhambrook, near Newmarket. At the same meeting Dr. Peter Hume Maclaren and Dr. James Ritchie were elected representatives of the College on the Board of the Royal Infirmary for the ensuing year; and Mr. Henry Wade, M.B., F.R.C.S.E., was elected Conservator of the Museum.

Society of Apothecaries of London.

THE following candidates having passed the necessary examination have received the diploma of the Society, entitling them to practise medicine, surgery, and midwifery:—A. E. Bird, W. H. Bush, E. M. Cox, G. C. M. Davies, A. H. Falkner, H. J. Gater, C. R. Hannon, W. Lovell, S. Northwood, F. Robinson, S. H. Ryan, L. C. A. Savatard, and D. A. Stepney.

On the other hand, it induces premature a
scientific publication of views and theories,
not only hampers true scientific workers, but
baseless hopes of alleviation in the minds o
sufferers, to be replaced later by bitte
appointment. In the investigation of the
of cancer there has, of course, been a gre
of misapplied ingenuity. There is hard
article of food, for instance, which has not
time or other fallen under the ban of som
or less acute theoriser. A recent exam
this is the silly article by a medical man
current number of the *Empire Review*, in
it is maintained that the alleged increase of
in Ireland is due to the consumption of A
bacon. It is very doubtful whether there
considerable increase of the disease in I
and as the writer does not bring forward a
but assumptions and dogmatic statem
favour of his thesis, it occurs to us that
the whole theory is merely an argument in
of protection against imported meat.
rate, since he believes the same causes
cancer and physical deterioration, his
may be neglected, for, whatever may be
in England, there is certainly no physi
generacy among the peasantry of Irela
come back to more serious investigator
seems to be just now a tendency to turn aw
the parasitic theory, and to examine more
what may best be called predisposing co
Cancer presents so many analogies with
culosis that the discovery twenty years
specific cause for the one at once held out
similar success in the case of the other
organisms—bacteria, protozoa, yeasts—ha
maintained at different times as cause
disease, but it may now be said definitely
specific parasite of cancer has yet been est
It is natural that investigation along th
having failed, attention should now b
directed towards the other factors which
concerned in the production of cancer. I
sing the intrinsic causes, Mr. Morris draws
in particular to two main theories, that of
and that of Cohnheim. The former
that the beginning of neoplastic growth
a loss of balance between epithelial and c
tissue elements. This theory in itself
cient, since it would rather explain
epithelial increase than a local growth
however, in conjunction with the hyp
local irritation as a necessary condition,
covers most of the facts. Mr. Morris,
is rather in favour of Cohnheim's doct
"tumour germ," as explaining best t
facts, and, at the same time, giving
further inquiry. This theory, as stated b
is that the point of origin of all neop
group of cells of embryonic nature.
are either those "which preserve in
organisms their embryonic anatomical
or which have acquired them agai
weakening of their chemical and ph
activity." Like Thiersch's, this hyp
not complete in itself, but requires the

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Mr. Morris draws attention
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acts. Mr. Morris, however,
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explaining best the known
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theory, as stated by Durante,
origin of all neoplasms is a
bryonic nature. These cells
which preserve in the adult
ryonic anatomical characters,
quired them again through
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hiersch's, this hypothesis is
lf, but requires the assumption
of some exciting cause to rouse the "tumour germ" to active growth. Apart from either of these theories there are, of course, many other lines of inquiry being followed up. The question of the *rôle* of the blood supply in the distribution of metastases requires much further study, though it has long been a subject of observation. On the other hand, the relation of new growths to nerve supply has received far less attention than it deserves, and Mr. Lenthal Cheatle's recent investigations show a remarkable definiteness of relation between nerve areas and the incidence of rodent ulcer. The only conclusion to be drawn from the present state of our knowledge of cancer is that, although we see no immediate prospect of discovery of its cause, yet every new fact throws some light forward, and at no time were so many new facts being discovered.

MATERNITY CONFERENCES.

THE causes and prevention of infantile mortality is a subject which has received, not before it was time, much attention of late from medical men and others who are interested in those vital matters which directly influence the physical prosperity of the human race. The lamentable ignorance of the most elementary facts about the rearing of children, and, in many cases, the almost complete indifference affected by parents towards the health of their offspring, are only too evident when mothers of the poorer class come with their infants to the out-patient departments of hospitals and dispensaries for advice, which is often but imperfectly understood and perfunctorily carried out. The English nation is not the only one whose vitality is thus menaced, for it has been recently stated that in France a very high proportion of infants are annually sacrificed in this manner. A contemporary affirms that, with a view of combating the frightful ignorance there met with, the Prefect of the Seine has established in each of the twenty arrondissements of Paris a system of "conferences in maternity," intended for the benefit of women of the working classes whereby they can receive suitable instruction in the rearing and feeding of infants. Many well-known physicians and scientists have promised to co-operate with the local authorities in the teaching arrangements necessary for the carrying out of the scheme. It would be well if a similar plan could be adopted in this country, especially in our great cities, where the evils resulting from want of knowledge are most prevalent. There are already signs that the various municipal bodies and corporations are alive to this worm at the root of our physical prosperity, and it is not unreasonable to suppose that if they were approached in the right way they would give all the encouragement in their power to an enterprise which could not but react favourably upon the social life and vitality of the nation. The details of organisation required to set the movement upon a sound basis need, of course, the most careful consideration, for, above all things, such lectures and demonstrations as are proposed

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(a) *Amer. Journ. Med. Sci.*, Decembe

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Med. Sci., December, 1908.

Vegetarianism in Infancy.

FROM the anatomical point of view it has been abundantly proved that a mixed diet is one best adapted to the organs and processes of digestion and absorption of the human race. No one will deny that there are times when it may be advisable to abstain from flesh foods, and many dyspeptics are benefited by eschewing nitrogenous foods of animal origin, but to be permanently deprived thereof seems an unnecessary form of asceticism which is devoid of any sound physiological basis. We have no wish to enter into a controversy regarding the "pros" and "cons" of vegetarianism beyond the simple statement that, as a system, it does not seem applicable to the needs of human life. The address recently delivered before the Childhood Society by Mr. A. B. Kingsford, in which he stated that attempts to rear children successfully upon a purely vegetable diet were doomed to failure, has already evoked numerous comments in the daily Press from devotees of the vegetarian cult. It stands to reason that the growing frame of a young infant requires animal fats and proteids which can only be supplied with difficulty from the vegetable kingdom. Could we but see pure milk and fat properly administered to the tender nursling instead of the pernicious farinaceous substitutes with which they are only too often fed, we should probably be able to eliminate rickets from our midst. As Mr. Kingsford very rightly pointed out to his audience, there is nothing which can really take the place of the child's natural food, but, failing that, recourse must be had to a pure artificial pabulum which shall contain the needful proximate principles, and this can only be obtained from the animal world. A certain proportion of vegetable food enters into the diet at a somewhat later stage of the child's existence.

The Hygiene of the Handkerchief.

THE proper business of a convention of the National Women's Christian Temperance Union, held a few weeks ago at Cincinnati, was entirely upset by a sudden and unexpected debate on the hygiene of the handkerchief. It appears that on one of the speakers being welcomed with the customary flutter of handkerchiefs, a very practical delegate, Miss Brehm, of Illinois, there and then proposed a resolution directing the delegates present to keep their handkerchiefs in their pockets, except when in necessary use. She backed up her resolution by the argument that the wide distribution of colds she noticed among those present could be easily accounted for by the prevalence of such an unhygienic habit. Her proposition seems to have caused a considerable sensation, and roused much opposition, but nevertheless, was carried by a large majority. Seriously, the handkerchief, when used as freely as it is in America for other than its proper purpose, is a grave sanitary danger. There is no doubt that most nasal catarrhs are of infective origin, and it is contrary to all principles of asepsis to allow germs of disease, when they have been incubated

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The Dangers of W

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condition disclosed in Dr. King
report to the Hackney Sanitary
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as heavily as non cress-eaters. T
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fields Market, Covent Garden, an
The West Ham beds Dr. Warry exan
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but it has never yet been credited with germicidal properties, and till it has these in a marked degree it will be well not to partake of watercress, washed or unwashed, that has been reared in a bath of alvine dejections.

Euthanasia.

To nearly every physician there occasionally comes the question in the treatment of some painful and incurable disease—why prolong the suffering ? Is it right or kind by artificial means to try to keep the patient alive when each added moment is only an added pang to bear ? Would it not be better by cessation of active treatment and application of gentle narcotics to allow the sufferer to slip quietly, easily, and quickly out of the world ? The physician has to decide such questions for himself with his own conscience, and he does not usually make any one the wiser for his decision. Some excitement, however, has recently been caused in New York by a clergyman, the Rev. Mr. Wright, publicly urging the propriety of euthanasia in case of persons afflicted with incurable disease. He safeguarded his proposals by various conditions, *e.g.*, the consent of the patient and his family, and the decision of a jury of parsons and doctors. It is probable that Mr. Wright is surprised at the indignation his suggestion has stirred up, for in many civilised and uncivilised communities what he suggests takes place as a matter of course. The ancient Greeks, for example, with that rigorous application of reason which characterised their attitude in relation to all the affairs of life, thought suicide not only justifiable, but even a matter of duty. It is true, however, that the general feeling of Christians is against such a course of action, though the ethical basis of the feeling is not so clear. In spite of this, in some cases, notably in hydrophobia, it may be said that to a certain modified extent euthanasia is sometimes attained by the merciful administration of narcotic drugs. But we believe that a genera movement on the lines suggested by Mr. Wright is both impossible and dangerous.

Increase of Drug Habits.

IN a recent interview with a London journalist a distinguished neurologist is reported to have said that in his opinion one of the chief causes of degeneration in the human race is indulgence in opium, or the drug habit. Apparently the degeneration of the human race is taken for granted, or it may be that it is so obvious a fact that there is no need to establish it. Our authority went on to state that Britain numbered her victims to the drug habit by thousands, and that the habit is commonest among ladies. Whether these words be somewhat sensational or not, no physician to whom it has ever chanced to treat a victim of the habit can regard the matter other than as most serious. In the ranks of our own profession also, there are we fear an undue proportion who are ruining their lives by the continuance of this stimulation. In America even more than in these countries the growth of the habit is such as to

Vernon Macan, Esq., M
College of Physicians of
received his knighthood o
recent visit to Ireland, bu
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DR. RUTHERFOORD H
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and was the first secretary of
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elected M.P. for Monmouth in
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Correspond

[We do not hold ourselves responsible
pondents.]

THE VALUE OF VI

To the Editor of THE MEDICAL

SIR,—Your correspondent, "
titioner," seems to base his plea
section" upon the value of "
animals." Of course, there are
animals for scientific purposes
section in any proper sense of th
of the word leads to much confu
the frequent cause of misunderstan
Paget's book, "Experiments on An
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the author's examples of the value
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of Physiology, the practical value of wh
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To remove three ribs from a rabbit and
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certain hypnotic, and this for the pur
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ment in relation to recurrent *sensibilit*
in the "Handbook for the Physiologica
(p. 403), where we read: "If the animal
have thoroughly recovered from *the c*
from the operation, irritation of the pe
of the anterior root causes not only contr
muscles supplied by the nerve, *but also*
other parts of the body indicative of pai
sations." To do these things, I say, is
the mind of anyone possessed of a huma
not deadened by the habitual infliction
against such proceedings as these whic
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because as "an anti-vivisection fanatic
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IVISECTION.

PRESS AND CIRCULAR.
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ole cruelty, and, secondly,
tion fanatic" as I pre-
oner" would call me, I
ıctical medicine.

You are always so fair to opponents that I feel I may thank you, Sir, in advance for so far trespassing upon your courtesy.

I am, Sir, yours truly,
EDWARD BERDOE, M.R.C.S., L.R.C.P.
London, December 17th, 1903.

DUMPING.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—When I was reading the report in the *Daily Telegraph* of to-day (December 17th) of Mr. Chamberlain at Leeds," the following sentence (page 9, last column) rather struck me:—"Again he threw out a definition of dumping in one of his admirably crystallised sentences. What is dumping? It is buying in a market, it is selling below cost in order to get the trade."

It seems to me that a good deal of our hospital work is nothing but dumping. A very large amount of the hospital work is given for nothing, "in order to get the trade." The Charity Organisation Society has some knowledge of this, but has not been able to stop it, and they won't till the public and the profession wake up, particularly the general practitioners, as workmen generally are doing to the evil.

I am, sir, yours truly,
QUERENS.

ANÆSTHOL AS AN ANÆSTHETIC.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—You refer in the MEDICAL PRESS AND CIRCULAR of October 28th, 1903, on page 475, in a brief abstract to my article published in the Journal of the American Medical Association, entitled "The Improvement of General Anæsthesia on Basis of Schleich's Principles, with Special Reference to Anæsthol," in which you state that "Anæsthol is of value in minor surgery only."

Permit me to refer your readers to the following quotation from my full paper:—"I used anæsthol for the first time, October 15th, 1898, in an internal operation for appendicitis. . . . Since that time I have used anæsthol almost exclusively in all my operations requiring general anæsthesia, in hospital as well as private practice, that is, for a period of nearly four years. The only exceptions were such operations on the face, where I deemed pure chloroform preferable."

Further on in my article, Dr. W. C. Guth, of New York, an expert anæsthetist, the gentleman who has conducted the anæsthesia in the greater number of my private patients, outside of the hospitals, for the last eleven years, sums up his experience and says, on the basis of 200 cases of general anæsthesia conducted with anæsthol:—"For an operation of the major type, when complete muscular relaxation is to be maintained throughout, 60 grammes of anæsthol will be consumed in the course of an hour, or about 1 gramme a minute, if administered drop by drop." And further:—"In a patient under the influence of anæsthol . . . complete muscular relaxation is established and maintained. Anæsthol combines the good effects of chloroform and ether and has its advantages over both," &c., &c.

In conclusion, in my original article I thus expressed myself:—"Believing Schleich's principle of improving general anæsthesia on a physical rather than chemical basis, to be correct I consider anæsthol—produced as it is in true conformity with this principle—to be the least dangerous of all anæsthetics thus far known as they are employed for regular narcosis in the daily work of the surgeon."

Inasmuch as your abstract states that anæsthol is of value as an anæsthetic in minor surgery only, I trust you will oblige me by having this correction appear in your esteemed journal.

Very truly yours,
WILLY MEYER, M.D.

New York,
December 10th, 1903.

We welcome the introduction of thi
and believe that its merits will mal
popular.

"Bananine" Flour is obtainable fron
facturers. Messrs, Josh. Appleby and
of Liverpool, Bootle, Blackburn, Enfiel

A NEW MEDICINE BC

THERE is always room for a good
although the medical profession and th
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The body of the bottle is octagonal, and
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Medical News.

Presentation to a Medical Ma

DR. HUGH AUCHINLECK, F.R.C.S., wa
day last presented by the Dublin Ironm
tants' Association, to which the society
as medical adviser for twenty-one ye
illuminated address and a gold
address was read by the hon. treasurer, M
after which Mr. Warnock made the
Dr. Auchinleck, in his reply, expressed
felt at being obliged to sever his connec
Association after a period of twenty-one
to increasing duties, but he hoped the goo
friendship which had existed on both sid
maintained. An enjoyable vocal and instr
gramme was then provided, after which
separated.

Wholesale Poisoning in German

IT has been announced on good authorit
the last few days about fifty persons have
at Chemnitz, some of them seriously,
minced beef. The beef appears to hav
aresnic. An official inquiry is being held.

King's College Hospital Removal F

THE Drapers' Company have voted fi
pounds to King's College Hospital Remov
ditionally upon the balance of the three hund
pounds required being raised by voluntary
within the year. Towards this sum the p
the *Daily Telegraph* and Mr. Harry Lloyd,
Chronicle, have each promised five hundr

Small-pox at Skipton.

A FURTHER outbreak of small-pox is
Skipton. The affected persons, who reside
Yard, are a man and his sister, together w
lodger. They have been removed to th
hospital at Winterburn, and the rest of th
isolated. At present it is not known how
was contracted.

AN epidemic of cholera is raging at Ke
of Bagdad. Between the 9th and the 12th
there were 216 cases and 176 deaths.

IT has been officially stated that duri
week there were twenty-one deaths in Ric
from bubonic plague and twenty-five
There are seventy-four cases under treatm

AMONG other decisions arrived at by
County Council at its meeting on Dece

f this valuable food,
make it deservedly

le from the sole manu-
r and Sons, Limited,
Enfield, and Burnley.

E BOTTLE.
a good physic bottle,
and the chemists and
)t a little conservative
ticle. To hit upon an
considerable difficulty,
quired for a variety of
a have solved the prob-
a their "Ideal" bottle.
onal, and is adapted to
n of bottle in existence."
ult is a handsome and
ame price as the bottle
poses. All practitioners
ines will do well to try
n to details of this kind
y the little enterprise re-
hange. We understand
en made of these bottles,
ous colours, and can be
ed and attractive stop-
an be obtained from any

News.

Medical Man.

.R.C.S., was on Wednes-
ublin Ironmongers' Assis-
the society he has acted
nty-one years, with an
a gold watch. The
treasurer, Mr. Donaldson,
made the presentation,
, expressed the regret he
r his connection with the
f twenty-one years, owing
loped the good feeling and
d on both sides would be
ocal and instrumental pro-
after which the company

ing in Germany.

good authority that during
persons have been taken ill
em seriously, after eating
ppears to have contained
is being held.

ital Removal Fund.

have voted five thousand
lospital Removal Fund con-
f the three hundred thousand
d by voluntary contributions
this sum the proprietors of
r. Harry Lloyd, of the *Daily*
ised five hundred pounds.

at Skipton.

of small-pox is reported at
sons, who reside in Hallam's
ister, together with a woman
removed to the small-pox
nd the rest of the household
not known how the disease

. is raging at Kerbela, south
9th and the 12th f December
d 176 deaths.
stated that during the past
ne deaths in Rio de Janeiro
id twenty-five fresh cases.
ases under treatment.
s arrived at by the London
meeting on December 15th,

it was resolved to exercise its powers under the Midwives Act 1902. The General Purposes Committee was instructed to make a report on the administration of the Act. This announcement is of considerable importance as regards the future administration of an Act that is fraught with good and evil. It has, moreover, a considerable bearing upon the welfare of the medical profession.

THE Royal London Ophthalmic Hospital Guild has announced that a Centenary Festival will be held next spring to celebrate the completion of the hundredth year of the hospital's work. This guild is an associa- of friends of the old Moorfields Hospital who desire to promote its financial and social interests and add to the comfort of patients.

THE Shropshire Scottish Graduates' Club held its first annual dinner on November 30th at Shrewsbury, under the presidency of Surgeon-Lieutenant Colonel Cureton, V.D., M.D. It has been decided that the club, which is to be open to undergraduates, as well as graduates, of all faculties, shall hold its annual dinner on each recurring St. Andrew's Day. The honorary secretary is Mr. J. Hamilton, of Shrewsbury School.

THE numerous attempts of medical men to protect their interests by a business-like organisation are reported from time to time with more or less regularity. The latest comes from Pittsburg, Pennsylvania, where a number of medical practitioners have formed themselves into a Physicians' Protective Association. A black list of non-paying patients has been made out, and a schedule of fees established on a somewhat higher scale than formerly.

THE executors of the will of the late Mr. Robert Munn have paid to the Victoria Hospital for Burnley and District £8,006, being the residuary estate of the testator bequeathed by him to the hospital.

THE medical officer of health of the Cape Colony states that for the week ending November 21st only one case of plague was discovered in the Colony—namely, that of a native male found dead on November 15th in King William's Town. Plague-infected rats were found at East London, Knysna, Lady Grey Bridge, and on board a ship in Cape Town harbour. As regards the Mauritius, a telegram from the Acting Governor received at the Colonial Office on December 11th states that for the week ending December 10th there there were seventy-six cases of plague and forty-six deaths from the disease.

AT the Congress of the Royal Institute of Public Health to be held at Folkestone, July 22nd to the 27th, next year, there will be a Section for Child Study and School Hygiene. Dr. George Carpenter has been appointed London Secretary, and Dr. Percy Lewis local secretary. Gentlemen desirous of contributing papers should communicate with the local secretary. Those anxious to attend the Congress, who are not members of the Institute, can do so by taking a delegate's ticket, price £1 1s.

PASS LISTS.

University of Cambridge.

THE following medical and surgical degrees were conferred on December 10th:—Bachelor of Medicine and Bachelor of Surgery—R. T. Worthington, Trinity; W. L. Harnett, St. John's; and H. I. Pinches, Sidney. Bachelor of Medicine—R. B. Hetherington-Smith and H. H. Weir, Trinity; and J. E. Payne, Peterhouse. Bachelor of Surgery—A. R. Brailey, Downing. Dr. D. MacAlister, Dr. J. H. Drysdale, and Mr. T. Strangeways Pigg have been appointed additional examiners for Part I. and Mr. D'Arcy Power and Mr. C. W. Mansell Moullin additional examiners for Part II. of the third M.B. examination.

Trinity College, Dublin—Michaelmas Term.

FINAL IN MIDWIFERY.—Thomas H. Gibbon, George B. M'Caul, Reginald H. Lee, Herbert St. M. Carter, David Gray, Harry R. Nelson, Philip S. Stewart, Winslow S. S. Berry, Thomas C. A. Sweetnam, Samuel H. Vickery, Frederick F. C. Wilington, John C. Hall, Frederick W. Bury, and Herbert Stone.

The M

VOL. CXXVII.

Original Com

THE TREA
CHRONIC D

By CHARLES J. MACALI
Lond

Physician to the Liverpool *Royal* for Incurables, and to the Cou

MANY patients with incu
are manifestly suffering rat
disease than from any actua
processes, and in the external
person the main part of th
careful nursing, the nurse bec
taking the place of the hands
tunate sufferer. In the me
crippling of some internal or
metabolism or with the pr
for instance—the matter is
most careful and watchful trea
the metabolical or mechanical
been restored, if the patient is
comfortable health.

I have recently had exa
fact that incurable and unpro
are sometimes capable of g
two bad cases of chronic pare
each in young girls, who were ir
Incurables. I have referred to
but perhaps may be allowed bri
in illustration of the points whic
One of these girls came under n
12th, 1894; she was æt. 19, and
to the beginning of 1893, when
of influenza, she got nephritis, a
dropsical and breathless. She
Royal Infirmary for nine month
overtime patient) was transferred
where she stayed for six months,
improved, but immediately aft
the old symptoms returned, and
with blindness, vomiting, headach
uræmic symptoms, and when ad
curables" after an illness of eight
sented all the above symptoms,
œdema of the legs, arms and trun
the serous cavities. The heart w
she passed about 16 ounces of urin
tained fatty casts, diminished ur
albumin, and there was albumin
impaired vision. She was a pati
mitted to a long and monotonous pe
which she got nothing whatever i
except milk; an occasional purgati
some intestinal antiseptics being t
administered. Gradually all the
vanished, the dropsy disappeared,
improved. At the end of nine mo
had entirely gone from the urine and
except temporarily, after some sma
genous food. The dimensions of the

(a) Read before the St. Helens Medi

cal Press and Circular.

"SALUS POPULI SUPREMA LEX."

DNESDAY, DECEMBER 30, 1903. No. 27.

ıications.

NT OF
ASES. (a)
R, M.D.Ed., M.R.C.P.

ern Hospital, to the Home Hospital for Children.

e or chronic ailments from the results of ıd progressive morbid leformed and crippled treatment consists in ning the strength and nd limbs of the unfor- ical case—where the ın has interfered with ɔesses of elimination, ry different, and the ment is required, after balance, it may be, has to enjoy anything like

nples illustrating the ıising-looking maladies reat improvement, in enchymatous nephritis, nmates of the Home for them both elsewhere, riefly to cite them here ich I wish to elucidate. my care on September l her illness dated back ɔn, following an attack and became extremely e was treated in the ths, and thence (as an red to another hospital, ıs, and was temporarily ıfter her discharge all nd she became very ill ache, and other chronic admitted to the "In- ghteen months she pre- ɔms, and had intense rrunk and effusions into rt was much enlarged; urine daily, which con- l urea, and two-thirds ıminuric retinitis with patient girl, and sub- ıus period of rest, during ver in the way of food ırgative each week and ing the only medicines the uræmic symptoms ared, and the eyesight ıe months the albumin ıe and it never returned e small excess of nitro- of the heart ultimately

ens Medical Society.

became normal, and the pulse soft and natural. This girl subsequently enjoyed good health for nearly four years, and was able to live upon a light ordinary diet without any recurrence of headache or albuminuria, but if the bounds of discretion were overstepped her renal inadequacy led to a temporary return of both these symptoms. Unfortunately, she contracted a rapid phthisis from another patient, and died in April, 1899.

The second case, a girl, æt. 18, was a very similar one. The nephritis originated in an attack of diphtheria in April, 1898. In the following month she became anasarcous, and was sent to the Royal Southern Hospital, where she remained for seven months, and in spite of repeated aspirations of the chest, cutaneous incisions, purgatives, and all the usual remedies the dropsy was never got under, and she came to the "Incurables" on December 12th, 1898. On admission, the abdomen measured 47 in.; left thigh, 19 in.; left calf, 17 in.; urine, sp. gr. 1018; ½ alb.; urea 200 gr. The quantity of urine passed varied from 30 to 40 oz. She was put on milk only; antiseptics were administered, together with digitalis and caffeine, and she had an enema of magnesium sulphate every night. This patient quickly tired of milk, so bread and arrowroot were added to her dietary. Later on the mixed purgative recommended by Graves, of Dublin, in his article on Dropsy, was given once a week, and subsequently once a month instead of the magnesium sulphate. In October—that is, after being treated for nearly ten months—although all dropsy had disappeared from the face and trunk, there remained considerable swelling of the abdomen and of the lower extremities; the albumin had diminished. But she was at a standstill, so with the object of stirring up her lymphatics, I ordered that drug concerning which the text-book warns us so carefully in Bright's disease. I refer to mercury, which was rubbed into the abdomen night and morning, and the effect was magical, for within a fortnight the swellings had gone from the legs and abdomen, and two weeks later not a trace of œdema remained anywhere.

The abdomen then measured 28½ in., *vice* 47; the left thigh, 12½ in., *vice* 19; the left calf 10¾ in., *vice* 17; the left ankle 7½ in., *vice* 11½; and the girl looked and felt a great deal better.

Sad to say, this girl, after exactly three years of comparative health, died of a uræmic attack, the result, I feel sure, of her inability to limit her food requirements. Her renal inadequacy was much more marked than in the case of the former patient, and she never could be allowed the same amount of nitrogenous food.

I have during the last two years had a similar case to these in a little girl, whose dropsy and uræmia, after long persistence, disappeared in the most satisfactory way, but after all my pains and her patience she contracted diphtheria and died.

Looking back upon these cases, I cannot help feeling some satisfaction that the treatment of long-continued dropsy and chronic uræmia may be followed by good results, and that careful attention to the dietary and eliminative processes of the patients after the

or as a fibroid phthisis. It undo
to chronic bronchitis, and is associ
overgrowth. I have no doubt tha
in an attack, or in a series of
bronchitis during early childhood, a
of this there has been imperfect re
matory products in the greater bro
much thickening and diminution of
atrophy results from this, and th
ticity of the lobe leads to the little bu
which are characteristic of the dis
the inflammatory condition and e
and become organised, the chronic
monia, or, as it is sometimes calle
results. I have had four cases of t
of which the dilatations were small,
others they were large and asso
purulent secretion. They have all
shall very shortly relate one of ther
of the disease, its onset and course.
a little girl, æt. 8, who had meas
year old, and her lungs had been
then. Occasionally she had expect
Logan, who sent the case from his
at the Children's Infirmary, told me
taken to him pretty steadily for
suffering from a chronic pneumon
that the dulness, which used to ext
base of the lung, was becoming less

The child was very pale and delic
but fairly nourished; she weighed
expanded moderately, and the vei
brium sterni were prominent in c
enlarged bronchial glands which
her trouble; she breathed quietly
any exertion caused dyspnœa. T
was not good at the left base,
anteriorly were vesicular in type
accompanied by medium and sonor
of the chronic bronchial catarrh
morbid condition a progressive one.

Posteriorly at both bases, but mor
one, there were places where the bi
chial. If the child was asked to ta
the air entered localised points of e
puff, as though a certain tension
before the air could get into a sma
dilated tubules, with thickened
entrances. There were scanty med
both bases. The chest was not d
the shoulders stooped as in emphys
conditions, and, furthermore, the
clubbed at all, as they often are in t
was a frequent, irritating cough.

The first essential in the treat
consisted in the relief of the chronic
and the prevention of the more ac
same condition which every now an
the signs and symptoms. This wa
fully guarding her against exposure t
irritation of the chest with guaiacol
the exhibition of carbonate of guaia
ning at 5 gr. and increasing to 8.

The catarrhal condition cleared u
ment, not quickly, but with occasio
which became less and less freque
ceased entirely, or it became so in
cough cleared up the moist sounds i
hypophosphite of lime, given in
proved serviceable, as did also
myrrh. With the subsidence of the
came improvement in the condition
contracted so that the heart's apex
an inch outside the nipple line. Th
treatment for a year and ten mon
discharged strong and well, and in
dition as to nutrition, her weight
from 40 lb. to 56 lb., which, allo
growth with increase of weight at
4 lb. a year, showed a great impr

doubtedly is related
ociated with a fibroid
that it takes its origin
of attacks, of acute
l, and that as a result
: resolution of inflam-
ɔronchioles, leading to
n of calibre. Muscular
the diminished elas-
e bronchial dilatations
disease. Later on, if
ıd exudation continue
onic interstitial pneu-
:alled, fibroid phthisis,
of this disease, in two
ıall, and in each of the
ıssociated with fœtid
: all done well, and I
them, which is typical
ırse. The patient was
neasles when about a
:en affected ever since
pectorated blood. Dr.
ı his out-patient clinic
l me that she had been
for about three years
ımonic condition, and
extend 4½ in. from the
lessened.

delicate in complexion,
hed 40 lb. The chest
: veins over the manu-
in consequence of the
ich had resulted from
etly while at rest, but
The percussion note
se, the breath sounds
type throughout, but
onorous *râles*, evidence
ırrh which makes the
one.

: more especially the left
he breathing was bron-
to take a deep breath,
of examination with a
ision had to be reached
small cavity, *i.e.*, into
ıed walls and blocked
medium crepitations at
ot distended, nor were
physema and asthmatic
the fingers were not
: in this disease. There
ı.

treatment of this case
ronic bronchial catarrh,
re acute attacks of the
w and then accentuated
is was effected by care-
ıure to damp, by counter-
iacol and iodine, and by
guaiacol in doses begin-
8.

red up under this treat-
:casional exacerbations,
requent, and at length
so insignificant that a
ınds in the chest. The
:n in sweetened milk,
also belladonna with
of the bronchial catarrh
lition of the lung, which
apex beat was situated
:. The child was under
ı months, and she was
nd in an excellent con-
veight having increased
., allowing for normal
ht at the rate of about
t improvement. I may mention, perhaps, that there were never tubercle bacilli at any time in the sputa.

I need not weary you with the recitation of more cases of this type; they have all been treated on similar lines, and with very great benefit. One of those which had much purulent and fœtid discharge had a septic condition superadded which gave rise to an arthritis of the knees, wrists, ankles and some other joints, very like the early acute stage of a rheumatoid arthritis, but it all cleared up and I have heard from the medical attendant that the boy has continued well since he left the hospital with a dry chest and contracting thorax, the contraction of the lung constituting the deformity resulting from the disease and being a curative process.

Bronchial catarrh, which is the forerunner of these cases in children, is a disease which ought to be very carefully guarded against, for, like adenoids or a chronic nasal catarrh, it is a potent cause of the enlarged bronchial glands, from which so many children suffer, which occasion some of the chronic barking coughs, asthmatic attacks, and severe dyspnœic conditions with hoarseness, nose bleedings and other conditions so well described by Eustace Smith in 1875. These glandular enlargements, if unattended to, will increase with every catarrhal attack, and may at last, by their pressure, give rise to permanent pulmonary trouble, and it is quite worth while to take children suffering from them into the Country Hospital, where the glandular condition and its causal factors may be perfectly dealt with. Sea air, with general hygienic treatment, is almost essential for the treatment of these cases, aided by iodide of iron.

Among other cases which have been in the hospital there have been four of early endocarditis, complicating chorea or subacute rheumatism, and, following the principles laid down by Dr. Richard Caton, they have each been left at absolute rest for periods of from six to nine months, and have had the pericardium counter-irritated with an ointment of red iodide of mercury in the proportion of 60 gr. to the ounce. This takes about a week to redden the skin, which, when once red, becomes quickly sore; the ointment is then stopped, and is reapplied each time the skin recovers. Iodide of potassium is given internally in doses ranging from 5 to 10 gr. three times a day, according to the age of the patient. Children have a great tolerance for this drug, and can take it for weeks together without any indication that it disagrees. I have found this method of treatment valuable in several cases of undoubted endocarditis, which have been taken early, but it fails entirely in well-marked stenotic cases, and in any case where the endocardial effusion has become thoroughly organised. A good deal of doubt has prevailed regarding the organic nature of the murmurs, which have disappeared when treated in this way, and my own feeling was one of great scepticism until I tried it in a number of undoubted cases of early endocarditis, and convinced myself of its value.

These cases, together with some incidentally referred to in the earlier part of this paper, sufficiently serve to illustrate types of disease which are chronic in their courses and incurable unless taken in hand for prolonged periods, and I need not on this occasion continue, in a discursive way, to relate the histories and treatment of other diseases of the kind, but, in conclusion, I would simply direct your attention to the circumstance that, in the child, tissue changes are so rapid and so complete that repair is always possible even in conditions which do not at first sight seem to render it probable, and many of the cases which have been under treatment at the Country Hospital for Chronic Diseases of Children have already served to illustrate the truth of this maxim. Apart altogether from the local or general diseases from which they may be suffering, the practical uniformity with which their nutrition has improved is most striking. Almost all of them were pale, anxious-looking and poorly nourished when admitted, and with few exceptions their pallor has diminished and the children have fattened.

made a curved incis
the tumour, and i
anterior edge of the
reason for making
was to have easy
vessels, in case the
carotid sheath shou
easily separated th
anterior aspect of tl
in separating the gro
muscles on the insi
muscle and carotid
especially from the l
it was attached to t
In separating it from
a good deal of clear

operation there was no
ligature only one or two

On examining the tu
typical cystic hygroma.
number of cysts, cont
embedded in a thick w
little patient made an un
hospital on the fourteent

The case was sent to
Merrin.

SOME NEW O
ON
PATHOGENESI

By CHALMERS WAT

PRIOR to Garrod's grea
sence of uric acid in the
some authorities express
derangement of the int
primary factor in the d
viscorum pro origine proxin
—Van Swieten (1255).
has been abandoned. In
(1876), Duckworth (1889),
(1897), Luff (1898), and o
gout being due to an inte
or infection is never co
writer revived this old-ti

(a) Abstract of a Paper read at
Climatological Society, December 10

s the outer edge of
actically, with the
astoid muscle. My
n in this situation
the principal blood-
artery within the
cidentally torn. I
nd fascia from the
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the sterno-mastoid
n the outside, and
e sternum, to which
of about one inch.
um a cyst burst and
caped. During the

orrhage, and I had to
r vessels.
r it proved to be a
was made up of a
ng clear fluid, and
f fibrous tissue. The
ıtful recovery, leaving
y after operation.
for operation by Dr.

ERVATIONS E OF GOUT. (*a*)

N, M.B., C.M.Edin.

discovery of the pre-
blood in gout (1847),
the opinion that a
tinal tract was the
ase, *e.g.*, "Indigestio
hujus morbi habetur"
ıce 1847 this theory
ıe writings of Garrod
Ewart (1896), Roberts
ers the possibility of
inal auto-intoxication
idered. In 1901 the
e theory, and it has

he British Balneological and
, 1903.

been elaborated and extended in a recent paper by Woods Hutchinson. Evidence for or against this theory is difficult to obtain from the human subject, and it is therefore advisable to have recourse to the study of the comparative pathology of the disease. In this direction we may make a study of the disease, either as it has occurred naturally or as it has been experimentally induced. The former is much to be preferred. The author's communication consists mainly in *an account of the post-mortem appearances in a case of gout naturally acquired in a fowl, with a brief statement of the manner in which the observed facts are interpreted.* Reference will also be made to some results obtained in an experimental research on the disease.

(*A*) Gout in a fowl in which the disease had run its natural course. The clinical record shows that the fowl was observed to be out of sorts for a few days, its comb became dusky, and it was found dead. (A few days later a fowl of the same brood showed similar symptoms and died.) A post-mortem examination showed :—(*a*) The synovia in some points of the colour and consistency of cream ; it readily gave the murexide reaction ; (*b*) a deposit of urate of soda, &c., in some extra-articular tissues, mainly round the smaller joints ; (*c*) recent pericarditis ; (*d*) widespread thrombosis, notably in the liver and heart ; (*e*) pronounced congestion of the liver and kidney ; (*f*) areas of "necrosis" in the kidneys. The bone marrow was not available for examination. A microscopic examination revealed other morbid conditions, notably—(*g*) catarrh in the intestine, especially in the ileum duodenum and large intestine ; (*h*) the pancreatic ducts filled by catarrhal products derived from their lining membrane ; (*i*) the spleen was congested, the endothelial cells of the sinuses were proliferated, and there was a marked increase in the number of granular leucocytes ; (*j*) tubular changes in the kidneys, mainly involving the granular leucocytes.

The gouty deposit in the tissues, the changes in the synovia, the venous thrombosis, the terminal pericarditis, and the areas of "necrosis" in the kidney are in perfect harmony with those appearances in the human subject. Particular interest centres in the condition of the intestinal tract, pancreas and kidneys. *The post-mortem appearances are characteristic of a bacterial infection.* The changes in the blood have special interest in connection with the changes in the blood in acute gout recently described (Chalmers Watson—Bain). Have the changes in the pancreatic duct any significance *re* gouty glycosuria in man ? The author emphasises the necessity of further examination in the comparative pathology of the disease, and more especially of tissues obtained sufficiently fresh to allow of an adequate bacteriological investigation.

(*B*) Allusion to some results—clinical and pathological—obtained in a research comprising the feeding of fowls on a diet of meat and water for a period of from 3 to 15 months (illustrated). See paper by Kionka *Archiv für Exper. Path. und Pharmacol.*, 1900. Special attention is directed to the bone marrow.

Some Theoretical Considerations.—There is some evidence in favour of the view that the special attention directed to the "purin bodies" as important etiological factors in gout will be productive of as little advance in our knowledge

of cerebro-spinal flu
effusions, and to effusi
into joints. In these
tained by cytological
agreeing with Widal a
consistent as they are
pleura.

Before considering in
serous cavities it is nec
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contents.

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Even if coagulation ha
possible to use the fluid
after first shaking it up wi
up the coagulum and set
is probable that any loss
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Centrifuging for two
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The stains chiefly used a
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The triacid stain is not
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ules are often altered so as
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It is often of advantage, a
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done as in blood films.

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cells ; mononuclear cells, c
and endothelial cells.

Of these, red corpuscles
cytology ; mast cells are ra
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no diagnostic value. Eosin
found, and in some few cases
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conclusion can be drawn fr
for our purpose they may be

lial and peritoneal tunica vaginalis and ever, the results ob- n, though generally s formulæ, are not so se of fluid from the

ffusions into different ve a short description vestigating their cell

ed with aseptic pre- centrifuging. This is is obtained, as many neously. Coagulation ion of sodium citrate aging may be deferred nated. This may be king the fluid up with er to use, if possible, our knowledge of the ficient to enable us to l during its occurrence. ly occurred it is still tological examination l glass spheres to break e cells it contains. It that takes place during

es usually obtains a to the end of the centri- upernatant fluid can be it. From the deposit, of fluid that remains, y spreading some of the s and allowing it to dry ognition of the cells in ake a layer of capillary lms. This spreads out acters to come to view, s are necessary for the he fluid is highly albu- leeply in eosin and other ells are obscured. This cing the fluid poured off saline solution, shaking again centrifuging (and, ocess), so that the cells e surrounded by a fluid ubstitution of the albu- e solution is not always ided in cases where the : determined. Fixing is ormol alcohol, or other films.

-Hæmatoxylin and eosin ; omanowsky stain, in one nethyl-green and pyronin im ; and the triacid stain

uch general use as it is in se the neutrophile gran- lose their power of taking bered that these are the d even in blood prepara- ed, fail to stain.

d sometimes necessary, to ethods. The counting is

in effusions, other than l corpuscles ; polynuclear iefly small lymphocytes ;

are of no importance in ely found (though in one the total cells) and are of ophile cells are more often have formed a considerable , but the cases where this us in their nature that no om their occurrence, and e left out of account. The lymphocytes, polynuclear neutrophile cells and endothelial cells are all of importance.

The recognition of the different varieties of cells in blood films is very easy, but in films made from effusions it is often very difficult. This difference is due to the fact that, while in blood we meet generally with no degenerate cells, in serous effusions some of the cells undergo such changes as render them liable to be mistaken for cells of a different class. It is necessary to describe some of the more important degenerative forms, as obviously failure to recognise their existence may make important differences in the results obtained. Indeed, it is probable that some of the discordant results obtained may be thus accounted for.

The polynuclear neutrophile cells are liable to undergo two changes, in both cases with the result that they appear mononuclear :—

1. The different segments of the nucleus may swell, and may come to lie so close together that the nucleus appears to be a single rounded mass. On careful focussing, however, a space can be made out separating the different segments.

2. The nucleus may break up into rounded fragments. This division is followed by division of the protoplasm, so that each portion of the nucleus becomes surrounded by a layer of protoplasm.

Ehrlich first described these bodies in an exudation in puerperal sepsis, and called them "pseudo-lymphocytes." He described them as "about as large as a small lymphocyte, having a rounded nucleus which stains deeply, and a narrow layer of protoplasm containing neutrophile granules." He considered them rare, but Wolff has found them not uncommon in pleural effusions. When the neutrophile granules can be stained in these two degenerate forms of neutrophile cell no difficulty in their recognition can arise, but when, as is frequently the case, staining cannot be accomplished their recognition is a matter of difficulty, and hence their distinction from lymphocytes needs special care.

The following points will assist in distinguishing pseudo-lymphocytes from lymphocytes :—

1. Neutrophile granules may be found in them.

2. Their zone of protoplasm is generally wider than that of lymphocytes.

3. They are naturally more common in effusions of a polynuclear character. This would probably prevent a mistake occurring, as only a few of them are likely to be mistaken for lymphocytes by anyone of experience.

4. When stained with methyl-green pyronin their protoplasm only takes on a light rose colour, while that of lymphocytes stains a deep red.

The changes in endothelial cells are of less importance than those in polynuclear neutrophiles. Their nuclei may swell and come to lie excentrical, and they may resemble large mononuclear cells of the blood, but are always too large to be mistaken for lymphocytes.

I shall now refer in more detail to the results obtained in different effusions, and I shall first speak of effusions into the pleural cavity, as in these the results have been most consistent. In primary tuberculous effusions, Widal and Ravaut found lymphocytes almost exclusively amongst nucleated cells, with a more or less considerable number of red corpuscles. Occasionally they found a few cells which were either large mononuclear cells or altered endothelial cells. They never found large flakes of endothelium, but they considered it not improbable that these might be found at a very early stage of the affection. Polynuclear leucocytes were always less than 10 per cent.

Wolff, Barjon and Cade found that the cells vary greatly, such variation depending on the time, after the commencement of the attack, at which the fluid was taken.

It may be stated that polynuclear cells are always present in the early stages—about 10 days—of pleural effusions of a tuberculous nature. The earlier the case, and the more acute the onset, the more numerous they are. Their cytological formulæ may therefore be of an acute infectious effusion, and before having faith in Widal and Ravout's cytological law it is necessary to know the date of onset. During the first ten days

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BRITISH SANATO

[BY OUR SPECIA

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OR CONSUMPTION.—

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AL COMMISSIONER.]

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UM, BOURNEMOUTH.
tional Sanatorium for
the Chest, at Bourne-
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are on the south. The

dining-rooms, although far from complying with modern requirements, are well lit and fairly well ventilated. The wards vary in size, some having beds for five patients, others for three, and a few are single bedded.

Improvements are being made. The old sash windows have been replaced by double casement windows with fanlights. In order to improve ventilation and procure more light for the corridor, one ward has been fitted up with openings under the ceiling in the party walls, two feet square, with two feet piers between each aperture. Curtains which can be drawn along rods afford to patients a certain amount of privacy for dressing. There are open fire-places. Apertures have been made in the lower parts of the doors. Evidently much pains are being taken to procure as near an approximation to open-air methods as the antiquated character of the building will allow.

The sexes are kept strictly separate, as certainly seems most desirable in such an institution.

The grounds are well adapted for resting in the open air, but are too limited for the taking of much systematic exercise. The proximity of the Mount Dore Hotel, which adjoins the sanatorium and various private residences, makes it impossible to employ bungalows or night shelters. There are, however, four fixed and three revolving day shelters, with other conveniences, all lighted by electricity, which are of much service in wet and windy weather. Suitable cases are allowed exercise on the sea front or in the sheltered public gardens.

There an accommodation for 62 patients, an equal number of each sex. An extension is contemplated which will provide space for six or eight additional beds and furnish better accommodation for the working staff.

The objects of the institution as defined by the original trust deed of 1855 are "to afford a temporary asylum for in-patients afflicted with chest diseases, who (1) being convalescent; may yet require further medical treatment and change of air to establish their health; or who (2) may be labouring under such an incipient form of disease as to afford reasonable hope of their obtaining benefit from a temporary residence in a dry and salubrious climate."

No male under seventeen, or female under sixteen, years of age, is eligible for admission.

Admission is obtained only by a nomination (letter of recommendation) from an annual subscriber of three guineas, a life governor (constituted by a donation of £31 10s.) or from a donor of £5.

On a patient's case being approved by the medical authorities, his or her name is entered upon the books for admission in the order in which the nomination is received, due notice being given to the patient when the time for his or her admission arrives.

Patients make a weekly payment of seven shillings and sixpence (which covers all expenses except washing), and are entitled to remain in the sanatorium as long as may be considered desirable by the physicians. Should it, however, be deemed necessary for the patient to remain in the institution a longer period than twelve weeks, a second nomination must be obtained.

Among the 29 commandments, or, as they are called, "Rules and Regulations for Patients," reference to to the following may not be without interest.

"As members of a well-ordered community, patients shall attend the daily morning and evening prayers; also Divine Service on Sunday morning and evening, except when they have a certificate of leave to attend a Nonconformist place of worship. Patients on their first arrival at the institution will be required to declare to what religious denomination they belong. Nonconformists may be visited at reasonable times by ministers of their own persuasion, and on Sunday mornings they will be permitted to attend at their respective places of worship, on receiving a separate permission in writing, on each occasion, from the medical officer. The hours, as at present appointed, for daily morning and evening prayers, are at 9 a.m. and 7.30 p.m.; for Divine Service on Sundays,

Mr. COTTERILL showed (1) A case of
of the shoulder under treatment by X
marked improvement. The origina
moved in January last, and recur
soon after. By October two large, f
one fungating, had developed. The
had thirty-eight four-minute expos
with the result that the fungating t
and diminished to a small nodule, w
become reduced to about the size of a
was now fully movable under the s
had gained 6½ lb. in weight. (2)
enterectomy for tuberculous stricti
interest was that although the stri
as just to admit a number six bou
only symptom was recurring pain.
laminectomy for spinal caries causi
man was æt. 36, and for eighteen m
operation he had had complete para
and alkaline cystitis. Extension h
less, the laminæ and spines of the
eleventh dorsal vertebræ were r
or five months some degree of mot
In six months he could stand, and
could walk quite well. With the
recovered control over his bladd
retain his urine normally. At the
was found to be greatly compress
æt. 33, with an unusual tumour of
the skull, which was said to ha
and to have increased in size
years ago it had invaded the rig
ptosis and diplopia; this, howe
Four years ago she had had sev
years ago there was pain in the r
of vision; these also had now
quently she had suffered a great
and the tumour had increased in
optic neuritis. The tumour was
troducing a needle a little cl
cholesterin was withdrawn. Its
certain. Sarcoma and tubercle
bilities, notwithstanding the prol

Dr. LOGAN TURNER showed (1)
there had been signs of extensive
temporal bone, without any aff
ear. He had removed a piece o
one and a half inches, and found
pus and granulations. It was
bably pneumococcal, and the
that neither the mastoid cells n
involved. Whether the infectio
blood stream or by the Eustach
say. There was a slight amou
the sputum contained pneumoco
after operation for mastoid ab
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jugular vein. The point here
of rigors.

Mr. ALEXIS THOMSON show
partial gastrectomy for canc
liminary ligature of the coro
hæmorrhage in these cases. In
great part of the stomach had be
which could be eaten at a me
(2) A boy, æt. 18, on whom he
forated gastric ulcer. General
at the operation, and the wound
left unstitched at the time, l
drawn together by sutures. Th
rendered the case noteworthy.

Mr. CATHCART showed (for M
after removal of malignant st
and malignant stricture of the
patients after gastro-jejunost
(3) A patient after operation for
of the stomach. (4) A boy with

Dr. G. A. GILSON showed (1
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chorea. The drug had been g

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skin. The patient
2) A patient after
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ougie, the patient's
. (3) Patient after
sing paralysis. The
months previous to
raplegia, anæsthesia,
having proved use-
ie ninth, tenth and
removed. In four
ction was recovered,
in eight months he
gain in strength he
er, and could now
e operation the cord
sed. (4) A woman,
the frontal part of
ve been congenital,
ever since. Twelve
it eye, causing pro-
ver, had subsided.
re headache; three
ght eye and dimness
disappeared. Subse-
deal from epiphora,
size. There was no
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girl, æt. 12, in whom
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. (2) A girl, æt. 10,
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(1) A patient after
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Caird) (1) A patient
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tain. (2) A case of
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for three weeks in

doses rising from 3 to 15 minims of the liquor arsenicalis thrice daily.

Dr. FLEMING showed (for Dr. Bruce): (1) A young woman suffering from paralysis agitans, and (2) A case of very marked post-hemiplegic tremor, showing both choreiform and athetoid movements.

The following specimens were shown:—Mr. COTTERILL: (1) Fracture through seventh cervical, dividing cord. (2) Stricture of bowel from tuberculous peritonitis. (3) Specimens from cases of ectopic gestation. (4) Prostate removed from man, æt. 75. (5) Chondrosarcoma of leg.

By Mr. CATHCART—(1) Plate of teeth swallowed and vomited again. (2) Remarkable chart from a case of burn.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF SURGERY.

MEETING HELD FRIDAY, DECEMBER 11TH, 1903.

The President, SIR LAMBERT ORMSBY, in the Chair.

THE following living exhibits were shown:—Mr. R. F. TOBIN—(1) Cases of excision of knee-joint. (2) Case of hypertrophy of prostate radically cured. Mr. D. KENNEDY—(1) Two cases of talipes after operation. (2) Relapsed case after operation.

The following card specimens were shown:—Mr. R. C. B. MAUNSELL—(1) Aneurysm of abdominal aorta treated by the Moore-Corradi method. (2) Enlarged prostate (5 oz.) removed from patient, æt. 75. Mr. D. KENNEDY—(1) Skiagraph of fracture of lower end of humerus. (2) Skiagraph of extreme curvature of tibia in infant, æt. 9 months.

Sir THOMAS MYLES read notes of a case in which he had removed a large

PYLORIC TUMOUR AND NEARLY HALF THE STOMACH AND FIRST STAGE OF DUODENUM.

The patient was a woman, æt. 32, weighing only 90 lb. Tumour situated at right side of middle line, supposed to be a distended gall-bladder, as there was a history of two previous attacks of jaundice and colic. Incision in mid-line showed a large tumour of pyloric area. Operation carried out as follows:—Duodenum clamped and divided, distal end closed with purse-string sutures; stomach clamped about centre, divided, and proximal end closed by double row of sutures. Vessels carefully ligatured along upper and lower curvatures to point of division. Tumour area carefully separated from bile-duct and portal vein; found adherent to pancreas; had to be stripped from it, leaving raw pancreatic surface. Great omentum removed entirely, and jejunum brought up to stump of stomach posteriorly, but in front of left end of colon, and fixed by means of a Murphy's button. Operation occupied two hours and ten minutes; was followed by great shock, lasting nearly thirty hours. Eventually complete recovery.

Sir Thomas Myles then gave short account of fifty-one cases of operation for stricture of the stomach. In four pyloroplasty had been performed, with one death, in forty-seven gastro-enterostomy without a single death. Operation had been undertaken for malignant and fibrous stricture of the pylorus, and for simple atonic dilatation with persistent vomiting. More than half were done with simple sutures, balance with Murphy's buttons, the last fourteen in series had been done with the button. Sir Thomas Myles urged the advisability of gastro-enterostomy in atonic dilatation and in intractable non-malignant ulceration of stomach.

Mr. R. CHARLES B. MAUNSELL read a paper entitled

THE SURGICAL TREATMENT OF ABDOMINAL ANEURYSM.

He dealt fully, but concisely, with the modern literature of the subject, illustrating his remarks by means of drawings, tables and dissected specimens. He then related the history of a case which he had treated by the Moore-Corradi method, introducing six yards of silver wire, and passing a current of 65 ma. for thirty-five minutes. The patient was considerably relieved but died on the forty-seventh day from hæmatemesis,

cases, the motility of the joint was co
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Austria.

[FROM OUR OWN CORRES

VIEN

PAGET'S DISEA

THE Gesellschaft der Aerzte
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ESPONDENT.]

ENNA, December 26th, 1903.
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ld be observed under the

Lang said the case presented was nothing more than one of cutaneous epithelioma of the nose. Paget's disease properly described was a circumscribed chronic epithelial dermatitis.

Eiselsberg related the results of his former assistant, who devoted a considerable amount of his time to the subject in order to differentiate this disease from any other form of cancer. The conclusion he arrived at was the pathological change present in Paget's disease was an indisputable form of cancer, indistinguishable from epithelioma elsewhere.

Matzenauer replied by saying that the histological examination of Paget's disease revealed two characters peculiar to itself, and therefore was a perfectly distinct disease that might occur anywhere in the body. First, the morbid change was found between the epithelial layer and the cutis vera as a wedge infiltration whose plasma gave genuine proof of its malignancy. The second distinguishing character has frequently been referred to—*viz.*, the tendency of the flat cells to harden, which confirms the clinical observation of a leucoplakia becoming in time a dry hard cicatricial-looking growth, more particularly when occurring on a mucoid surface.

Holzknecht again exhibited the sections he had shown the members on a previous occasion, where the disease presumably commenced at the axilla, and thence extended across the chest and down the arm. He thought these sections conclusively proved all that had been advanced concerning the disease as capable of taking its origin anywhere on the body.

ECTRODACTYLUS.

Lorenz next brought forward two brothers, æt. 22 and 24½ respectively, with abortive toes or digits. The palm of the hand was somewhat defective, while the terminal part appeared as one finger, resembling the little finger. The foot was cloven, or split into two toes—a large and small one.

Notwithstanding this defect or malformation, the patients were able to perform the most complicated duties, even to the striking of matches. According to the family history, the mother and four other brothers were so formed. Two other brothers who died young were similarly malformed.

BONE TRANSPLANTATION.

Wagner showed a patient on whom he had operated with success on the frontal bone. The patient ten months ago received a violent blow on the forehead with an iron ball, which destroyed a portion of the frontal bone, through which the brain protruded after the wound was healed over. The defect in the bone would be about the size of a five-snilling piece, through which the brain jutted forward to a great extent when coughing. Every pulsation could be plainly felt by the observer, and even seen when carefuly examined. He took a lamella of bone from the tibia and applied it to the raw edges in the cranial opening, which shortly healed and closed the bony opening completely.

The Operating Theatres.

WEST LONDON HOSPITAL.

NEPHROTOMY AND NEPHKORRHAPHY FOR SYMPTOMLESS HÆMATURIA.—Mr. SWINFORD EDWARDS operated on a young woman, æt. about 27, who gave the following history:—She had been quite well up to three weeks ago, when she noticed that her water was of a dark colour. A doctor was called in and told her she was passing blood. For this he treated her with hamamelis and other drugs, but the blood rather increased than diminished. The patient was admitted to hospital for the purpose of cystoscopy, as the symptoms, or

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"SALUS POPULI S

WEDNESDAY, DE

NOBLESSE

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when we review the past
lay plans for the futur
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ien we take stock, ie the present, and ealthful season, a op before we begin which we seek to aritable feelings, to the irksomeness of ment's respite from liarly appropriate principles by which ove, forgetting the immensity of time. gn to view the whole detach ourselves for the cataract we will omenon in the midst ent. Standing aside e that the grooves in only narrow but also cult to look over into ible to see into every unity of purpose and may animate all in h they cannot see each ne impulses, follow the e same end. We have e Oblige," because if we his as our guiding prin- bleness in us compels us essional brethren and to the wider public, so gainsaid, is everywhere ill be not only greatly stand on a more solid mere substratum of cold d what is this nobleness the nobility of birth, of not be even the nobility bility arising from a sense er over sickness, a power over sick people. For we are masters in the sick-room ; not in virtue of commission or patent, but in virtue of our knowledge, and in virtue of the trust reposed in us, and we are impelled by our honour to stoop to help the afflicted to the uttermost and to the last. If we are conscious of our nobility, we shall not be lightly touched by the sneers, the rebuffs, the malignity of others. We shall be able to excuse them on the same ground that the inflexible Cato excused those who fell short of his own lofty standards of conduct—as he pointed out with pity that they were not Catos, and therefore not amenable to so high a tribunal of honour as himself. "Nobility," said the learned Bacon, "extinguisheth the passion Envy from others towards them ; Because they are in possession of honour." The honour of our profession is a peculiar and priceless possession, a trusty guide to conduct and a sacred heritage ; "it answers faith in things divine." And if the honour of our nobility makes demands on us in our external dealings, how much more so in our internal dealings the one with the other ! The relation of the medical man to his fellow medical man is an anomalous one ; he is at the same time his colleague and his rival, co-operating in his profession and antagonising in his business. It is almost impossible but that occasions should arise when "jealousy with rankling tooth" should "inly gnaw the secret heart" when the success of one exceeds the other, and almost equally so that misunderstanding should occur. But these need not endure. We are all working for the same end ; we are all actuated by the same honour ; we are all bound by the same obligations of nobility. If we feel thus, however outside misrepresentation or even malice may seek to divide us, we "shall brothers be for a' that." Let us keep our nobility untarnished, high above the people we serve, knowing that it is something which they cannot attain to and cannot perhaps understand, but something that is to us very real, and something producing very tangible results. We cannot take a better watchword for the New Year than the old, trite, but evergreen motto, "Noblesse oblige."

PROPOSED UNIVERSITY FOR SHEFFIELD.

THE rapid development of higher education in the United Kingdom is being registered from time to time in emphatic form by the foundation of new universities. The latest movement of this kind it is our pleasure to record was inaugurated at the meeting of the Midland Medical Union held at Chesterfield on Tuesday, December 8th, when a resolution was adopted cordially supporting the movement for a university for Sheffield. At the annual dinner the same evening Mr. Simeon Snell, who is one of the honorary secretaries of the university movement, was called upon to speak about that project. In doing so he acknowledged the cordial assistance which was being rendered by the outlying districts. He announced the interesting fact that Chesterfield had been particularly conspicuous for its friendly attitude and by its promises of financial support. The reason for their friendliness was not far to seek, inasmuch as

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	Per day.
Legal and medical witnesses	1 gn.
Ditto (two or more cases)	2gns.
Ditto (over three miles)	2gns.
Solicitor for prosecution	6s. 8d.
Expert witnesses	1gn.
(Expert analyses, medical examinations, plans, &c., extra at discretion of Court.)	
Interpreters	1gn.
Ordinary witnesses, maximum	7s.
Ordinary witnesses, if detained all night	5s.
(These allowances are double the old rates, but the maximum is not always to be given.)	
Children, servants, and unemployed ..	1s.
Labourers	3s.
Artisans and mechanics	5s.
Others	3s.
Night allowance	5s.
(Only half these allowances to be paid if detention is under four hours.)	

It may interest medical readers to note that first-class fare is not to be allowed "unless there is reasonable ground for supposing that the witness ordinarily travels first-class." The increase in the case not only of medical but also of ordinary witnesses does a great deal towards the removal of a long-standing grievance against the administration of criminal justice in the United Kingdom. It is to be hoped that many other much-needed reforms will follow, such as the establishment of advisory expert boards instead of the present loose system of opposing expert evidence, and the granting of free prosecution in criminal cases.

The Contamination of Milk.

THE laws to which human society is subject are, in principle, very similar to those which govern the lower world of Nature. This parallelism is well exemplified by the fact that for a privilege enjoyed by any living creature some risk must be undergone, some liability incurred, or some penalty imposed. For the gratification of his palate by the ingestion of a choice morsel the beast of prey has to traverse, perchance, immense distances under conditions which must lay him open to the attacks of an adversary stronger than he. Likewise man, who at the first stage of his existence is dependent upon milk for his sustenance, is exposed to considerable danger in the consumption of that necessary article of food, owing to the presence in it of the ubiquitous disease germ which may prove for him to be only too powerful an opponent. At least, so it would seem from the perusal of the very interesting report by Dr. George Newman, Medical Officer of Health for Finsbury, upon the milk-supply of that borough. As there is no reason to suppose that the supply of milk for Finsbury differs materially from that of other parts of the Metropolis there is only one conclusion to draw from the report, and that is that a grave danger exists in our midst from the consumption of contaminated milk. A large proportion of milk is derived from country farms, and as a considerable number of these are situated at a greater distance than one hundred miles from London most of the milk is already twelve hours old by the time it arrives at the milk-shop. The chances, therefore, of bacterial

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The Continental Traffic in Old Horses.

FOR many years past public attention has been directed from time to time to the large traffic that goes on with continental purchasers of our worn-out horses. It is an open secret that these animals are bought for human food in the shape of sausages and other meat preparations. With the use of horseflesh as food we are not concerned, it is a matter of sentiment to be settled entirely by the individual judgment and it is quite possible or even probable that the inhabitants of the United Kingdom are depriving themselves of a valuable food supply simply and solely through the exercise of a logically indefensible prejudice. The fact remains, however, that our refusal affords the Belgium buyer his opportunity. The only way in which this curious traffic can be controlled is by putting into action the laws against cruelty to animals, and against the spread of contagious diseases among the lower animals. A host of persons have been punished for cruelty in deporting lame and broken-down horses. It is doubtful whether the veterinary inspection of exported animals under such circumstances has been hitherto properly carried out. Only last week one man was fined in the Southwark Police Court £3 and £1 1s. costs, and another £5 and £2 2s. costs; one for having in his possession a glandered horse and the other for leading the animal through the streets.

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were in the common lodging houses of the city. The amount of infection that must lurk in these numerous centres, known and unknown, must be simply enormous, when one takes into consideration the extremely chronic nature of phthisis. Some day the principles of common-sense prevention will be rigorously applied to the control of consumption.

"Dirty Dick" as Temperance Reformer.

REFORM that comes from within the walls is far more likely to be quick and effectual than that which is adopted perforce from opponents without the walls. On that ground the application of a sound principle may be welcomed even though it hail from an unexpected quarter. In London, as most men know, there is an ancient hostelry, established in 1745, and known by the historic name of "Dirty Dick's." Under the conditions of the will of the original owner, Nathaniel Bentley, who was of eccentric habits, the shop was left in the enjoyment of dense festoons of cobwebs until they were disturbed in 1870, when a part of the tavern premises became so dangerous that it was rebuilt. The liquor sold at "D.D.'s," as it is familiarly known, is only of the best, for originally, and presumably in the present day, only a small margin of profit was permitted. This central fact of good liquor alone being supplied to customers is in itself an undoubted aid to temperance. It is a well-known fact that bad liquor is accountable for much mad and riotous drunkenness, as well as for a large proportion of the damage done to the internal organs of its consumers. But the greatest temperance effort of Nathaniel Bentley stands recorded to all time in the rule—the golden rule—that no person is to be served twice, and no person at all if he be the least intoxicated. Were this law to be applied universally in the United Kingdom we venture to think it would do more to rid our population of the terrible evils of drink than all that temperance reformers have effected for a century. Let any vicar of a country parish think what it would mean if he could persuade the local publican and the local squire to treat this matter with the sound eccentricity of old Nathaniel Bentley.

Porridge *v.* Beef and Pudding.

THE proof of porridge, like that of beef and plum pudding, lies in the eating thereof. That direct and practical test has been applied for centuries by two dominant races, and each appears satisfied with the result. The Scotch point to their ancestral triumphs of mind and body which they ascribe mainly, so far as can be gathered, to the powers begotten and sustained by "parritch," eked out and rounded off, as it were, by a "wee drappie o' mountain dew." The Englishman, on the other hand, refers to the enduring monuments erected by his forbears in intellectual, military, naval, and commercial fields, and proudly, if somewhat curtly, intimates that the whole of that stupendous structure rests on a basis of beef, beer, and plum pudding. Where lies the truth between these apparently conflicting national assumptions?

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Obituary.

Mr. BERTRAM THOMAS READ.

WE regret to announce the death of Mr. Bertram Thomas Read, a medical practitioner of Odiham, at the early age of forty-two years. Mr. Read was ful filling his usual duties when he was taken seriously ill. The symptoms developed into a severe attack of perforative appendicitis and peritonitis, and he passed away about half past six on December 12th, after undergoing an operation. Mr. Read studied at University College, and in 1887 took the M.R.C.S. and L.R.C.P. of London. He settled in Odiham in 1898, and was appointed to the post of medical officer to the Odiham District of the Hartley Wintney Union.

DR. WILLIAM HENRY KEMPSTER.

THE death is announced of Dr. William Henry Kempster, who held several public appointments in Battersea, and was surgeon to the V Division of Metropolitan Police; he died at Chesterfield, North Side, Clapham Common, in his seventieth year. In 1881 he qualified M.B. Durham, as M.R.C.S.Lond. in the same year, and as D.P.H.Lond. in 1889.

Medical News.

Central Midwives Board.

AT a meeting of the Central Midwives Board, Dr. F. H. Champneys in the chair, held on December 17th, the following business was transacted:—(1) The report of the Standing Committee as to the principles on which the Board should act in dealing with applications for recognition under Section C. of the Rules as approved institutions, or as approved teachers, was considered, amended, and adopted. 2.—In accordance with the recommendations of the Committee the Board resolved: (1) To accept the signature to Form V. of registered medical practitioners who are (*a*) past or present holders of appointments to lying-in institutions or maternity charities, or (*b*) past or present examiners in midwifery to any examining board for a medical qualification, or (*c*) lecturers on midwifery to institutions where pupil midwives or students of medicine are instructed. (2) To consider individually, and on their own merits, applications from registered medical practitioners not coming within the above categories. (3) To postpone for the present all applications from teachers in Poor Law institutions in view of the fact that almost all midwives exercising their calling in such institutions are (at the express instance of the Local Government Board) specifically exempted from the operation of Section E. of the Rules. 3.—The following applications for recognition as approved institutions under Section C. of the Rules were granted: Queen Charlotte's Lying-in Hospital; Liverpool Ladies' Charity and Lying-in Hospital; Manchester Southern and Maternity Hospital; British Lying-in Hospital, Newcastle-on-Tyne Lying-in Hospital; General Lying-in Hospital, York Road, Lambeth; Glasgow Maternity Hospital; Dundee Maternity Hospital; District Nursing Association, St. James Square, Cheltenham; Maternity Charity and District Nurses' Home, Plaistow. 4.—The Board resolved that a slip be appended to Form III. (certificate of attendance on cases) as follows: "Note.—Although a case of labour may be used for the instruction of more than one pupil, the case can only be counted to the credit of the one pupil to whom the actual delivery is entrusted." 5.—After consideration of applications for certificates the names of 270 women were passed under Section 2 of the Act, and ordered for entry on the roll. Of this total, 55 claimed as holding the certificates of the Obstetrical Society of London; 5 that of the Rotunda Hospital, Dublin; 1 that of the Coombe Lying-in Hospital, Dublin; 1 that of the Liverpool Lying-in Hospital; 8 that of St. Mary's Hospital, Manchester; 2 that of the Salvation Army Maternity Home, and 186 were admitted as having been in *bonâ fide* practice for one year prior to July 31st, 1902.